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1998-12-30 10:43:22  
Cook County Recorder 25.00



08185345

1-83

**Durable Power of Attorney**

I (We ROBIN MELAMED of GLENCOE, ILLINOIS  
do make, constitute and appoint MITCHELL J. MELAMED of GLENCOE, 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 GLENCOE  
COOK County, State of ILLINOIS, described as:

SEE ATTACHED LEGAL DESCRIPTION

Commonly known as: 269 SYLVAN ROAD, GLENCOE, ILLINOIS 60022  
Tax Identification Number: 05-06-301-003-0000 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

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**BOX 333-CTI**

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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 31, 19 98.

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 9<sup>th</sup> day of

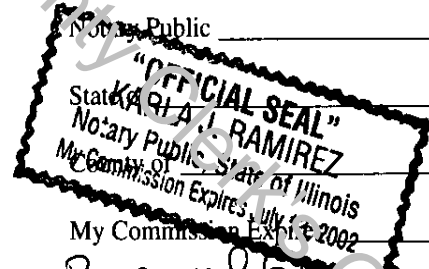
December 19 98.

Witnesses: \_\_\_\_\_

Signers Robin Melamed  
ROBIN MELAMED

STATE OF Illinois  
County of Cook SS.

The foregoing instrument was acknowledged before me this 9<sup>th</sup> day of December, by Karla & Ramie



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

Prepared by: (initials)  
When recorded return to:  
FIRST CHICAGO NBD MORTGAGE  
1901 S. Meyers Rd, Suite 300  
Oakbrook Terrace, IL 60181  
Attn: JANICE OLSON

(Blank lines completed by:  
JANICE OLSON)  
Please Type 5210950

# UNOFFICIAL COPY

STREET ADDRESS: 269 SYLVAN ROAD

CITY: GLENCOE

COUNTY: COOK

08185345

TAX NUMBER: 05-06-301-003-0000

## LEGAL DESCRIPTION:

LOT 6 IN RAVINE BLUFFS SUBDIVISION IN SECTION 6, TOWNSHIP 42 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN IN THE VILLAGE OF GLENCOE IN COOK COUNTY, ILLINOIS

Property of Cook County Clerk's Office