

# **UNOFFICIAL COPY**

### ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

POWER OF ATTORNEY made this

- I, Mary Erickson, of 222 North Columbus, Unit #1703, Chicago, Illinois 60601, hereby appoint Charles Erickson of 222 North Columbus, Unit #1703, Chicago, Illinois 60601, 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:

  (a) Real estrice transactions.

  (b) Financial its itutions.

  (c) Stock and be all transactions.

  (d) Tax matters.

  (j) Claims and litigation.

  (k) Commodity and option

  (transactions.

  (l) Business operations.

  (e) Safe deposit box transactions.

  (f) Business operations.

  (g) Business operations. with respect to the following powers, as defined in Section 3-4 of the "Statutory Short Form

- Retirement plan transactions.
- Social Security, employment and <del>(h)</del> military service benefits.

- All other-property powers and transactions.

Cook County Recorder of Deeds

1 of 4

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):

#### None

In addition to the powers granted above, I grant my agent the following powers (here you 3. 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):

#### None

- 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.
- 5. My agent shall be entitled to reasonable compensation for services rendered as agent under this power of attorney.

Attorneys' Title Guaranty Fund, Inc. 1 S. Wacker Rd., STE 2400 Chicago, IL 60606-4650 Attn:Search Department



0822611170 Page: 2 of 4

# **UNOFFICIAL COPY**

### LEGAL DESCRIPTION RIDER

#### **Legal Description:**

UNIT 2-306 TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS IN RIVER'S EDGE CONDOMINIUM NUMBER 1 AS DELINEATED AND DEFINED IN THE DECLARATION RECORDED AS DOCUMENT NUMBER 95803644, IN THE NORTHEAST QUARTER OF SECTION 10, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

COMMONLY KNOWN AS: 5255 NORTH RIVERSEDGE, UNIT 306, CHICAGO, IL 60630 PERMANENT INDEX NUMBER: 13-10-200-026-1079

MBER.

Or Cook County Clark's Office

# **UNOFFICIAL COPY**

6.	(X)	This power of attorney shall become effective at the commencement of the
Closin		ng to the purchase of 5255 North Riversedge, Unit #306, Chicago, Illinois
		a future date or event during your lifetime, such as court determination of your
		en you want this power to take effect)

7.	(X)	This power of attorney shall terminate at the conclusion of the Closing
relati	ng to th	e purchase of 5255 North Riversedge, Unit #306, Chicago, Illinois 60630.
(inser	t a futur	e date or event, such as court determination of your disability, when you want this
power	to term	inate prior to your death)

relating to the purchase of 5255 North Riversedge, Unit #306, Chicago, Illinois 60630. (insert a future date or event, such as court determination of your disability, when you want this power to terminate prior to your death)				
8. If any agent named by me shall die, because the following (each to act alone and succ such agent:	come legally disabled, resign or refuse to act, I essively, in the order named) as successor(s) to			
None				
O/X				
9. If a guardian of my person is to be appoguardian:	pinted, I nominate the following to serve as such			
Not appl	icable			
10. If a guardian of my estate (my property serve as such guardian:	) is to be appointed, I nominate the following to			
Not appl	icable			
this grant of powers to my agent. Si	gned (Principal)			
The Principal has had an opportunity to read th form in our presence.	e above form and has signed her signature on the			
Own R. Lynn re	siding at 4001 W. 724 Pl			

0822611170 Page: 4 of 4

## **UNOFFICIAL COPY**

(THIS POWER OF ATTORNEY WILL NOT BE EFFECTIVE UNLESS IT IS NOTARIZED, USING THE FORM BELOW.)

STATE OF ILLINOIS ) SS COUNTY OF COOK )

The undersigned, a notary public in and for the above county and state, certifies that Mary Erickson, known to me to be the same person whose name is subscribed as Principal to the foregoing pr wer 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: 7 - 8 - 08

OFFICIAL SEAL
MARGARET L MURPHY
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:11/16/10

Margaret X. Murghey Notary Public

My commission expires: 11-16-10

(THE NAME AND ADDRESS OF THE PERSON PREPARING THIS FORM SHOULD BE INSERTED IF THE AGENT WILL HAVE POWER TO CONVEY ANY INTEREST IN REAL ESTATE.)

THIS DOCUMENT WAS PREPARED BY:

and matto,

Thomas J. Murphy Attorney at Law 10540 South Western Avenue Suite 500 Chicago, IL 60643 (773) 233-8500