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Doc#: 0701111088 Fee: \$32.00 Eugene "Gene" Moore RHSP Fee: \$10.00 Cook County Recorder of Deeds Date: 01/11/2007 12:26 PM Pg: 1 of 5

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 CT ANY REAL OR PERSONAL TROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. THIS FORM

Property Address: 3433 North Claremont Chicago, Illinois 60640

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 TAKENAS AGENT. A COURT CAN TAKE AWAY THE POWERS OF YOUR AGENT IF IT FINDS THE AGENT IS NOT ACTING PROPERLY. NAMESUCCESSOR 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, THE POWERS YOU GIVE YOUR AGENT ARE EVEN AFTER YOU BECOME DISABLED. 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 PEPMITS THE USE OF ANY DIFFERENT FORM OF POWER OF ATTORNEY YOU MAY DESIRE. IF THER IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD / SK A LAWYER TO EXPLAIN IT TO YOU.)

POWER OF ATTORNEY made this 6th day of December (month) 2006 year)

1. I, Christopher **€** Coleman 1633 West Farragut Chicago, Illinois 60640

hereby appoint

Michelle A. Laiss, Attorney At Law 1530 West Fullerton Avenue Chicago, Illinois 60614

as my attorney-in-fact (my "agent") to act for me and in my name (in any way I could act in person) with crespect to the following powers, as defined in Section 3-4 of the "Statutory Short Form Power of Attorney Property Law" (including all amendments), but subject to any limitations on or additions to the state of the state of

CYOU 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 CAMPY CATEGORY WILL CAUSE THE POWERS DESCRIBED IN THAT CATEGORY TO BE COMMANDED TO THE AGENT. TO STRIKE OUT A CATEGORY YOU MUST DRAW A LINE OF THAT CATEGORY.)

ottomeys' Title Guaranty Fund, Inc. S Wacker Dr., STE 2400

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(a) Real estate-transactions.

Specific to the real estate transaction

3433 North Claremont, Chicago, Illinois 60640

- (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.
- (1) Business operations.
- (m) Borrowing transactions.
- (n) Estar transactions.
- (o) All other property 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 (here you may in slucle any specific limitations you deem appropriate, such as a prohibition or conditions on the sale of part cu ar stock or real estate or special rules on borrowing by the
agent):
3. 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 the gifts, exercise powers of appointment, name or change beneficiaries of joint tenants or revoke or amend any must specifically referred to below): N/A
(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 DESCRETIONARY DECISION-MAKING
POWERS TO OTHERS, YOU SHOULD KEEP THE NEXT SENTENCE, OTHE VISE IT SHOULD BE
STRUCK OUT.)

4. My agent shall have the right by written instruent 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 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.

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(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. This power of attorney shall become effective on December 22, 2006.
- 7. This power of attorney shall terminate on January 9, 2007.
- 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:

 N/A

 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.

(IF YOU WISH TO NAME YOUR AGENT AS GUARDIAN OF YOUR ESTATE, IN THE EVENT A COURT DECIDES THAT ON 3 SPOULD BE APPOINTED, YOU MAY, BUT ARE NOT REQUIRED TO, DO SO BY RETAINING THE FOLLOWING PARAGRAPH, THE COURT WILL APPOINT YOUR AGENT IF THE COURT FINDS THAT SUCH APPOINTMENT WILL SERVE YOUR BEST INTERESTS AND WELFARE. STRILE OUT PARAGRAPH 9 IF YOU DO NOT WANT YOUR AGENT TO ACT AS GUARDIAN.)

9.	If a guardian of my	estate (my j	property) is to	oe ppointed	, I nominate	the ager	t acting	under	this
pov	ver of attorney as sucl	n guardian, to	serve without	band or securi	ty.				

10. I am fully implification	as to all the contents of this	form and inderstand the fun import of
powers to my agent.		K /K
	-///	
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Signed	work y.	Well-
	············/-/-/-/////////	
Christopher J. Col	leman /	'O .
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(YOU MAY, BUT ARE NOT REQUIRED TO, REQUEST YOUR AGENT AND SUCCESSOR AGENTS TO PROVIDE SPECIMEN SIGNATURES BELOW. IF YOU INCLUDE SPECIMEN SIGNATURES IN THIS POWER OF ATTORNEY, YOU MUST COMPLETE THE CENTIFICATION OPPOSITE THE SIGNATURES OF THE AGENTS.)

Specimen signatures I certify that the signatures agent (and successors) of my agent (and successors) are correct.

Michelle A. Laiss

Christopher J. Coleman

(successor agent)

(principal)

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(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	LLINOIS)
County of	Cook) SS)

The undersigned, a notary public in and for the above county and state, certifies that Christopher J. Coleman, known to me to be the same person whose name is subscribed as principal to the foregoing power of attorney copeared 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:

Clary Zaski

Notary Public

My commission expires 1/20/08

OFFICIAL SEAL CHERYL LASKI NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES:01/29/08

The undersigned witness certifies that, Christopher J. Coleman, 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.

Dated 12/20/00

(THE NAME AND ADDRESS OF THE PERSON PREPARING THIS FORM SHOULD BE INSERTED IF THE AGENT WILL HAVE POWER TO CONVEY ANY INTEREST IN REAL F3TATE.)

This document was prepared by:

Mail to Michelle A. Laiss LAW OFFICES OF MICHELLE A. LAISS 1530 West Fullerton Avenue Chicago, Illinois 60614

The requirement of the signature of an additional witness imposed by the amendatory Act of the 91st General Assembly applies only to instruments executed on or after the effective date of June 9th, 2000. (P.A. 86-736.)

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LEGAL DESCRIPTION

Legal Description:

Lot 11 in Block 7 in C.T. Yerkes' Subdivision of Blocks 33, 34, 35, 36, 41, 42, 43 and 44 in the Subdivision of Section 19, Township 40 North, Range 14, East of the Third Principal Meridian (except the Southwest 1/4 of the Northeast 1/4, the Southeast 1/4 of the Northwest 1/4 and the East 1/2 of the Southeast 1/4 thereof), in Cook County, Illinois.

Permanent Index Number:

Property ID: 14-19-309-011-0000

Property Address:

ve. Cook County Clerk's Office 3433 N. Claremont Ave. Chicago, IL 60618