

# UNOFFICIAL COPY

**STEWART TITLE OF ILLINOIS**  
**2 N LASALLE #625**  
**CHICAGO, ILLINOIS 60602**  
**312-849-4243**  
**FILE # \_\_\_\_\_**



Doc#: 0816904171 Fee: \$50.00  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 06/17/2008 02:05 PM Pg: 1 of 8

## POWER OF ATTORNEY

**PIN NUMBER:** \_\_\_\_\_

File Number: TM265167

### LEGAL DESCRIPTION

Lot 23 in Block 3 in Roosevelt Park, a subdivision of the West 448.4 feet of the East 1385.1 feet lying South of center line of road of tract of land described as the West 1/2 of the Northeast 1/4 and the East 1/2 of the Northwest 1/4, South of Ogden Avenue of Section 3, Township 38 North, Range 12, East of the Third Principal Meridian, according to the plat recorded February 20, 1920 as Document 6731694, in Cook County, Illinois.

**Commonly known as:** 4245 Elm Street

Brookfield IL 60513

**PIN/Tax Code:**

18-03-224-018

STEWART TITLE OF ILLINOIS  
2 N. LaSalle Street  
Suite 625  
Chicago, IL 60602  
312-849-4243

*[Handwritten signature]*

**UNOFFICIAL COPY****ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY**

10F3

566669

(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 A POWER IS EXERCISED, YOUR AGENT WILL HAVE TO USE DUE CARE TO ACT FOR YOUR BENEFIT AND IN ACCORDANCE WITH THIS FORM. A COURT CAN TAKE AWAY THE POWERS OF YOUR AGENT IF IT FINDS THAT 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 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. 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.)

INITIALS

THIS NOTICE AND THE EXPLANATION OF STATUTORY  
PROPERTY POWERS ATTACHED ARE HEREBY

ACKNOWLEDGED.

M. A. J.

# UNOFFICIAL COPY

POWER OF ATTORNEY made this 30<sup>th</sup> day of November, 1991.

1. I, Mildred A. Kantor of 4245 Flm Street, Brookfield,  
Illinois 60513, hereby appoint my husband, Robert J. Kantor  
 of 4245 Elm Street, Brookfield, Illinois 60513, 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:

(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.~~ (Omitted)

- (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.)

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 on borrowing by the agent):

Except as may be necessary for the payment of health care expenses, I hereby direct that no sale or other exchange for value be made with respect to my tangible personal and household effects and any real estate occupied by me as a principal residence for a period of 180 days from the effective date of this Power of Attorney. Further, borrowing transactions shall be limited to such time when no other readily marketable assets not involving penalty, forfeiture or material capital loss are available.

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):

I expressly authorize my agent a) to continue or discontinue the management of any investment account under the directions and authority established by me prior to the effective date of this Power of Attorney, and; b) to dispose of my tangible personal and household effects in any manner subject to the time limitations of paragraph 2 above stated and any specific intentions provided under my Last Will and Testament.

# UNOFFICIAL COPY

(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 STRIKEN 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 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 TO ALSO 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 BOTH) OF THE FOLLOWING.)

# UNOFFICIAL COPY

6. This power of attorney shall become effective on any  
future date directed by me in writing to my agent or upon the  
date my attending physician certifies in writing to my agent that  
I am unable to intelligently and promptly handle my financial  
affairs. INITIALS: M.A.K.

(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 (No limitation  
on duration). INITIALS: M.A.K.

(insert a future date or event, such as court determination of  
 your disability, when you want this power to terminate prior to  
 your death).

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

8. If any agent named by me shall die, become legally  
 disabled, resign or refuse to act, I name the following (each to  
 act alone and successively, in the order named) as successor(s)  
 to such agent: My son, Philip D. Kantor; my son, Donald R.  
Kantor

(IF YOU WISH TO NAME A GUARDIAN OF YOUR PERSON OR A GUARDIAN  
 OF YOUR ESTATE, OR BOTH, IN THE EVENT A COURT DECIDES THAT ONE  
 SHOULD BE APPOINTED, YOU MAY, BUT ARE NOT REQUIRED TO, DO SO BY  
 INSERTING THE NAME(S) OF SUCH GUARDIAN(S) IN THE FOLLOWING  
 PARAGRAPHS. THE COURT WILL APPOINT THE PERSON NOMINATED BY YOU  
 IF THE COURT FINDS THAT SUCH APPOINTMENT WILL SERVE YOUR BEST  
 INTERESTS AND WELFARE. YOU MAY, BUT ARE NOT REQUIRED TO,  
 NOMINATE AS YOUR GUARDIAN(S) THE SAME PERSON NAMED IN THIS FORM  
 AS YOUR AGENT.)

# UNOFFICIAL COPY

9. If a guardian of my person is to be appointed, I nominate the following to serve as such guardian: The agent acting under this power of attorney.

10. If a guardian of my estate is to be appointed, I nominate the following to serve as such guardian: The agent acting under this power of attorney.

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.

12. Reproductions of this executed original shall be deemed to be original counterparts of this Power of Attorney.

Mildred A. Kantor

MILDRED A. KANTOR

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

Specimen signatures of agent (and successors)

Robert A. Kantor  
(agent)

\_\_\_\_\_  
(successor agent)

\_\_\_\_\_  
(successor agent)

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

Mildred A. Kantor  
(principal)

\_\_\_\_\_  
(principal)

\_\_\_\_\_  
(principal)

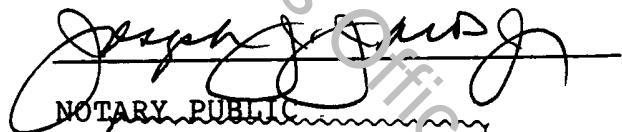
## UNOFFICIAL COPY

STATE OF ILLINOIS )

) SS:

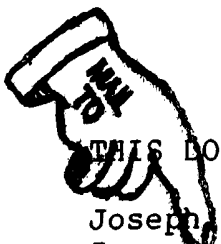
COUNTY OF C O O K )

The undersigned, a notary public in and for the above county and state, certifies that Mildred A. Kantor known to me to be the same person whose name is subscribed as principal to the foregoing Power of Attorney, appeared before me 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: 11-20-91


NOTARY PUBLIC

" OFFICIAL SEAL  
JOSEPH J. JAROS, JR.  
NOTARY PUBLIC, STATE OF ILLINOIS  
MY COMMISSION EXPIRES 8/29/95



THIS DOCUMENT WAS PREPARED BY:

Joseph J. Jaros, Jr.  
Jaros, Tittle & O'Toole  
33 N. Dearborn, Suite 1515  
Chicago, Illinois 60602  
(312) 750-1000