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SHEET FILE NO.

4376436 2/3

Cook COUNTY



Doc#: 0634757226 Fee: \$30.00 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds Date: 12/13/2006 12:01 PM Pg: 1 of 4

TYPE OF DOCUMENT:
Power of Attorney

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ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

POWER OF ATTORNEY made this 21st day of November (month) 2006 (year).		
I, Laurie C. Groves of 837 S. 2 nd Ave, Des Plaines, Illinois hereby appoint: Stephen G. Groves of 837 S. 2 nd Ave, Des Plaines, Illinois (insert name and address of agent) 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 Poperty Law" (including all amendments), but subject to any limitations on or additions to the		
specified powers inserted in paragraph or below: (a) Borrowing transactions.		
(b) Estate transactions.(c) All other property rowers and transactions relating to the purchase of 697 Laurel Ave, Des Plaines, Illinois.		
The powers granted above shall not include the following powers or shall be modified or limited in the following particulars (here you may include any specific limitations you deem appropriate, such as a prohibition or conditions on the sale of particular stock or real estate or special rules on borrowing by the agent):	1	
This Power of Attorney is only valid for the real estate transaction regarding 697 Laurel		
Avenue in Des Plaines, Illinois.		
In addition to the powers granted above, I grant my agent the following powers (here you may add any other delegable powers including, without limitation, power to make gifts, exercise powers of appointment, name or change beneficiaries or joint tenants or reveke or amend any trust specifically referred to below):	1	
	_	
	<u> </u>	
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.	Ċ	
My agent shall be entitled to reasonable compensation for services rendered as agent under this power of attorney.	of	
(X) This power of attorney shall become effective on November 21, 2006 (insert a future date or event during your lifetime, such as court determination of your disability, when you war this power to first take effect).	nt	

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(X) This power of attorney shall terminate on Nove (insert a future date or event, such as court determination of terminate prior to your death).	mber 22, 2006 of your disability, when you want this power to	
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	
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.		
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 fully informed as to all the contents of this form and understand the full import of this grant of powers to my agent.		
Signed (Principal)		
Specimen signatures of agent (and successors)	I certify that the signatures of my agent (and successors) are correct.	
(agen')	(principal)	
(successor ag ont)	(principal)	
(successor agent)	(principal)	
State of Illinois) SS County of Cook)		
The undersigned, a notary public in and for the above county a Laurie C. Groves	and state, certifies that known to me to be the same person whose	
name is subscribed as principal to the foregoing power of		
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 co	ertified to the correctness of the signature(s) of the	
agent(s)). Dated: 1/2 // (SEAL) Notary Public		
"OFFICIAL SEAL" JOSEPH G. HOWARD Notary Public, State of Illinois My Commission Expires 01/14/07	commission expires 1/14/67	
This document was prepared by: Male to		
Joseph G. Howard		
217 N. Jefferson, Suite 602		
Chicago, IL 60661		
(312) 831-1200		

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ORDER NO.: 1301 - 004376436

ESCROW NO.: 1301 - 004376436

STREET ADDRESS: 697 LAUREL AVENUE

CITY: DES PLAINES ZIP CODE: 60016

COUNTY: COOK

TAX NUMBER: 09-17-423-005-0000

STREET ADDRESS: 697 LAUREL AVENUE

CITY: DES PLAINES ZIP CODE: 60016

COUNTY: COOK

TAX NUMBER: 09-17-423-022-0000

LEGAL DESCRIPTION:

BI CONT THE SOUTH 1/2 OF LOT 2 AND ALL OF LOT 3 IN BLCCK 7 IN DES PLAINES MANOR TRYACT NO. 1, A SUBDIVISION OF PART OF SECTIONS 17 AND 20, TOWN SEIP 41 NORTH, RANGE 12, EAST OF THE ADEL OFFICE THIRD PRINCIPAL MERIDIAN, ACCORDING TO PLAT RECORDED JULY 14, 1911 AS DOCUMENT 4793563, IN COOK COUNTY, ILLINOIS.