

Power of Attorney

UNOFFICIAL COPY



Doc#: 0629705067 Fee: \$36.00
Eugene "Gene" Moore RHSP Fee:\$10.00
Cook County Recorder of Deeds
Date: 10/24/2008 10:14 AM Pg: 1 of 7

STEWART TITLE OF ILLINOIS
2 N. LaSalle Street
Suite 625
Chicago, IL 60602
312-849-4243

500514 194

Legal Description:

Unit 810 and V-132 in Park Place Tower I, a condominium as delineated on plat of survey which plat of survey is attached as Exhibit "E" to the Declaration of Condominium recorded October 31, 2001 in the Office of the Recorder of Deeds of Cook County, Illinois, as Document 0011020878, together with a percentage of the common elements appurtenant to the unit as set forth in said Declaration of Condominium in the Northwest 1/4 of Section 21, Township 40 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois.

Permanent Index Number: 14-21-101-047-1095 (Affects Unit 810) and 14-21-101-047-1932 (Affects Unit V-132)
(Volume number 485)

Property known as:

655 W. Irving Park Rd Unit #810, Chicago, IL 60613

PROPERTY OF COOK COUNTY CLERK'S OFFICE

705

UNOFFICIAL COPY

POWER OF ATTORNEY

Virginia Gannon

"ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY"

(NOTICE: THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE 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 A RECORD OF RECEIPTS, DISBURSEMENTS 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.

October, 2006

1. I, **Virginia Gannon**, hereby appoint:

James DiChristofano, attorney at law, of 343 W. Erie St., 1st Floor, Chicago, IL. 60610 Cook County Attorney Id# 41112, as 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 Power of Attorney for Property Law" (including all amendments), but subject to any limitations on or additions to the specified powers inserted in paragraph 2 or 3 below:

UNOFFICIAL COPY

(YOU MUST STRIKE OUT 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 IN 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 institution transactions.~~
- ~~(c) Stock and bond transactions.~~
- ~~(d) Tangible personal property transactions.~~
- ~~(e) Safe deposit box transactions.~~
- ~~(f) Insurance and annuity transactions.~~
- ~~(g) Retirement plan transactions.~~
- ~~(h) Social Security, employment and military service benefits.~~
- ~~(i) Tax matters.~~
- ~~(j) Claims and litigation.~~
- ~~(k) Commodity and option transactions.~~
- ~~(l) Business operations.~~
- ~~(m) Borrowing transactions.~~

UNOFFICIAL COPY

(n) Estate transactions.

~~(o) All other property powers and transactions.~~

2. The powers granted above shall not include the following powers or shall be modified or limited in the following particulars:

NONE

3. In addition to the powers granted above, I grant my agent the following powers:

NONE

(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 any or all of the foregoing powers involving discretionary decision-making to any person or persons whom my agent may select, but such delegation may be amended or revoked by any 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

UNOFFICIAL COPY

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:)

6. (X) This power of attorney shall become effective immediately upon execution.

7. (X) This power of attorney shall terminate on October 13, 2006 or upon completion of the sale of the real property commonly known as Unit 810 (with parking V-132), 655 W. Irving Park Road, Chicago, IL 60624, which ever first occurs.

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:

No Successor Agents.

(For purposes of this paragraph 8, a person 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 intelligent consideration to business matters, as certified by a licensed physician.)

UNOFFICIAL COPY

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.

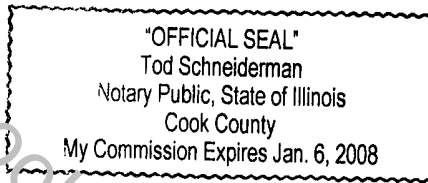
10. I am fully informed as to all the contents of this form and understand the full import of this grant of powers to my agent.

Signed: Virginia Gannon
Virginia Gannon

State of Illinois)

) SS.

County of Cook)



The undersigned, a notary public in and for the above county and state, certify that Virginia Gannon, 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 additional witness in 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)).

Dated Oct 3, 06 (SEAL)

Notary Public

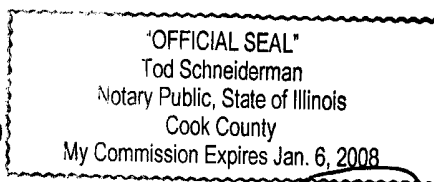
My commission expires 1/6/08

The undersigned witness certifies that Virginia Gannon, 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

UNOFFICIAL COPY

act of the principal, for the uses and purposes therein set forth. I believe him or her to be of sound mind and memory.

Dated: 10/3/06 (SEAL)



[Handwritten Signature]

 Witness

Property of Cook County Clerk's Office

This document was prepared by: *AND AFTER RECORDING HML*
 James DiChristofano,
 Attorney at Law
 River North Law Group PC
 343 West Erie St., 1st Floor
 Chicago, IL 60610.

