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PROPERTY POWER OF ATTORNEY

This Power of Attorney affecting the following property:

P.N.T.N.

Legal Description

LOT 44 AND LOT 45 (EXCEPT THE NORTH 16 FEET THEREOF) IN KRENN AND DATO'S CRAWFORD "L" SUBDIVISION IN THE SOUTH EAST 1/4 OF SECTION 27, TOWNSHIP 41 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Real Estate Index Number(s): 10-27-414-380-0000

Address(es) of Real Estate: 7433 Karlov, Skokie, IL, 60076

This instrument was prepared by: Robert Dekalaaita

6600 North Lincoln Avenue Lincolnwood, IL 60712

Upon recording mail to:

Teresa Hoffman Liston 8724 Ferris Avenue Morton Grove, IL 60053

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GRANTOR: MATTHEW ENWIA

ATTORNEY IN FACT/ AGENT: JENI ENWIA

A205-10 R205-04

GENERAL POWER OF ATTORNEY

(With Durable Provision)

TO ALL PERSONS, be it known that I, Matthew Enwia of Skokie, Illinois, the undersigned Grantor, do hereby make and grant a general power of attorney to Jeni Enwia of Skokie, IL, and do thereupon constitute and appoint said individual as my attorney-in-fact/agent.

My attor nev-in-fact/agent shall act in my name, place and stead in any way which I myself could do, if were personally present, with respect to the following matters, to the extent that I am permitted by law to act through an agent:

(NOTICE: The grantor mus write his or her initials in the corresponding blank space of a box below with respect to each of the subdivisions (A) through (O) below for which the Grantor wants to give the agent authority. If the blank space within a box for any particular subdivisions is NOT initialed, NO AUTHORITY WILL BE GRANTED for matters that are included in that subdivision. Cross out each power withheld.)

[ABC]	Durable Provision: (P) If the blank space in the block to the left is initialed by the Grantor, this power of attorney shall not be affected by the
[M.B-E]	(O) All other matters
[M.B.E]	(N) To authorize medical and surgical procedures (Pennsylvania only)
[MiB-E] [MiB-E]	(M) Access to safe deposit box(es)
	delegate any or all of the foregoing powers to any persons whom my attorney-in-fact/agent shall select
[M.BC]	(L) Full and unqualified authority to my attorney-in-fact/agent to
[M.B.C]	(K) Records, reports, and statements
[M.B.E]	(J) Benefits from military service
[H·B·E]	(I) Personal relationships and affairs
[M 13.E]	(H) Claims and litigation
	consult an attorney.)
	(If trust distributions are involved or tax consequences are anticipated,
[N113-E]	(G) Gifts to charities and individuals other that Awriey-in-Fact/Agent
[M.3.E]	(F) Insurance transactions
[M.3E]	(E) Business operating transactions
[M.B.E]	(D) Banking transactions
[MIBE]	(C) Bond, share and commodity transactions
[MBE]	(B) Tangible personal property transportions
[M.B.E]	(A) Real estate transactions

subsequent disability or incompetence of the Grantor.

Other Terms:

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My attorney-in-fact/agent hereby accepts this appointment subject to its terms and agrees to act and perform in said fiduciary capacity consistent with my best interests as he/she in his/her best discretion deems advisable, and I affirm and ratify all acts so undertaken.

TO INDUCE ANY THIRD PARTY TO ACT HEREUNDER, I HEREBY AGREE THAT ANY THIRD PARTY RECEIVING A DULY EXECUTED COPY OR FACSIMILE OF THIS INSTRUMENT MAY ACT HEREUNDER, AND THAT REVOCATION OR TERMINATION HEREOF SHALL BE INEFFECTIVE AS TO SUCH THIRD PARTY UNLESS AND UNTIL ACTUAL NOTICE OR KNOWLEDGE OF SUCH REVOCATION OR TERMINATION SHALL HAVE BEEN RECEIVED BY SUCH THIRD PARTY, AND I FOR MYSELF AND FOR MY HEIRS, EXECUTORS, LEGAL REPRESENTATIVES AND ASSIGNS, HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS ANY SUCH THIRD PARTY FROM AND AGAINST ANY AND ALL CLAIMS THAT MAY ARISE AGAINST SUCH THIRD PARTY BY KEASON OF SUCH THIRD PARTY HAVING RELIED ON THE PROVISIONS OF THIS INSTRUMENT.

	Signed under seal this 7+4 day of July, 2003.
	Signed in the presence of:
đ	Matthew & Euro Grantor
	Grantor JENI ENWIA
	JENI ENWIA
4	Witness Attorney-in-Fact/Agent
	State of Illinois
	County of Cook
	On July 7, 2003 before me, MATTHEW ENWITH appeared 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 e cecuted 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
	the entity upon denant or which the person(s) acted, executed the instrument
	WITNESS my hand and official seal
	Signature
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	(Seal) "OFF W. DERIC Himes of Type of ID ROBERT W. State of Himes of 11/106 ROBERT W. Commission Expires 05/11/06 My Commission Expires 05/11/06 My Commission Expires 05/11/06
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