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POWER OF ATTORNEY

Doc#: 0611540204 Fee: \$30.00 Eugene "Gene" Moore RHSP Fee:\$10.00

Cook County Recorder of Deeds Date: 04/25/2006 03:36 PM Pg: 1 of 4

PREPARED BY AND RETURN TO:

JAMES GAPLANGER 11800 S 75TH AVE PALOS HEIGHTS IJ 60463 60463

COOK COUNTY CLOTHES OFFICE

Attorneys' Title Guaranty Fund, Inc. 33 N. Dearborn, Suite 650 Chicago, Illinois 60602-3104 (312) 372-1735

0611540204 Page: 2 of 4

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AMERICAN LEGAL FORMS @ 1990 Form No. 800 CHICAGO, IL (312) 332-1922

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Page 1

Illinois Power of Attorney Act Official Statutory Form 755 ILCS 4445 / 3-3. Effective June, 2000

ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

(NOTICE: THE PL'RPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY. WHICH MAY INCLUSE PI WERS TO PLEDGE, SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. THIS FORM DOTE NOT IMPOSE A DUTY ON YOUR AGENT TO EXERCISE GRANTED POWERS; BUT WHEN POWERS ARE EXERCISED, YOUR AGENT WILL HAVE TO USE DUE CARE TO ACT FOR YOUR BENEFIT AND IN ACCORDANCE WITH THIS FORM AND KEEP A RECORD OF RECEIPTS, DISBURSEMENTS AND SIGNIFICANT ACTIONS TAKEN AS AGENT. A COUPT CAN TAKE AWAY THE POWERS OF YOUR AGENT IF IT FINDS THE AGENT IS NOT ACTING PROPERLY. YOU MAY NAME SUCCESSOR AGENTS UNDER THIS FORM & IT YOT CO-AGENTS. UNLESS YOU EXPRESSLY LIMIT THE DURATION OF THIS POWER IN THE MANNER PROVIDED BELOW, UNTIL YOU REVOKE THIS POWER OR A COURT ACTING ON YOUR BEHALF TERMINATES IT. YOUR AGENT MAY EXERCISE THE POWERS GIVEN HERE THROUGHOUT YOUR LIFETIME. EVEN AFTER YOU BECOME DISABLED. THE DWERS YOU GIVE YOUR AGENT ARE EXPLAINED MORE FULLY IN SECTION 3-4 OF THE ILLINOIS "STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY LAW" OF WHICH THIS FORM IS A PART (SEE THE BACK OF THIS FORM). THAT LAW EXPRESSLY PERMITS THE USE OF ANY DIFFERENT FORM OF POWER OF ATTORNEY YOU MAN DESIRE. IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO

Powe	er of Atturney made this 30 day of MARCH 7006
1. 1. Luv	IANCA FORMA / CMGBF PARTNER LLC
hereby appoint: E	ANNE. HARPER
as my attorney-in-fact (my "agent") to act the "Statutory Short Form Power of Attorne in paragraph 2 or 3 below:	for me and in my name (in any wa, found act in person) with respect to the following powers, as defined in Section 3-4 y for Property Law" (including all amenumenus), but subject to any limitations on ar additions to the specified powers inser
(YOU MUST STRIKE OUT ANY ONE OF MO	RE OF THE FOLLOWING CATEGORIES OF POWERS '. C'. DO NOT WANT YOUR AGENT TO HAVE. FAILURE TO STRIKE T POWERS DESCRIBED IN THAT CATEGORY TO BE GRANT, D TO THE AGENT. TO STRIKE OUT A CATEGORY YOU MUST DRA TEGORY,)
 (a) Real estate transactions. (b) Financial institution transactions. (c) Stock and bond transactions. (d) Tangible personal property transactions. (e) Safe deposit box transactions. 	(g) Retirement plan transactions. (h) Social Security, employment and military service (m) Borrowing transactions. (i) Tax matters.
(f) Insurance and annuity transactions:	(h) Comparis and Consections.
(LIMITATIONS ON AND ADDITIONS TO TH	E AGENT'S POWERS MAY BE INCLUDED IN THIS POWER OF ATTORNEY IF THEY ARE SPECIFICALLY DESCRIBED BELOW. of include the following powers or shall be modified or limited in the following particulars (feet you may include any specific probabilities or conditions on the sale of particular stock or real estate or specific rules as the conditions on the sale of particular stock or real estate or specific rules as the conditions.
	or include the following powers or shall be modified ar limited in the following particulars their you may include any specific probabilition or conditions on the sale of particular stock or real estate or special rules on because by the agent):
	above, I grant my agent the following powers (here you may add any other delegable powers including, without limitation intment, name or change beneficiaries or joint tenants or revoke or amend any trust specifically referred to below): ON TROPERTS 6314 5 PULASKI CHICAGO IL - 60639
YOUR ACCENT WILL LLAND	
4. My goent shall have the sight to	PLOY OTHER PERSONS AS NECESSARY TO ENABLE THE AGENT TO PROPERLY EXERCISE THE POWERS GRANTED IN THIS IS SHOULD KEEP THE NEXT SENTENCE, OTHERWISE IT SHOULD BE STRUCK OUT.)
whom my agent may select, but such delegation in the time of reference [ad	en instrument to delegate any or alt of the foregoing powers involving discretionary decision-making to any person or persons may be amended or revaked by any agent (including any successor) named by me who is acting under this namer of attorney as 1 1 90 62 421

0611540204 Page: 3 of 4

LEGAL DESCRIPTION

Legal Description:

LOT 40 (EXCEPT THAT PART TAKEN THEREOF FOR WIDENING OF CRAWFORD AVENUE) IN ARTHUR T. MCINTOSH'S CRAWFORD AVENUE ADDITION TO CHICAGO, BEING A SUBDIVISION OF THE EAST 1/2 OF THE NORTHEAST 1/4 OF SECTION 22, TOWNSHIP 38 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

FAC# 1379542

Permanent Index Number.

