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WARRANTY DEED
Statutory (Illinois)
(Individual to Individual)

THE GRANTORS DANIEL J. LYNCH AND KATHLEEN M. LYNCH, HUSBAND AND WIFE,
of the Village of Arlington Heights,
County of Cook, State of Illinois for and
in consideration of Ten Dollars, and
other good and valuable considerations
in hand paid, CONVEY and
WARRANT TO: **DANIEL J. LYNCH,**
married to KATHLEEN M. LYNCH,
the following described Real Estate
located in the County of Cook in the
State of Illinois to wit:



Doc#: 0704049171 Fee: \$34.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 02/09/2007 08:49 AM Pg: 1 of 6

LEGAL DESCRIPTION: Lot 67 in Lurya Addition to Arlington Heights, being a subdivision of the West 10 acres of the South Half of the South East Quarter of Section 28, Township 42 North, Range 11, East of the Third Principal Meridian, also of Lots 1 and 2 in A.T. McIntosh's Arlington Heights Farms, a Subdivision of the South Half of the South West Quarter of said Section 28, according to the Plat recorded January 19, 1955 as Document 16127314, in Cook County, Illinois.

hereby releasing and waiving all rights under and by virtue of the Homestead Exemption Laws of the State of Illinois.

Permanent Real Estate Index Number: 03-28-306-005-0000

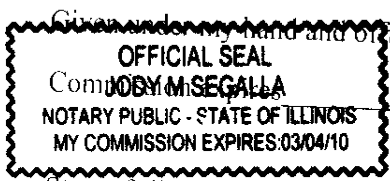
Address of Real Estate: 111 N. Phelps, Arlington Heights, Illinois 60004

Dated this 31st day of January, 2007

Daniel J. Lynch (SEAL)
DANIEL J. LYNCH

Kathleen M. Lynch
By *Daniel J. Lynch* (SEAL)
KATHLEEN M. LYNCH P.O.A.

State of Illinois, County of Cook ss. I, the undersigned, a Notary Public in and for said County, in the State aforesaid, DO HEREBY CERTIFY that DANIEL J. LYNCH is personally known to me to be the same person and whose name is subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that he signed, sealed and delivered the said instrument as his free and voluntary act, for the uses and purposes therein set forth, including the release and waiver of the right of homestead.



Given under my hand and official seal, this 31st day of January, 2007.

Jody M Segalla
Notary Public

State of Illinois, County of Cook ss. I, the undersigned, a Notary Public in and for said County, in the State aforesaid, DO HEREBY CERTIFY that KATHLEEN M. LYNCH is personally known to me to be the same person and whose name is subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that she signed, sealed and delivered the said instrument as her free and voluntary act, for the uses and purposes therein set forth, including the release and waiver of the right of homestead.



Given under my hand and official seal, this 31st day of January, 2007.

Jody M Segalla
Notary Public

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This instrument was prepared by: Drost Kivlahan McMahon & O'Connor LLC, 11 S. Dunton Avenue, Arlington Heights, IL 60005

Mail to: Drost Kivlahan McMahon & O'Connor LLC, 11 S. Dunton Avenue, Arlington Heights, IL 60005

Send Subsequent Tax Bills to: Daniel J. Lynch, 111 N. Phelps, Arlington Heights, IL 60004

EXEMPT UNDER PROVISIONS OF PARAGRAPH (E), SECTION 200/2-1-15
PROPERTY TAX CODE. 1/2/07 *Daniel J. Lynch*
DATE BUYER, SELLER OR REPRESENTATIVE

Property of Cook County Clerk's Office

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AFFIDAVIT

STATEMENT BY GRANTOR AND GRANTEE

The grantor or his/her agent affirms that, to the best of her knowledge, the name of the grantee shown on the deed or assignment of beneficial interest in a land trust is either a natural person, an Illinois corporation or foreign corporation authorized to do business or acquire and hold title to real estate in Illinois, a partnership authorized to do business or acquire and hold title to real estate in Illinois, or other entity recognized as a person and authorized to do business or acquire title to real estate under the laws of the State of Illinois.

