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Power of Attorney

I, Lucille Bell, of _____,

City of CHICAGO, State of ILLINOIS, as Principal,

Do appoint RAMONDA, of GRAND-CLAUTHER,

City CHICAGO, State of ILLINOIS, as my

Attorney-in-fact to act in my name, place and stead in any way which I myself could do,

If I were personally present, with respect to all the following matters to the extent that I am permitted by law through an agent:

I grant my attorney-in-fact the maximum power under law to perform any act on my behalf That I could do personally, including but not limited to, all of acts relating to any and all of my financial transactions, and/or business affairs including all banking and financial institution transactions, all real estate or personal property transactions, all insurance or Annuity transactions, all claim and litigation, and any and all business transactions.



Doc#: 0906245092 Fee: \$62.00
Eugene "Gene" Moore
Cook County Recorder of Deeds
Date: 03/03/2009 12:31 PM Pg: 1 of 3

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If the attorney-in-fact named above is unable or unwilling to serve, then I appoint

HAROLD BELL, of SON,
 City of CHICAGO, State of Illinois, to be my
 attorney-in-fact for all purposes hereunder.

My attorney-in-fact is granted full and unlimited power to act on my behalf in the same manner as if I were personally present. My attorney-in-fact accepts this appointment and agrees to act in my best interest as he or she considers advisable. To induce any third party to rely upon this power of attorney, I agree that any third party receiving a signed copy or facsimile of this power of attorney may rely upon such copy, and that revocation or termination of this power of attorney shall be ineffective as to such third party until actual notice or knowledge of such revocation or termination shall have been received by such third party. I, for myself and for my heirs, executors, legal representatives and assigns, agree to indemnify and hold harmless any such third party from any and all claims that may arise against such third party by reason of such third party having relied on the provisions of this power of attorney. This power of attorney shall not be effective in the event of my future disability or incapacity. This power of attorney may be revoked by me at any time and is automatically revoked upon my death. My attorney-in-fact shall not be compensated for his or her services nor shall my attorney-in-fact be liable to me, my estate, heirs, successors, or assigns for acting or refraining from acting under this document, except for willful misconduct or gross negligence.

Signature and Declaration of Principal

I, Lucille Bell, the principal, sign my name to this power of attorney this 02 day of MARCH 2009 and, being first duly sworn, do declare to the undersigned authority that I sign and execute this instrument as my power of attorney 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.

Lucille Bell

Signature of Principal

Witness Attestation

I, Harold Bell, the first witness, and I, David L. Brown, the second witness, sign my name to the foregoing power of attorney being first duly sworn and do declare to the undersigned authority that the principal signs and executes this instrument as his/her power of attorney and that he/she signs it willingly, or willingly directs another to sign for him/her, and that I, in the presence and hearing of the principal, sign this power of attorney as witness to the principal's signing and that to the best of my knowledge the principal is eighteen years of age or older, of sound mind and under no constraint or undue influence.

Harold Bell

Signature of First Witness

David L. Brown

Signature of Second Witness

Notary Acknowledgment

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State of Illinois County of Cook

Subscribed, sworn to and acknowledged before me by NATHANIEL BENSON, the Principal, and subscribed and sworn to before me by _____, witness, this 02-11-2009 day of _____

Nathaniel Benson
Notary Signature



Notary Public,

In and for the County of Cook State of Illinois

My commission expires: July 18 2011

Seal

Acknowledgment and Acceptance of Appointment as Attorney-in-Fact

I, Ramonda Bell have read the attached power of attorney and am the person identified as the attorney-in-fact for the principal. I hereby acknowledge that I accept my appointment as Attorney-in-Fact and that 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; and I shall keep a full and accurate record of all actions, receipts and disbursements on behalf of the principal.

Ramonda Bell _____ 03-02-2009
Signature of Attorney-in-Fact Date

Acknowledgment and Acceptance of Appointment as Successor Attorney-in-Fact

I, HAROLD BELL have read the attached power of attorney and am the person identified as the successor attorney-in-fact for the principal. I hereby acknowledge that I accept my appointment as Successor Attorney-in-Fact and that, in the absence of a specific provision to the contrary in the power of attorney, 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, and I shall keep a full and accurate record of all actions, receipts and disbursements on behalf of the principal.

Harold Bell _____ 03-02-2009
Signature of Successor Attorney-in-Fact Date