Cook County Recorder

43.50

A205-10 R205-04

GENERAL 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 AT TO YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

TO ALL PERSONS, be it known that I, CARMEN CRUZ
of 2957 W 57 ST CHICAGO TL GOGZ9
the undersigned Grantor, or hereby make and grant a general power of attorney to
of 2836 W 57 ST CHICAGO TL GOGZ9

and do thereupon constitute and a point said individual as my attorney-in-fact.

My attorney-in-fact shall a t in my name, place and stead in any way which I myself could do, if I were personally present with respect to the following matters, to the extent that I am permitted by law to act through an agen:

(NOTICE: The grantor must write his or her initials in the corresponding blank space of a box below with respect to each of the subdivision: (A) through (N) below for which the Grantor wants to give the agent authority. If the blank space within a box for any particular subdivision is NOT initialed, NO AUTHORITY WILL BE GRALTED for matters that are included in that subdivision. Cross out each power withheld.)

[در]	(A) Real estate transactions
[c]]	(B) Tangible personal property transactions
[< <]	(C) Bond, share and commodity transactions
[c c]	(D) Banking transactions
[< <]	(E) Business operating transactions
[دَد	}	(F) Insurance transactions
[]	(G) Gifts to charities and individuals other than Attorney-in-Fact (If trust distrib-
		utions are involved or tax consequences are anticipated, consult an attorney.)
[< <]	(H) Claims and litigation
[]	(I) Personal relationships and affairs
[]	(J) Benefits from military service
[در]	(K) Records, reports and statements
[< <]	(L) Full and unqualified authority to my attorney-in-fact to delegate any or all of
		the foregoing powers to any person or persons whom my attorney-in-fact shall select
[]	(M) All other matters
		Durable Provision:
[]	(N) If the blank space in the block to the left is initialed by the Grantor, this power of attorney shall not be affected by the subsequent disability or incompetence of the Grantor.

Other Terms:

Lot 7 and the West 5 feet of Lot 6 in Block 3 in the Electric Subdivision of Block 1 and the East ½ of Block 2 in the Mahan's Subdivision of the South ½ of the Northwest ¼ of Section 13, Township 38 North, Range 13 East of the Third Principal Meridian, in Cook County, Illinois

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My attorney-in-fact hereby accepts this appointment subject to its terms and agrees to act and perform in said fiduciary capacity consistent with my best interests as he/she in his/her best discretion deems advisable, and I affirm and ratify all acts so undertaken.

TO INDUCE ANY THIRD PARTY TO ACT HEREUNDER, I HEREBY AGREE THAT ANY THIRD PARTY RECEIVING A DULY EXECUTED COPY OR FACSIMILE OF THIS INSTRUMENT MAY ACT HEREUNDER, AND THAT REVOCATION OR TERMINATION HEREOF SHALL BE INEFFECTIVE AS TO SUCH THIRD PARTY UNLESS AND UNTIL ACTUAL NOTICE OR KNOWLEDGE OF SUCH REVOCATION OR TERMINATION SHALL HAVE BEEN RECEIVED BY SUCH THIRD PARTY, AND I FOR MYSELF AND FOR MY HEIRS, EXECUTORS, LEGAL REPRESENTATIVES AND ASSIGNS, HEREBY 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 RELIED ON THE PROVISIONS OF THIS INSTRUMENT.

PARTY BY REASON OF SU OF THIS IN TRUMENT.	CH THIRD PAR	TY HAVING RE	LIED ON THE	PROVISIONS
Signed under seal this	9+	h	day of	No v.
O	, 1999			
Signed in the presence of:	Suspar &	<i>∽</i> } G	PFFICIAL SEAL" ASPAR FLORES Public, State of Illinoi ission Expires Jan. 16, 20	is 1001
Witness (00/	Com Grantor	ien Cwz	<u> </u>
Witness		Jon Jorney-in	je <i>F C</i> N Fact	3
State of Illinois County of Cook	}	2	flores	
appeared	proved to me on	the basis of satis	factory evidence) to be the per-
son(s) whose name(s) is/are he/she/they executed the sam signature(s) on the instrument acted, executed the instrument	subscribed to the le in his/her/their nt the person(s),	e within instrumed authorized capac	ity(ies), and the	by his/her/their
WITNESS my hand and office	cial seal.			
Signature	rflower			
"OFFICIAL SE GASPAR FLOF Notary Public, State of My Commission Expires Ja	RES of Illinois	Affiant Type o		Produced ID
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