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Prepared By:

Kontoh Scott & Associates, PC
350 Bolingbrook Commons Drive
Bolingbrook IL 60440
630-783-8292

Doc#: 0716540058 Fee: \$34.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 06/14/2007 09:58 AM Pg: 1 of 6

Mail To:

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350 Bolingbrook Commons Drive
Bolingbrook IL 60440
630-783-8292

FIRST AMERICAN

File # 164 6238

JKB

POWER OF ATTORNEY

LEGAL DESCRIPTION

LOT 32 IN BLOCK 2 IN G. FRANK CROISSANT'S RIVERSIDE DRIVE ADDITION A SUBDIVISION OF THAT PART OF THE EAST 1/2 OF SECTION 1, TOWNSHIP 36 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN LYING NORTHERLY OF MICHIGAN CENTRAL RAILROAD COMPANY'S RIGHT OF WAY, SOUTHERLY OF THE CALUMET RIVER AND EASTERLY OF A LINE DRAWN FROM A POINT 825 FEET NORTH EASTERLY MEASURED ALONG THE SOUTHERLY BANK OF THE CALUMET RIVER FROM THE CENTER LINE OF THE MICHIGAN CENTRAL RAIL RIGHT OF WAY TO A POINT ON THE SOUTH LINE OF THE CORNER OF SAID NORTH EAST 1/4 OF SAID SECTION 1, 1,451 FEET EAST OF THE THE SOUTH WEST CORNER OF SAID NORTH EAST 1/4 EXCEPTING A STRIP OF LAND 100 FEET WIDE DEDICATED FOR PUBLIC STREET IN THE NORTH EAST CORNER THEREOF, RECORDED IN BOOK 169 OF PLATS, PAGE 12 ACCORDING TO A PLAT THEREOF RECORDED DECEMBER 3, 1924 AS DOCUMENT NO. 8692933.

Permanent Index #'s: 29-01-208-006-0000

Property Address: 13921 South Hoxie Avenue, Burnham, Illinois 60633

Handwritten signature

Handwritten mark resembling a dollar sign

From:

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04/20/2007 10:35

0149 P.005/008

POWER OF ATTORNEY made this 22 day of April (month) 2007 (year).

I, William Hendrix hereby appoint: Shelita Walls
(agent 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 or 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 BELOW.)

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):

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04/20/2007 10:39

#149 P.006/008

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 revoke or amend any trust specifically referred to below):

(YOUR AGENT WILL HAVE AUTHORITY TO EMPLOY OTHER PERSONS AS NECESSARY TO ENABLE THE AGENT TO PROPERLY EXERCISE THE POWERS GRANTED BY 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.)

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 ALSO BE ENTITLED TO REASONABLE COMPENSATION FOR SERVICES AS AGENT.)

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:)

() This power of attorney shall become effective on April 25th 2007
(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).

() This power of attorney shall terminate on MAY 25th 2007
(insert a future date or event, such as court determination of your disability, when you want this power to terminate prior to your death)

From:

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06/20/2017 0:30 0149 P.007/008

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

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:

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

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

William Henry Jr.
(Principal)
William Henry Jr.

(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)

NA (agent)
NA (successor agent)
NA (successor agent)

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

NA (principal)
NA (agent)
NA (principal)

From:

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07/20/2010 10:40

\$149 P.008/008

(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 CALIFORNIA)
)SS.
County of ALAMEDA)

The undersigned, a notary public in and for the above county and state, certifies that WILLIAM HENDRIX 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: April 22 (SEAL) Muhammad Notary Public
My commission expires Dec 2010

The undersigned witness certifies that William Hendrix 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: April 22 (SEAL) Michael Turner 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:

Kenneth Hooper



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CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

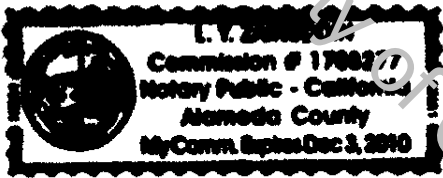
County of ALAMEDA }

On April 23RD 2007 before me, L.Y. Zainuddin.
Date Name and Title of Officer (e.g., "Jane Doe, Notary Public")

personally appeared William Hendrix.
Name(s) of Signer(s)

personally known to me

(or proved to me on the basis of satisfactory evidence)



to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Place Notary Seal Above

Signature L.Y. Zainuddin
Signature of Notary Public

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: POWER OF ATTORNEY

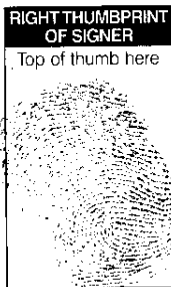
Document Date: April 22 2007 Number of Pages: 4

Signer(s) Other Than Named Above: MICHAEL TURNER

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____

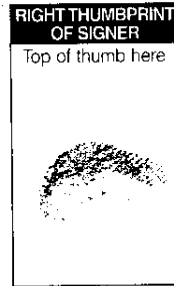
- Individual
- Corporate Officer — Title(s): _____
- Partner — Limited General
- Attorney in Fact
- Trustee
- Guardian or Conservator
- Other: _____



Signer Is Representing: Self

Signer's Name: MICHAEL TURNER

- Individual
- Corporate Officer — Title(s): _____
- Partner — Limited General
- Attorney in Fact
- Trustee
- Guardian or Conservator
- Other: WITNESS



Signer Is Representing: _____