

#263424P

1056



Doc#: 0613947078 Fee: \$32.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 05/19/2006 10:31 AM Pg: 1 of 5

MAIL TO:
LAW TITLE INSURANCE
2900 OGDEN STE 101
LISLE IL 60532

Property of Cook County Recorder of Deeds Office

**ILLINOIS STATUTORY SHORT FORM
POWER OF ATTORNEY FOR PROPERTY**

(NOTICE: THE PURPOSE OF THE POWER OF ATTORNEY IS TO GIVE THE PERSON YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO PLEDGE, SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. THIS FORM DOES 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 RECORDS OF RECEIPTS, DISPURSEMENTS AND SIGNIFICANT ACTIONS TAKEN AS AGENT. A COURT 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, BUT NOT 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 POWERS 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 THE FORM). THAT LAW EXPRESSLY PERMITS THE USE OF ANY ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU)

POWER OF ATTORNEY made this 21th day of March 2006.

1. I, **Johnny Winston**, of the City of Chicago, in the County of Cook, in the State of Illinois, has made, constituted and appointed and by these presents does make, **Attorney Sidney B. Smith**, of Sidney B. Smith & Associates, 815 West Van Buren Street, Suite 203, of the City of Chicago, in the State of Illinois, my attorney in fact (my "agent") to act for me and in my name (in any way I could act in person) with respect to the following powers, as defined in Section 3-4 of the "Statutory Short Form For Property Law" (including any amendments), but subject to any limitations on or additions to the specified powers inserted in paragraph 2 or 3 below:

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(YOU MUST STRIKE OUT AND INITIAL ANY ONE OR MORE OF THE FOLLOWING CATEGORIES OF POWERS YOU DO NOT WANT YOUR AGENT TO HAVE. FAILURE TO STRIKE THE TITLE OF ANY CATEGORY WILL CAUSE THE POWERS DESCRIBED BY THAT CATEGORY TO BE GRANTED TO THE AGENT. TO STRIKE OUT A CATEGORY, YOU MUST DRAW A LINE THROUGH THE TITLE OF THAT CATEGORY.)

- a. Real estate transactions _____
- b. Financial institutions _____
- b. Stock and bond maintenance _____
- c. Tangible personal property transactions _____
- d. Safe deposit box instruments _____
- e. Tangible personal property transactions _____
- f. Social security, employment and military service benefits _____
- g. Tax Matters _____
- h. Claims and litigation _____
- i. Commodity and option transactions _____
- j. Business operations _____
- k. Borrowing transactions _____
- l. Estate transactions _____
- m. All other powers and transactions _____

(LIMITATIONS ON AND ADDITIONS TO THE AGENT'S POWERS MAY BE INCLUDED IN THIS POWER OF ATTORNEY IF THEY ARE SPECIFICALLY DESCRIBED BELOW.)

2. The powers granted above shall not include the following powers or shall be modified or limited in the following particulars: **closing – 4911 W. Rice St, Chicago, IL 60651.**
3. In addition to the powers granted above, I grant my agent the following powers:
To execute and/or modify or sign any and all documents on my behalf related to contracts, sale and closing of real estate. This power includes, but is not limited to: Sales Contracts, Deeds, Bill of Sales, RESPA's, ALTA'S, Transfer Declarations, Affidavit of Title, Title Documents, Letters of Direction, etc.

(YOUR AGENT WILL HAVE AUTHORITY TO EMPLOY OTHER PERSONS AS NECESSARY TO ENABLE THE AGENT TO PROPERLY EXERCISE THE POWERS GRANTED IN THIS FORM, BUT YOUR AGENT WILL HAVE TO MAKE ALL DISCRETIONARY DECISIONS. IF YOU WANT TO GIVE YOUR AGENT THE RIGHT TO DELEGATE DISCRETIONARY DECISION-MAKING POWERS TO OTHERS, YOU SHOULD KEEP THE NEXT SENTENCE OTHERWISE IT SHOULD BE STRUCK OUT.)

4. My agent shall have the right by written instrument to delegate to any and all of the forgoing powers involving the discretionary decision making to any person or persons whom my agent may select, but such delegations may be amended or revoked by any

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agent (including any successor) named by me who is acting under this power of attorney at the time of reference.

