



A240-10  
R240-04

**LIMITED POWER OF ATTORNEY**

(With Durable Provision)

**NOTICE: THIS IS AN IMPORTANT DOCUMENT. BEFORE SIGNING THIS DOCUMENT, YOU SHOULD KNOW THESE IMPORTANT FACTS. THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON WHOM YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO PLEDGE, SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. YOU MAY SPECIFY THAT THESE POWERS WILL EXIST EVEN AFTER YOU BECOME DISABLED, INCAPACITATED OR INCOMPETENT. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL OR OTHER HEALTH CARE DECISIONS FOR YOU. IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.**

TO ALL PERSONS, be it known, that I, Marion Hatchko, of Leesburg, FL, as Grantor, do hereby make and grant a limited and specific power of attorney to Carolyn Schneider, of Itasca, IL and appoint and constitute said individual as my attorney-in-fact.

My named attorney-in-fact shall have full power and authority to undertake, commit and perform only the following acts on my behalf to the same extent as if I had done so personally; all with full power of substitution and revocation in the presence: (Describe specific authority)

Execute any and all documents relating to the purchase of real estate property located at: 2844 77th Avenue, Elmwood Park, Cook County, Illinois, including financial transactions, Deed of Trust or other mortgage instruments.

The authority granted shall include such incidental acts as are reasonably required or necessary to carry out and perform the specific authorities and duties stated or contemplated herein.

My attorney-in-fact agrees to accept this appointment subject to its terms, and agrees to act and perform in said fiduciary capacity consistent with my best interests as my attorney-in-fact deems advisable, and I thereupon ratify all acts so carried out.

I agree to reimburse my attorney-in-fact all reasonable costs and expenses incurred in the fulfillment of the duties and responsibilities enumerated herein.

**Special durable provisions:**

This power of attorney shall not be affected by subsequent incapacity of the Grantor. This power of attorney may be revoked by the Grantor giving written notice of revocation to the attorney-in-fact, provided that any party relying in good faith upon this power of attorney shall be protected unless and until said party has either a) actual or constructive notice of revocation, or b) upon recording of said revocation in the public records where the Grantor resides.

**Other terms:**

NONE

REI ATTORNEY SERVICES /

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# UNOFFICIAL COPY

Signed under seal this 3rd day of Sept, 1999  
Signed in the presence of:

Harriet B. Lewan  
\_\_\_\_\_  
Witness

Marion Hatchko  
\_\_\_\_\_  
Grantor  
Carolyn L. Schneider  
\_\_\_\_\_  
Attorney in Fact

[Signature]  
\_\_\_\_\_  
Witness

[Signature]  
\_\_\_\_\_  
Witness

[Signature]  
\_\_\_\_\_  
Witness

State of Illinois )  
County of DuPage



On Sept. 3, 1999 before me,  
appeared

personally known to me (or 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 signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.  
WITNESS my hand and official seal.

Signature [Signature]

Affiant        Known        Produced ID         
Type of ID        (seal)

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ )  
On \_\_\_\_\_ before me,  
appeared

personally known to me (or 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 signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.  
WITNESS my hand and official seal.

Signature \_\_\_\_\_

Affiant        Known        Produced ID         
Type of ID        (Seal)

MAIL TO & PREPARED BY  
Marion Hatchko  
MAIL TO: 32844 N 77th AVE  
ELMWOOD PARK, IL 60707

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# UNOFFICIAL COPY

Property of Cook County Clerk's Office

Lot 2 in block 28 in Westwood, being Mills and Sons Subdivision in the West 1/2 of Section 25, Township 40 North, Range 12, East of the Third Principal Meridian, according to the Plat thereof recorded October 4, 1926, as Document 9423633, in Cook County, Illinois.

PERMANENT INDEX NUMBER: 12-25-129-023

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Page 3 of 3