## **UNOFFICIAL COPY**



Doc#: 0834413032 Fee: \$48.0 Eugene "Gene" Moore RHSP Fee: \$10.( Cook County Recorder of Deeds Date: 12/09/2008 01:25 PM Pg: 1 of 7

Prepared by. LSI 700 Cherrington Ykwy. Coraopolis, PA 15 (83 412-299-4000

Return to: LSI 700 Cherrington Pkwy. Coraopolis, PA 15108 412-299-4000

# TO OF COUNTY JRI. NON DURABLE POWER OF ATTORNEY

Principal: Traci Walker

Agent: Shannon Obringer

Property Address: 3944 W. 86th Street, Chicago, IL 60652

TAX 10: 19-35-324-018-0000

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**RECORDING REQUESTED BY:** 

LSI

700 Cherrington Parkway Coraopolis, PA 15108

WHEN RECORDED MAIL TO:

LSI

700 Cherrington Parkway Coraopolis, PA 15108 eLS Orde: # 5235197

#### NON DURABLE POWER OF ATTORNEY

CAUTION: THIS IS AN IMPORTANT DOCUMENT. IT GIVES THE PERSON WHOM YOU DESIGNATE (YOUR "ACENT" OR "ATTORNEY IN FACT" HEREINAFTER CALLED "AGENT/AIF") BROAD POWERS TO ACTION YOUR BEHALF FOR A SPECIFIC TRANSACTION DURING A CERTAIN PERIOD OF TIME, WHICH INCLUDE POWERS TO PROMISE TO REPAY A DEBT WITH INTEREST AND MORTGAGE YOUR REAL PROPERTY FOLLOWING YOUR REVIEW OF YOUR LOAN DOCUMENTATION DURING A LOAN CLOSING TO BE CONDUCTED ON THE INTERNET. WITH RESPECT TO ANY LOSS OF MISPLACEMENT OF, INACCURACY IN, OR FAILURE TO SIGN ANY LOAN DOCUMENTATION, YOUR AGENT/AIF WILL CONTINUE TO HAVE THESE POWERS AFTER THE LOAN CLOSING, FOR THE LIMITED PURPOSE TO REPLACE OR CORRECT SUCH LOAN DOCUMENTATION IF THE ATTORNEY IN FACT HAS ACTUAL KNOWLEDGE OF ANY INCOMPETENCE BEFCHE, DURING OR AFTER CLOSING, THE POWERS CONTAINED HEREIN WILL CEASE TO EXIST. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL OR OTHER HEALTH CARE DECISIONS FOR YOU. SIGNING THIS LIMITED POWER OF ATTORNEY IS OPTIONAL. ALTHOUGH USING A LIMITED POWER OF ATTORNEY DESIGNATING YOUR AGENT/AIF SHOULD MAKE YOUR LOAN CLOSING MORE CONVENIENT, YOU ARE NOT REQUIRED TO SIGN THIS OCCUMENT IN ORDER TO OBTAIN YOUR LOAN. BEFORE YOU DECIDE WHETHER TO SIGN OR IF YOU DO NOT UNDERSTAND THE PURPOSE OR EFFECT OF THIS FORM, YOU SHOULD CONSULT AN ATTORNEY.

BE IT KNOWN, that I, TRACI WALKER

Whose residence address is: 3944 W 86th St

Chicago, IL 60652

Make and appoint the following persons who are employees of LSI, namely: Deanna Dixon. Ellen Hatten, Greg Perdziola, James Greene, Ryan Flaherty, Shannon Obringer, Stacey Franciscus, whose addresses are C/O LSI, at 700 Cherrington Parkway, Coraopolis, PA 15108. Each of my agents may exercise the powers conferred in this power of attorney separately, without the consent of the other agent. My agents may delegate the powers, tasks and duties to one of the other agents but to no other person. My Agents/AIFs may exercise the powers to accomplish the following specific and limited purposes:

- (A) Refinancing and/or home equity financing of the Real Estate located at 3944 W 86TH ST, CHICAGO, IL 60652 and legally described as (the "Property"):
- (B) To mortgage, finance, refinance, assign, transfer and in any manner deal with Property located at : 3944 W 86TH ST, CHICAGO, IL 60652 to effectuate the above referenced refinancing and banking transactions with US Bank National Association (hereinafter called "Lender"). See attached Exhibit A for full legal description.
- (C) To execute, acknowledge receipt of, approve, and deliver all documents including but not limited to:

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- a. Notes, Deeds, Mortgages/Deeds of Trust, Subordinations, security instruments, riders, attachments and addenda, including any documents necessary or requested as part of this transaction by the title insurer, lender or other parties to the transaction;
- b. those documents needed by governmental and taxing authorities;
- c. lien waivers, subordination/waiver of homestead and any marital rights necessary to obtain the financing; and
- d. escrow instructions, closing or settlement statements, truth in lending disclosures (including notice of my right to rescind the credit extension, if applicable), loan applications, HUD-1 and other written instruments relating to the transaction.
- (D) All other powers which I myself may have concerning the real estate transaction and refinancing of the same located at 3944 W 86TH ST, CHICAGO, IL 60652. ELS Order # 5235197.