(YOUR AGENT WILL BE ENTITLED TO REIMBURSEMENT FOR ALL REASONABLE EXPENSES INCURRED IN ACTING UNDER THIS POWER OF ATTORNEY, STRIKE OUT AND INITIAL 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 OF ATTORNEY IS SIGNED AND WILL CONTINUE UNTIL YOUR DEATH UNLESS A LIMITATION ON THE BEGINNING DATE OR DURATION IS MADE BY INCLUDING AND COMPLETING EITHER (OR BOTH) OF THE FOLLOWING:)

6. The power of attorney shall become effective immediately. All previous power of attorney are hereby immediately revoked.
7. This power of attorney shall terminate on the closing date for 4911 W. Rice St., Chicago, IL 60651.
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, a person is a minor or an adjudicated incompetent or disabled person or the person is unable to give a prompt and intelligent consideration to business matters, as certified by a licensed physician.

(IF YOU WISH TO NAME YOUR AGENT, AS GUARDIAN 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 FOLLOEWING PARAGRAPH. THE COURT WILL APPOINT THE AGENT IF THE COURT FINDS THAT SUCH APPOINTMENT WILL SERVE YOUR BEST INTERESTS AND WELFARE. STRIKE OUT PARAGRAPH IF YOU DO NOT WANT YOUR AGENT TO ACT AS GUARDIAN.)

9. If a guardian of my estate (my property) is to be appointed, I nominate the agent acting under this power of attorney as such guardian, to serve without bond or security. I am

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fully informed as to all the contents of this form and understand the full import of this grant of powers to my agent.

Signed: Johnny Winston
Johnny Winston

(YOU MAY, BUT ARE NOT REQUIRED TO REQUEST YOUR AGENTS TO PROVIDE SPECIMEN SIGNATURES BELOW, IF YOU INCLUDE SPECIMEN SIGNATURES IN THIS POWER OF ATTORNEY, YOU MUST COMPLETE THE SPECIFICATION OPPOSITE THE SIGNATURES OF THE AGENTS.)

Specimen signatures of agent

I certify that the signature of my agent is correct

_____ (agent)

_____ (principal)

(THIS POWER OF ATTORNEY WILL NOT BE EFFECTIVE UNLESS IT IS NOTARIZED AND SIGNED BY AT LEAST ONE ADDITIONAL WITNESS, USING THE FORM BELOW.)

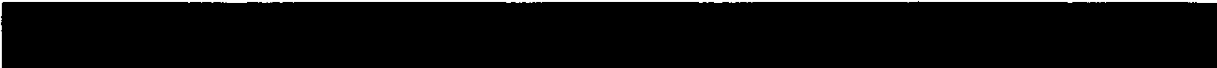
State of Illinois)
) SS
County of Cook)

The undersigned, a notary public in and for the above county and state, certifies that Johnny Winston known to me to be the same persons whose name is subscribed as principal to the foregoing power of attorney, appeared before me and the additional witness in person and acknowledged signing and delivering the instrument as his free and voluntary act of the principal, for the uses and purposes therein set forth (and certified to the correctness of the signature of the agent).

Dated: 3/22/2006 (SEAL) Judy A. Moore Notary Public
My Commission Exp. 04/07/2008 My commission expires 4/2/2008

The undersigned witness certifies that Johnny Winston known to me to be the same persons whose name is subscribed as principal to the foregoing power of attorney, appeared before me and the notary public 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 them to be of sound mind and memory.

Dated: 3/22/06 (SEAL) Edmund Spiran Witness



Law Title Insurance Agency Inc. Supervisor
2900 Ogden Ave, Suite 108, Lisle, Illinois 60532
(630)717-7500, Fax (630)717-7729

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Authorized Agent For: Lawyers Title Insurance Corporation

SCHEDULE C - PROPERTY DESCRIPTION

Commitment Number: 263424P*REV.3.22.06

The land referred to in this Commitment is described as follows:

FOR INFORMATION ONLY: 16-04-429-017

4911 WEST RICE, CHICAGO IL 60651

PLEASE NOTE: THE PROPERTY ADDRESS AND ZIP CODE ARE PROVIDED FOR CONVENIENCE ONLY.

LOT 57 IN HALEY O'CONNOR AND COMPANYS CHICAGO AVENUE ADDITION, IN THE SOUTHEAST 1/4 OF SECTION 4, TOWNSHIP 39 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

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