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Doc#: 0823826004 Fee: \$46.00
Eugene "Gene" Moore RHSP Fee:\$10.00
Cook County Recorder of Deeds
Date: 08/25/2008 08:40 AM Pg: 1 of 6

Property of Cook County Clerk's Office

POWER OF ATTORNEY FOR PROPERTY

POWER OF ATTORNEY made this 14th day of August, 2008.

2/3

mm

Washburn

SADLER

1
[Signature]

[Signature]

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1. I, MARGARET M. SULLIVAN, of (address) 3539 S. Prairie Street Brookfield, IL 60513, appoint my husband, TERRENCE J. SULLIVAN, of (address) 3539 S. Prairie Street Brookfield, IL 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, including the waiver of any and all homestead rights that the Principal may have in the property.
- (b) Financial institution 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):

NONE

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):

Full power and authority to execute in my name and on my behalf any and all mortgage documents, promissory note(s), mortgages, including the waiver of home lead, HUD-1/RESPA forms, vendor and purchaser affidavits, escrow forms, ALTA statements, and any and all other documents necessary or required, or any other lender as well as any title insurance company respecting or relating to the acquisition, financing, purchase or mortgage of the property commonly known as (address) 729 FOREST AVENUE RIVER FOREST, IL 60305.

(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

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decision making powers to others, you should keep the next sentence, otherwise it should be struck out.)

This Power of Attorney shall not be affected by the disability of the principal.

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:)

6. (X) This power of attorney shall become effective on AUGUST 14, 2008 .

(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. (X) This Power of Attorney shall terminate on SEPTEMBER 20, 2008 .

(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:

NONE

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(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.)

9. If a guardian of my person is to be appointed, I nominate the following to serve as such guardian:

NONE

(insert name and address of nominated guardian of the person)

10. If a guardian of my estate (my property) is to be appointed, I nominate the following to serve as such guardian:

NONE

(insert name and address of nominated guardian of the person)

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.

Signed Margaret M. Sullivan
MARGARET M. SULLIVAN

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I believe him or her [the principal under the power of attorney] to be of sound mind and memory.

NICK FERRY Residing at 819 N. MILWAUKEE
(witness) CHICAGO, IL 60642

(You may, but are not required to, request your agent and successor agents to provide specimen signatures below. If you include specimen signatures in this Power of Attorney, you must complete the certification opposite the signatures of the agents.)

~~(X)~~ NOT REQUIRED

Specimen signatures of agent (and successors)

(agent)

(successor agent)

(successor agent)

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

Margaret Sullivan
(principal)

(principal)

(principal)

(This Power of Attorney will not be effective unless it is notarized, using the form below.) The undersigned, a notary public in and for the above state and county, certifies that MARGARET M. SULLIVAN, 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.

DATED: 8/15/08
(Seal)

Dana C. Hlubek
Notary Public
My Commission Expires 09/23/09

This document was prepared by: rdmalt
Hitchcock & Associates, P.C.
Thomas R. Hitchcock
Attorney At Law
120 South State Street, Ste. 803
Chicago, IL 60603



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STREET ADDRESS: 729 FOREST AVENUE

CITY: RIVER FOREST

COUNTY: COOK

TAX NUMBER: 15-12-102-034-0000

LEGAL DESCRIPTION:

THE SOUTH 60 FEET OF THE NORTH 100 FEET OF LOT 3 IN SOLOMON THATCHER'S SUBDIVISION,
BEING PART OF THE WEST 1/2 OF THE NORTHWEST 1/4 OF SECTION 12, TOWNSHIP 39 NORTH, RANGE
12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

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