Property ID: 19-22-207-024

Property Address:

Senty Of Cook County Clerk's Office 6312-14 South Pulaski Chicago, IL 60629

0611540204 Page: 4 of 4

Mar 29 06 11:45a p. 1 (YOUR AGENT WILL' BE ENTITLED TO REIMBURSEMENT FOR ALL REASONABLE EXPENSES INCURRED IN ACTING UNDER THIS POWER OF ATTORNEY. STRIKE OUT THE NEXT SENTENCE IF YOU DO NOT WANT YOUR AGENT TO ALSO BE ENTITLED TO REASONABLE COMPENSATION FOR SERVICES AS AGENT.) 5. My agent shall be entitled to reasonable compensation for services rendered as agent under this power of attorney. (THIS POWER OF ATTORNEY MAY BE AMENDED OR REVOKED BY YOU AT ANY TIME AND IN ANY MANNER. ABSENT AMENDMENT OR REVOCATION, THE AUTHORITY GRANTED IN THIS POWER OF ATTORNEY WILL BECOME EFFECTIVE AT THE TIME THIS POWER IS SIGNED AND WILL CONTINUE UNTIL YOUR DEATH UNLESS A LIMITATION ON THE BEGINNING DATE OR DURATION IS MADE BY INITIALING AND COMPLETING EITHER (OR BOTH) OF THE FOLLOWING:) 3-30-06 6. () This power of attorney shall become effective on... finsert a future dore or event during your lifetime, such as court determination of your disability, when you want this power to first take effect)) This power of attorney shall terminate on (insert a future date or event, such as court determination of your disability, when you want this power to terminate prior to your death) (IF YOU WISH TO NAME SUCCESSOR AGENTS, INSERT THE NAME(S) AND ADDRESS(ES) OF SUCH SUCCESSOR(S) IN THE FOLLOWING PARAGRAPH.) 8. If any agent named by me shall die, become incompetent, resign or refuse to accept the office of agent, I name the following (each to act alone and successively, in the order named) as successor(s) to such agent: _ For purposes of this paragraph 8, a per on shall be considered to be incompetent if and while the person is a minor or an adjudicated incompetent or disabled person or the person is unable to give prompt and intaligent consideration to business matters, as certified by a licensed physician. YOU WISH TO NAME YOUR AGENT AS GUIRDING OF YOUR ESTATE, IN THE EVENT A COURT DECIDES THAT ONE SHOULD BE APPOINTED, YOU MAY, BUT ARE NOT REQUIRED TO, DO SO BY RETAINING THE FCLLOWING PARAGRAPH. THE COURT WILL APPOINT YOUR AGENT IF THE COURT FINDS THAT SUCH APPOINTMENT WILL SERVE YOUR BEST INTERESTS AND WELFARC. STRIKE OUT PARAGRAPH 9 IF YOU DO NOT WANT YOUR AGENT TO ACT AS GUARDIAN.) 9. If a guardian of my estate (my property) is to be a poir let a nominate the agent acting under this power of attorney as such guardian, to serve without bond or security. 10. I am fully informed as to all the contents of this form and understand the full import of this grant of powers to my age (YOU MAY, BUT ARE NOT REQUIRED TO, REQUEST YOUR AGENT AND SUCCESOR AGENTS TO PROVIDE SPECIMEN SIGNATURES BELOW. IF YOU INCLUDE SPECIMEN SIGNATURES IN THIS POWER OF ATTORNEY, YOU MUST COMPLETE THE CERTIFICATE OF OPPOSITE THE SIGNATURES OF THE AGENTS.) I certify that the signatures of my agent (and successors) are correct. Specimen signatures of agent (and successors) (principal) (agent) (successor agent (THIS POWER OF ATTORNEY WILL NOT BE EFFECTIVE UNLESS IT IS NOTARIZED AND SIGNED BY AT LEAST ONE ADDITIONAL MITNESS, USING THE FORM BELOW.) State of SS County of The undersigned, a notary public in and for the above county and state, certifies that known to me to be the same person whose name is subscribed as principal to the loregoing power of attorney, appeared before me and the addition at the same person and acknowledged signing and delivering the instrument as the free and voluntary act of the principal-for the uses and purposes therein set forth (, and certified to the correctness of the signature(s) of the agent(s)). OFFICIAL SEAL 106 Dated: EUGENIO A LEIVA NOTARY RUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES:05/05/08 Notary Public My commission expires known to me to be the same person whose name is subscribed as principal to the foregoing power of attorney, appeared before me and the notary public and acknowledged signing and delivering the instrument as the free and voluntary act of the principal, for the uses and purposes therein set forth. I believe him or her to be of sound mind and memory.

(THE NAME AND ADDRESS OF THE PERSON PREPARING THIS FORM SHOULD BE INSERT :D IF THE AGENT WILL HAVE POWER TO CONVEY ANY INTEREST IN REAL ESTATE.)

This document was prepared by: