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ATTORNEYS'
TITLE
GUARANTY
FUND,
INC.



Doc#: 0805105097 Fee: \$32.00 Eugene "Gene" Moore RHSP Fee: \$10.00

Cook County Recorder of Deeds Date: 02/20/2008 10:47 AM Pg: 1 of 5

Illinois Offices:

Champaign • Chicago • Homewood Libertyville • Lombard • Mt. Prospect North Riverside • Oak Lawn • Belleville 800.252.0402

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FIRST AMERICAN TITLE

GPUER# 1749 211

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 IMPOST A DUTY ON YOUR AGENT TO EXERCISE GRANTED POWERS; BUT WHEN POWERS ARE EXERCISED, YOUR AGENT VILL 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 T, YOUR AGENT MAY EXERCISE THE POWERS GIVEN HERE THROUGHOUT YOUR LIFETIME, EVEN AFTER 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 (SEE THE BACK 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 4th day of Month Year

1. I, Name and Address of Principal Name And Address of 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 2 or 3 below:

⁻0805105097 Page: 2 of 5

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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.)

- 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
- 1. 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.)

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 or borrowing by the agent):				
	9				
	Ox				
3.	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):				
	40.				
PI D D	OUR AGENT WILL HAVE AUTHORITY TO EMPLOY OTHER PERSONS AS NI CESSARY TO ENABLE THE AGENT TO ROPERLY EXERCISE THE POWERS GRANTED IN THIS FORM, BUT YOUR AGENT WILL HAVE TO MAKE ALL SCRETIONARY DECISIONS. IF YOU WANT TO GIVE YOUR AGENT THE RIGHT TO DELEGATE DISCRETIONARY ECISION-MAKING POWERS TO OTHERS, YOU SHOULD KEEP THE NEXT SENTENCE, OTHERWISE IT SHOULD BE RUCK 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 evoked by any agent (including any successor) named by me who is acting under this power of attorney at the time of reference.				
U	OUR AGENT WILL BE ENTITLED TO REIMBURSEMENT FOR ALL REASONABLE EXPENSES INCURRED IN ACTING NDER THIS POWER OF ATTORNEY. STRIKE OUT THE NEXT SENTENCE IF YOU DO NOT WANT YOUR AGENT TO LSO 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

ATG FORM 4003 © ATG (REV. 6/02)

BOTH) OF THE FOLLOWING:)

0805105097 Page: 3 of 5

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6	This power of attorney shall become effective on	9	4	20	
lt	itial		•		
(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 you	ır disability, when you	want this po	wer to terminate prior to your death.)	
	DU WISH TO NAME SUCCESSOR AGENTS, INSERT 1 FOLLOWING PARAGRAPH.)	THE NAME(S) AND	ADDRES	S(ES) OF SUCH SUCCESSOR(S) IN	
8. If a	ny agent named by me shall die, become incompetent, res	ign or refuse to accep	pt the office	e of agent, I name the following (each	
to a	ct alone and successively, in the order named) as successor	(s) to such agent:			
incon	petent or disabled person or the person is unable to give present physician.				
ONE PARA SERV	OU WISH TO NAME YOUR AGENT AS GUARDIAN OF SHOULD BE APPOINTED, YOU MAY, BUT ARE NOW AGRAPH. THE COURT WILL APPOINT YOUR ACENT OF YOUR BEST INTERESTS AND WELFARE. STRIKE CT AS GUARDIAN.)	OT REQUIRED TO, NT IF THE COURT	DO SO E	BY RETAINING THE FOLLOWING HAT SUCH APPOINTMENT WILL	
	a guardian of my estate (my property) is to be appointed and to serve without bond or security.	I, I nominate the ag	ent acting	under this power of attorney as such	
10. I a	m fully informed as to all the contents of this form and unc	lerstand the full impo	ort of this g	rant of powers to my agent.	
0	Signature of Principal		2/0/2		
SPEC	MAY, BUT ARE NOT REQUIRED TO, REQUESTIMEN SIGNATURES BELOW. IF YOU INCLUDE SPET COMPLETE THE CERTIFICATION OPPOSITE THE SECONDARY	ECIMEN SIGNATU	RES IN TI	HIS POWEL OF ATTORNEY, YOU	
Speci	men signatures of agent (and successors):	I certify that the	he signatur	res of my agen (and successors) are	
7		. <i>D</i>	e W	hite	
	Agent			Principal	
 -	Successor Agent	<u> </u>		Principal	
	Successor Agent	·		Principal	

(THIS POWER OF ATTORNEY WILL NOT BE EFFECTIVE UNLESS IT IS NOTARIZED AND SIGNED BY AT LEAST ONE ADDITIONAL WITNESS, USING THE FOLLOWING FORM.)

0805105097 Page: 4 of 5

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STATE OF	
COUNTY OF CONTRACTOR (COUNTY OF COUNTY OF COUN	
The undersigned, a notary public in and for the above county and staknown to me to be the same person whose name is subscribed as pr the additional witness in person and acknowledged signing and deli for the uses and purposes therein set forth, and certified to the correct	incipal to the foregoing power of attorney, appeared before me and vering the instrument as the free and voluntary act of the principal
Dated:	Notary Public
OFFICIAL SEAL SHARA SE ALLEN Notray Public - State of Illinois My Commission Expires Dec 03, 2010	My commission expires 12 Date
The undersigned witness certifies that name is subscribed as principal to the foregoing power of attornesigning and delivering the instrument as the free and voluntary act ohim or her to be of sound mind and memory.	
Dated: 2 K1 S	Atture Witness
(THE NAME AND ADDRESS OF THE PERSON PREPARING HAVE POWER TO CONVEY ANY INTEREST IN REAL ESTAT	
This document was prepared by:	
1011 8.4317 St, Chicago	10,655
The requirement of the signature of an additional witness imposed h	ay the emerge year. Act of the Olst Canoral Accomply applies only to

The requirement of the signature of an additional witness imposed by the amendatory Act of the 91st General Assembly applies only to instruments executed on or after the effective date of June 9, 2000. (P.A. 86-736.)

0805105097 Page: 5 of 5

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LEGAL DESCRIPTION

Legal Description: LOT 18 IN BLOCK 3 IN CALUMET PARK THIRD ADDITION, BEING A SUBDIVISION OF PART OF THE SOUTHWEST QUARTER OF SECTION 2, TOWNSHIP 36 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED AUGUST 7, 1925 AS DOCUMENT 8999101 IN COOK COUNTY, ILLINOIS.

Permanent Index #'s: 29-02-321-018-0000 Vol. 0193

Property Address: 14424 South Dobson Avenue, Dolton, Illinois 60419

A Property of Cook County Clark's Office