

UNOFFICIAL COPY



08012307

Durable Power of Attorney

I (We DAVID W. BROOKS of ARLINGTON HEIGHTS, ILLINOIS do make, constitute and appoint SYNTIA D. BROOKS of ARLINGTON HEIGHTS, ILLINOIS my (our) true and lawful attorney, to act in, manage, and conduct all my (our) estate and all my (our) affairs, in my (our) name, place and stead as my (our) act and deed, either to do and execute, or to concur with persons jointly interested with me (us) in the doing or executing of all or any of the following acts, deeds, and things:

To borrow money on such terms as my (our) attorney may choose.

To purchase, sell, lease, convey, assign, pledge, hypothecate, mortgage and warrant, or otherwise deal with any or all real or personal property in which I (we) may have an interest, for such purposes and upon such terms and in such form as my (our) attorney may choose, including, but not limited to, property located in the VILLAGE OF ARLINGTON HEIGHTS COOK County, State of ILLINOIS, described as:

LOT 4 IN BLOCK 2, IN HASBROOK SUBDIVISION UNIT NUMBER 2 OF PART OF THE EAST 1/2 OF THE NORTHEAST 1/4 OF SECTION 19, TOWNSHIP 42 NORTH, RANGE 11, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Commonly known as: 1840 N. CHRISTOT AVENUE, ARLINGTON HEIGHTS, ILLINOIS 60004

Tax Identification Number: 03-19-206-006-0000 including all lands and interests therein contiguous or appurtenant to land owned or claimed by me (us), whether or not specifically described above.

To make, execute, acknowledge and deliver under seal or otherwise any contract, agreement, bond, note, mortgage, deed of trust, deed, assignment, pledge, security agreement, power, guaranty, application for credit, application for insurance, statement, tax form, affidavit, disclosure, consent, amendment, election, vote, waiver, escrow agreement, endorsement, certification, promise, receipt, acknowledgment, instruction, order form, commitment, accounting, notification, letter, rider, addendum, authorization, appointment, power of attorney, stipulation, disclaimer, accord and satisfaction, settlement statement, settlement agreement, closing statement, closing instruction, disbursement authorization, listing agreement, subordination agreement, release discharge, questionnaire, proprietary certificate, request, document, form required by any federal, state or local law, regulation or ordinance, or other instruments which said attorney may deem necessary;

To make, draw, sign, endorse, accept or otherwise place my (our) name or signature upon any checks, notes, drafts or other instruments;

And to receive and collect and to give acquittances for all sums of money at any time due me (us).

Giving and Granting unto my (our) named attorney full power and authority to do and perform all and every act, deed, matter and thing whatsoever, in and about my (our) estate, property, and affairs as fully and effectually to all intents and purposes as I (we) might or could do in my (our) own proper person if personally present, the above specifically enumerated powers being in aid and exemplification of the full, complete, and general power herein granted and not in limitation or definition thereof; and hereby ratifying all that my (our) said attorney shall lawfully do or cause to be done by virtue of this document.

And I (we) hereby declare that any act or thing lawfully done hereunder by my (our) said attorney, whether done before or after the

UNOFFICIAL COPY

date this document is signed and delivered by me (us), shall be binding on me (us) and my (our) heirs, conservators, guardians, trustees, legal and personal representative, and assigns, whether the same shall have been done before or after my (our) death, or other revocations of this instrument, unless and until reliable intelligence or notice thereof shall have been received by my (our) said attorney.

This appointment being executed by me (us) shall cover my (our) jointly and severally owned property, property owned by me (us) in the entireties or as community property, and property owned by a trustee for my (our) benefit.

This power of attorney shall expire and terminate on OCTOBER 23, 1998, 19 .

This power of attorney shall not be affected by my disability (or the disability of either or both of us).

In Witness Whereof, I (we) have set my (our) hand and seal this 15th day of

OCTOBER 1998.

Witnesses: [Signature]

Signer: [Signature]
DAVID W. BROOKS

STATE OF Illinois
County of Cook SS.

The foregoing instrument was acknowledged before me this 15th day of October, 1998, by David Brooks signor, Frazier Williams, witness

Notary Public [Signature]

State of Ill

County of Cook

My Commission Expires [Signature]

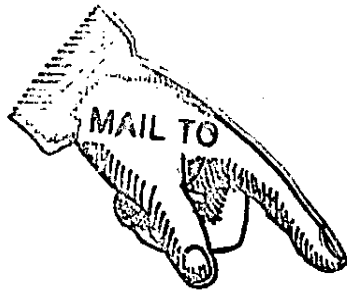


When recorded, return to:

FIRST CHICAGO NBD MORTGAGE COMPANY

1901 S. MEYERS ROAD, 3RD FLOOR

OAK BROOK TERRACE, ILLINOIS 60181



This instrument drafted by:
FCNBD Mortgage Company
P.O. Box 5016
Troy, MI 48007-9833

(Blank lines completed by:
BETH JOHNSON)

Please Type

PROFESSIONAL NATIONAL
TITLE NETWORK, INC.