Further giving and granting said Agent/AIF, full power and authority to do and perform all and every act and thing whatsoever necessary to be done in and about the specific and limited premises (setout herein) as fully, to all intents and primposes, as might or could be done if personally present, with full power of substitution and revocation, hereby ratifying and confirming all that said attorney in fact (also called agent) should lawfully do or cause to be done by virtue hereof.

This Power of Attorney is effective immed at Iv and is limited to the specific transaction described above. This Power of Attorney shall not be effective in the event of my disability or incapacity. I may revoke this Power of Attorney at any time by providing written notice to my Agent/AIF at Closing Stream Department C/O LSI, 700 Cherrington Parkway Coraopolis, PA 15108. When the Power of Attorney is recorded, any revocation will not be effective as to third parties until the revocation is recorded in the same county or other established governmental authority for the recording of Powers of Attorney. This Power of Attorney will terminate upon the proper recording of all documents necessary or requested as part of this transaction by the title insurer, lender or other parties to the transaction, except with respect to any loss of, misplacement of, inaccuracy in, or failure to sign any closing or loan documentation. With respect to any loss of, misplacement of, inaccuracy in, or failure to sign any closing or loan documentation, these powers will continue to a sign the limited purpose to replace or correct such documentation.

Conflict of Interest Disclosure. My Agent/AIF can enter into transactions with me or on my behalf in which my Agent/AIF is personally interested as long as the terms of the transaction are fair to me and I have agreed to such an action. I also understand that LSI receives fees for escrow and title services from the closing. I further understand that these fees will be detailed on my Settlement Statement that accompanies my loan documents.

I understand that this Power of Attorney is not an approval of my loan application request or a commitment by Lender to make a mortgage loan. Should my loan application request not be approved by Lender, this Power of Attorney will be null and void.

TO INDUCE ANY THIRD PARTY TO ACT, I AGREE THAT ANY THIRD PARTY RECEIVING AN EXECUTED COPY OR FACSIMILE OF THIS INSTRUMENT MAY ACT ON THIS INSTRUMENT. ANY REVOCATION OR TERMINATION OF THIS INSTRUMENT WILL BE INEFFECTIVE AS TO SUCH THIRD PARTY UNTIL SUCH THIRD PARTY HAS ACTUAL OR CONSTRUCTIVE NOTICE OF SUCH REVOCATION OR TERMINATION. I, FOR MYSELF AND FOR MY HEIRS, EXECUTORS, LEGAL REPRESENTATIVES AND ASSIGNS, AGREE TO INDEMNIFY AND HOLD HARMLESS ANY SUCH THIRD PARTY FROM AND AGAINST ANY AND ALL CLAIMS THAT MAY ARISE AGAINST SUCH THIRD PARTY BY REASON OF SUCH THIRD PARTY HAVING REASONABLY RELIED ON THE PROVISIONS OF THIS INSTRUMENT.

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# **UNOFFICIAL COPY**

I, TRACI WALKER, the principal, sign my name to this power of attorney this 2/ day of November, 2008, and, being first duly sworn, do declare to the undersigned authority that I sign and execute this instrument as my power of attorney for a refinance and that I sign it willingly, or willingly direct another to sign for me, that I execute it as my free and voluntary act for the purposes expressed in the power of attorney and that I am eighteen years of age or older, of sound mind and under no constraint or undue influence.
Dated: November 21, 2008 TRACI WALKER
Dated:, 20
Dated:
Dated:20
J-Ox
State of <u>Turnors</u>
County of Cack
Subscribed, sworn to and/or acknowledged before medical by TRACI WALKER, the principal(s), thisd/ day of
OFFICIAL SEAL ELLAWEASE EARLS NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES:05/25/11
WITNESS my hand and official seal.
SIGNATURE OF NOTARY
COMMISSION EXPIRES $5-25-2011$

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#### **ACKNOWLEDGMENT OF ATTORNEY-IN-FACT**

I, AGENT, have read the attached power of attorney and am the person identified as the attorney-in-fact (the "agent") for the principal. I hereby acknowledge that in the absence of a specific provision to the contrary in the power of attorney or in state law., when I act as agent:

I shall exercise the powers for the benefit of the principal.

I shall keep the assets of the principal separate from my assets.

I shall exercise reasonable caution and prudence.

I shall keep a full and accurate record of all actions, receipts and disbursements on behalf of the principal.

snarnon obringer
AGENT
manner minger
Signature of Attorney-irFact
11248
Date
4
0,

## **UNOFFICIAL COPY**

State of Pennsy Vania
County of Allexen)
On this, the 26 day of Normber, 20%, before me Recur P Flancety, the undersigned, personally appeared Name of Normber Agent/Attorney in Fact who Subscribed, sworn to and/or acknowledged before me and proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signatures(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.
WITNESS my nand and official seal
Notary Public  Notary Public  Notary Public  MOON TWP, ALLEGHENY COUNTY  My Commission Expires:  My Commission Expires:
My Commission Expires:
Co

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Order ID: 5235197

Loan No.: 7884014830

# EXHIBIT A LEGAL DESCRIPTION

The following rescribed property:

Lot 570 in 87th ar d Crawford Highlands, being a subdivision of Lots 1, 2 and 3 in Hately and Boyers Resubdivision of the South 1/2 of the Southwest 1/4 of Section 35, Township 38 North, Range 13, East of the third principal meridian, in Cook County, Illinois.

Assessor's Parcel Number:

19-35-326-018
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