Dated: 31 Jan. 2007

Signature: Katherine A Higgins
Grantor or Agent

Subscribed and sworn to before me by the said Agent this 31 day of Jan, 2007.

Katherine A Higgins
Notary Public



The grantee or his/her agent affirms that, to the best of her knowledge, the name of the grantee shown on the deed or assignment of beneficial interest in a land trust is either a natural person, an Illinois corporation or foreign corporation authorized to do business or acquire and hold title to real estate in Illinois, a partnership authorized to do business or acquire and hold title to real estate in Illinois, or other entity recognized as a person and authorized to do business or acquire title to real estate under the laws of the State of Illinois.

Dated: 31 Jan. 2007

Signature: Katherine A Higgins
Grantee or Agent

Subscribed and sworn to before me by the said Agent this 31 day of Jan, 2007.

Katherine A Higgins
Notary Public



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ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

(The Above Space For Recorder's Use Only)

(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 THOSE POWERS GIVEN HERE THROUGHOUT YOUR LIFETIME, EVEN AFTER YOU BECOME DISABLED. THE POWERS YOU GIVE YOUR AGENT ARE EXPLAINED MORE FULLY IN SECTIONS 3-4 OF THE ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY LAW" OF WHICH THIS FORM IS A PART (SEE PAGES 4 AND 5 OF THIS FORM). THAT LAW EXPRESSLY PERMITS THE USE OF ANY DIFFERENT FORM OF POWER OF ATTORNEY YOU MAY DESIRE. IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU.)

Power of Attorney made this 8th day of August, 2005 2006
(month) (year)

1. L. KATHLEEN HAGAN LYNCH, 111 N. Phelps Ave. Arlington Heights, IL 60004
(insert name and address of principal)

hereby appoint my husband, DANIEL J. LYNCH,

(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 Property Law" (including all amendments), but subject to any limitations on or additions to the specified powers inserted in paragraph 2 or 3 below:

(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.
- (n) Estate 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 ON THE NEXT PAGE IN SECTIONS 2 AND 3.)

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2. 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):

3. In addition to the powers granted above, I grant to 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 revoke or amend any trust specifically referred to below):

(YOUR AGENT WILL HAVE AUTHORITY TO EMPLOY OTHER PERSONS AS NECESSARY TO ENABLE THE AGENT PROPERLY TO 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 THE NEXT SENTENCE IF YOU DO NOT WANT YOUR AGENT TO 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. () This power of attorney shall become effective _____

(insert a future date or event during your lifetime, such as court determination of your disability, when you want this power to first take effect)

7. () 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 successors to such agent:

my daughter, EILEEN LYNCH MALONEY;

my daughter, MARY L. SNOWDON.

For purposes of this paragraph 8, a person shall be considered to be incompetent if and while the person is a minor, is 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 ONE SHOULD 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. STRIKE OUT PARAGRAPH 9 IF YOU DO NOT WANT YOUR AGENT TO ACT AS GUARDIAN.)

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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 (consisting of five (5) pages, the following 2 pages included) and understand the full import of this grant of powers to my agent.

Signed: [Signature]
KATHLEEN HAGAN LYNCH

(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 CERTIFICATION OPPOSITE THE SIGNATURES OF THE AGENTS.)

Specimen signatures of agent (and successors).

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

[Signature]
(agent)

(successor agent)

(successor agent)

(principal)

(principal)

(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.)

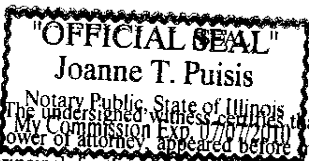
STATE OF ILLINOIS)
COUNTY OF Cook) SS

The undersigned, a notary public in and for the above county and state, certifies that Kathleen Hagan Lynch, 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 and successor agent(s)).

Dated: Aug 15, 2006.

[Signature]
Notary Public

My commission expires 7/7/10



The undersigned witness certifies that Kathleen Hagan Lynch, 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: 8/15, 2006.

[Signature]
Witness

(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 ESTATE.)

This document was prepared by:

Snowdon, Andrew - Kathleen's fipoa.doc