WILMETTE

ILLINOIS

I (We

## **Durable Power of Attorney**

KSTHMANN

MARGARET M.

do make, constitute and appoint KONRAD K. KOTHMANN of WILMET	IE, ILLINOIS
my (our) true and lawful attorney, to act in, manage, and conduct all my (our) estate and all my (our	ur) 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 in	terested 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 (cur) attorney may choose.	
To purchase, sell, lease, convey, assign, pledge, hypothecate, mortgage and warrant, or 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	l in such form as my
(our) attorney may choose, including, but not limited to, property located in theVILLAGE_O	F WILMETTE , 7/
COOK County State of ILLINOIS descri	ribed as:
THE SOUTH 56.67 FEET OF LOTS 8 AND 9 (EXCEPT THE EAST 10 FEET OF	THE SOUTH 56.67 FEET OF
SAID LOT 8 IN BLOCK 2 IN GREENLEAF'S RESULDIVISION OF BLOCKS 29	TO 34 IN WILMETTE IN
SECTION 27, TOWNSHIP 42 NORTH, RANGE 13 EAST OF THE THIRD PRINCE	PAL MERIDIAN, IN COOK COUNTY,I
Commonly known as: 1018 TENTH ST., WILMETTE, IL 60 91	
Tax Identification Number: 05-27-415-003-0000 including all lands	and interests therein contiguous or
appurtenant to land owned or claimed by me (us), whether or not specifically desc ibed above.	
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To make, execute, acknowledge and deliver under seal or otherwise any contract, agreement, bond, note, mortgage, de deed, assignment, pledge, security agreement, power, guaranty, application for credit, application for insurance, statement, tax form, affidavit, disclosure, consent, amendment, election, vote, waiver excrow 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 ever 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

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## **UNOFFICIAL COPY**

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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 \_\_ DECEMBER 15 This power of attorner shall not be affected by my disability (or the disability of either or both of us). In Witness Whereof, 1 (we) have set my (our) hand and seal this day of Witnesses: STATE OF ILLINOIS County of \_ The foregoing instrument was acknowledged before me this 23OFFICIAL SEAL GLADYS TRULOCK State of NOTARY PUBLIC, STATE OF ILLINOIS County of My Commission Expires: This instrument drafted by: When recorded return to: FCNBD Mortgage Company P.O. Box 5016 FIRST CHICAGO Troy, MI 48007-9833 JANICE OLSON 1901 S. MEYERS RD., #300 (Blank lines completed by: JANICE OLSON OAKBROOK TERRACE, IL 60181 5144431 Please Type