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Doc#: 0708640029 Fee: \$34.00  
Eugene "Gene" Moore RHSP Fee:\$10.00  
Cook County Recorder of Deeds  
Date: 03/27/2007 09:59 AM Pg: 1 of 6

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Property of Cook County

**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 TAKEN AS AGENT. A COURT MAY 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 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. 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 24th day of February, 2007.

1. I, **RASYTE MILERIENE**, hereby appoint **AUDRA JANUSKIENE**, as my attorney-in-fact (my "agent") to act for me 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:

Attorneys' Title Guaranty Fund, Inc  
1 S Wacker Dr., STE 2400  
Chicago, IL 60606-4650  
Attn: Search Department

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**(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.                                  | (i) Tax matters.                             |
| (b) Financial Institution transactions.                        | (j) Claims and litigation.                   |
| (c) Stock and bond transactions.                               | (k) Commodity and option transactions.       |
| (d) Tangible personal property transactions.                   | (l) Business operations.                     |
| (e) Safe deposit box transactions.                             | (m) Borrowing transactions.                  |
| (f) Insurance and annuity transactions.                        | (n) Estate transactions.                     |
| (g) Retirement plan transactions.                              | (o) All other party powers and transactions. |
| (h) Social Security, employment and military service benefits. |  |

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

2. The powers granted above shall not include the following powers or shall be modified or limited in the following particulars if I so state in the future by written document as an addendum to this power.

3. In addition to the powers granted above, I grant my agent any additional powers if I so state in the future by written document as an addendum to this power (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 by specifically so stating in a written addendum to this document).

**(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 STRICKEN.)**

4. My agent shall not have the right to delegate any or all of the foregoing powers involving discretionary decision-making to any person or persons.

5. My agent shall not 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 on the date set forth above on this document.

7. This Power of Attorney shall terminate on March 10, 2007, unless I so state to the contrary in writing.

**(IF YOU WISH TO NAME SUCCESSOR AGENTS, INSERT THE NAME(S) AND ADDRESS(ES) OF SUCH SUCCESSOR(S) IN THE FOLLOWING PARAGRAPH.)**

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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 order named) as successor(s) to such agent:

a. NONE.

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 FOR 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 10 IF YOU DO NOT WANT YOUR AGENT TO ACT AS GUARDIAN.)

9. This Power of Attorney is intended to be valid in all states of the United States and to be modified only by provisions that are applicable in the State in which it is to be enforced.

10. 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.

11. 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:

  
\_\_\_\_\_  
RASYTE MILERIENE

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

Specimen signatures of Agent (and successors)

  
\_\_\_\_\_  
AUDRA JANUSKIENE

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

  
\_\_\_\_\_  
RASYTE MILERIENE

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STATE OF ILLINOIS )

COUNTY OF ~~COOK~~ ) ss. DUPAGE

The undersigned, a notary public in and for the above county and state, certifies that RASYTE MILERIENE 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: 2/24/07

Subscribed and sworn to before me this

24<sup>th</sup> day of FEBRUARY, 2007



[Signature]
Notary Public
(Impress Notary seal here)

The undersigned witness, HUNG AN AN ANDERSON JAMES DENNIS, certifies that RASYTE MILERIENE 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 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. I believe him or her to be of sound mind and memory.

Dated: 2/24/07

[Signature]
Witness

Subscribed and sworn to before me this

24 day of FEBRUARY, 2007

[Signature]
Notary Public
(Impress Notary seal here)

County Clerk's Office

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**THE FOLLOWING REFERS TO REAL ESTATE IF APPROPRIATE:**

**PROPERTY ADDRESS: 10997 ARCHER AVE  
LEMONT, IL 60439**

**PERMANENT TAX INDEX NUMBER: 22-13-302-003 AND 22-13-302-004**

**THE SPACE ABOVE IS NOT PART OF OFFICIAL STATUTORY FORM. IT IS ONLY FOR THE AGENTS USE IN RECORDING THIS FORM WHEN NECESSARY FOR REAL ESTATE TRANSACTIONS.**

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PARCEL #1: LOT 9 (EXCEPT THE EAST 110.00 FEET AND THE NORTH 50.5 FEET THEREOF) AND EXCEPT THAT PART OF SAID LOT 9 DEDICATED FOR HIGHWAY PURPOSES ACCORDING TO THE PLAT THEREOF RECORDED MARCH 4, 1929, AS DOCUMENT NUMBER 10298760 IN THE COUNTY CLERK'S DIVISION OF SECTION 13, TOWNSHIP 37 NORTH, RANGE 11, EAST OF THE THIRD PRINCIPAL MERIDIAN.

PARCEL #2: THE NORTH 50.5 FEET OF THE WEST 1 ACRE OF LOT 9 IN COUNTY CLERK'S DIVISION OF SECTION 13, TOWNSHIP 37 NORTH, RANGE 11, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED APRIL 30, 1880 AS DOCUMENT NUMBER 269297, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 22-13-302-003 & 004

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