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SHEET

FILE NO. 4387112(3/4)



Doc#: 0821757062 Fee: \$50.00  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 08/04/2008 09:34 AM Pg: 1 of 8

*Cook* COUNTY

7-30  
GIT

TYPE OF DOCUMENT:

*Limited Power of Attorney*

Greater Illinois Title  
300 E. Roosevelt Road  
Wheaton, IL 60187

Property of Cook County Clerk's Office

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4387112(3/4)

## LIMITED POWER OF ATTORNEY

### FOR

7-30  
GIT

Tasha Holliday

4387112 CC

*Power of Attorney* made this 23<sup>rd</sup> July 2008

1. I, Tasha Holliday of 11621 S. Peoria, Chicago, Illinois 60643 hereby appoint: Carolyn Johnson, of 7115 West North Ave #366, Oak Park, Illinois 60302, as my attorney-in-fact (my "agent") to act for me 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 of 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                | (g) Retirement plan transactions                              | (l) Business operations                         |
| (b) Financial institution transactions      | (h) Social Security, employment and military service benefits | (m) Borrowing transactions                      |
| (c) Stock and bond transactions             | (i) Tax matters   | (n) Estate transactions                         |
| (d) Tangible personal property transactions | (j) Claims and litigation                                     | (o) All other property, powers and transactions |
| (e) Safe deposit box transactions           | (k) Commodity and options transactions                        | (p) medical decisions                           |
| (f) Insurance and annuity 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

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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.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ 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): The power to make any appropriate annual exclusion gifts authorized by I. R. C. Section 2503(b).

**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 STRUCK 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 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 AN AGENT.)**

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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 OF THE BEGINNING DATE OR DURATION IS MADE BY INITIALING AND COMPLETING EITHER OR BOTH OF THE FOLLOWING:)**

6.  This power of attorney shall become effective upon my disability as determined by a family doctor.

7.  This power of attorney shall terminate on closing of 12204 S. Stewart Ave, Chicago, Illinois 60628.

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

8. If any agent named by me shall die, become incompetent, resign or refuse to accept the office of agent, I name the following (each to act alone and successively, in the order named) as successor(s) to such agent:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For purposes of this paragraph 8, a person shall be considered to be incompetent if and while the person is a minor or an adjudicated incompetent or disabled person or the person is unable to give prompt and intelligent consideration to business matters, as certified by a licensed physician.

**(IF YOU WISH TO NAME YOUR AGENT AS GUARDIAN OF YOUR ESTATE, IN THE EVENT A COURT DECIDES THAT ONE SHOULD BE APPOINTED, YOU MAY,**

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**BUT ARE NOT REQUIRED TO DO SO BY RETAINING THE FOLLOWING PARAGRAPH. THE COURT WILL APPOINT YOUR AGENT IF THE COURT FINDS THAT SUCH APPOINTMENT WILL SERVE YOUR BEST INTERESTS AND WELFARE. STRIKE OUT PARAGRAPH 9 IF YOU DO NOT WANT YOUR AGENT TO ACT AS YOUR GUARDIAN.)**

9. If a guardian of my estate (my property) is to be appointed, I nominate the agent acting under this power of attorney as such guardian, to serve without bond or security.

10. 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.

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## DATE AND SIGNATURE OF PRINCIPAL

I sign my name to this Limited Power of Attorney on July 23, 2008

Chicago, Illinois.

Signed: \_\_\_\_\_

STATE OF

Illinois

)

COUNTY OF

Cook

) SS.

)

On July 23, 2008, before me, the undersigned, a Notary Public in and for said County and State, personally appeared Tasha Holliday, known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument, and acknowledged to me that she/he executed the same.

WITNESS my hand and official seal.

NOTARY PUBLIC



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## STATEMENT OF WITNESSES

I declare under penalty of perjury under the laws of Illinois that the person who signed or acknowledged this document is personally known to me (or proved to me on the basis of convincing evidence) to be the Principal, that the Principal signed or acknowledged this power of attorney in my presence, and that the Principal appears to be of sound mind and under no duress, fraud, or undue influence.

*Terry H. Bailey*  
Signature

Terry H. Bailey  
Print Name

Date: 07/23/08

Address: 11621 S Peoria  
Chicago IL

*Tory Bailey*  
Signature

Tory Bailey  
Print Name

Date: 7-23-08

Address: 11621 S Peoria  
Chicago, IL

This Document prepared by: email to

**The Law Offices of Carolyn Johnson**  
Attorney at Law  
7115 West North Avenue #366  
Oak Park, Illinois 60302  
(708)841-0629

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ORDER NO.: 1301 - 004387112  
ESCROW NO.: 1301 - 004387112

1

**STREET ADDRESS:** 12204 SOUTH STEWART AVENUE  
**CITY:** CHICAGO                      **ZIP CODE:** 60628  
**TAX NUMBER:** 25-28-131-018-0000

**COUNTY:** COOK

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**LEGAL DESCRIPTION:**

LOTS 3 AND 4 IN BLOCK 44 IN WEST PULLMAN, BEING A SUBDIVISION IN THE WEST 1/2 OF THE NORTHEAST 1/4 AND THE NORTHWEST 1/4 OF SECTION 28, TOWNSHIP 37 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.