



ILLINOIS STATUTORY
SHORT FORM
POWER OF ATTORNEY
FOR PROPERTY

Doc#: 0907634072 Fee: \$46.00
Eugene "Gene" Moore RHSP Fee:\$10.00
Cook County Recorder of Deeds
Date: 03/17/2009 02:29 PM Pg: 1 of 6

Record and Return to:

Old Republic Title
530 S. Main St., # 1031
Akron, OH 44311

This instrument was prepared by:
American National Abstract, LLC
Frank P. Dec, Esq.
8940 Main Street, Clarence, NY 14031

RECORDER'S STAMP

(NOTICE: THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON 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. THIS FORM DOES NOT IMPOSE A DUTY ON YOUR AGENT TO EXERCISE GRANTED POWERS, BUT WHEN POWERS ARE EXERCISED, YOUR AGENT WILL HAVE TO USE DUE CARE TO ACT FOR YOUR BENEFIT AND IN ACCORDANCE WITH THIS FORM AND KEEP A RECORD OF RECEIPTS, DISBURSEMENTS AND SIGNIFICANT ACTIONS TAKEN AS AGENT. A COURT CAN TAKE AWAY THE POWERS OF YOUR AGENT IF IT FINDS THE AGENT IS NOT ACTING PROPERLY. YOU MAY NAME SUCCESSOR AGENTS UNDER THIS FORM BUT NOT CO-AGENTS. UNLESS YOU EXPRESSLY LIMIT THE DURATION OF THIS POWER IN THE MANNER PROVIDED BELOW, UNTIL YOU REVOKE THIS POWER OR A COURT ACTING ON YOUR BEHALF TERMINATES IT, YOUR AGENT MAY EXERCISE THE POWERS GIVEN HERE THROUGHOUT YOUR LIFETIME, EVEN AFTER YOU BECOME DISABLED. THE POWERS YOU GIVE YOUR AGENT ARE EXPLAINED MORE FULLY IN SECTION 3-4 OF THE ILLINOIS "STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY LAW" OF WHICH THIS FORM IS A PART (SEE THE BACK OF THIS FORM). THAT LAW EXPRESSLY PERMITS THE USE OF ANY DIFFERENT FORM OF POWER OF ATTORNEY YOU MAY DESIRE. IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU.)

POWER OF ATTORNEY made this 3 day of February (month) 2009 (year)

I, BARTON O'BRIEN, 903 Jackson Avenue, River Forest, IL 60305 (insert name and address of principal) hereby appoint:

RAMONA EDWARDS	4000 Industrial Blvd., Aliquippa, PA 15001
Name	Address
ERINN WEAVER	4000 Industrial Blvd., Aliquippa, PA 15001
Name	Address
ANDREA SAVILLE	4000 Industrial Blvd., Aliquippa, PA 15001
Name	Address
MARK CROCENELLI	4000 Industrial Blvd., Aliquippa, PA 15001
Name	Address
JOANNE SKERIOTIS TAYLOR	4000 Industrial Blvd., Aliquippa, PA 15001
Name	Address
HEATHER LILLEY	4000 Industrial Blvd., Aliquippa, PA 15001
Name	Address
ERIK TISDALE	4000 Industrial Blvd., Aliquippa, PA 15001
Name	Address
DAWN WOODS	4000 Industrial Blvd., Aliquippa, PA 15001
Name	Address

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:

RECORD

3/2/09

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(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.
- (b) Financial institution transactions.
- (c) Stock and bond transactions.
- (d) Tangible personal property transactions.
- (e) Safe deposit box transactions.
- (f) Insurance and annuity transactions.
- (g) Retirement plan transactions.
- (h) Social Security, employment and military service benefits.
- (i) Tax matters.
- (j) Claims and litigation.
- (k) Commodity and option transactions.
- (l) Business operations.
- (m) Borrowing transactions.
- (n) Estate transactions.
- (o) All other property powers and 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):

This Power of Attorney shall be limited and specific to the following:

- a) Refinancing of the real property located at 903 Jackson Avenue, River Forest, IL 60305, the legal description of said real property is as follows: See Exhibit A attached hereto and make a part hereof, to be refinanced with ING BANK, FSB Lender, in an approximate amount of \$15,000.00.
- b) To mortgage, finance, refinance, encumber, hypothecate, assign, transfer, and in any manner deal with the said real property to effectuate the above referenced refinancing (which may also be called "banking transactions"); to sign, execute, acknowledge, and deliver any and all closing documents including, but not limited to, notes, negotiable instruments, deeds, mortgages, deeds of trust, security deeds, subordinations, security instruments, riders, attachments and addenda, escrow instructions, any documents necessary or requested as part of this transaction by a title insurer, lender or other parties to the transaction, those documents requested or required by governmental and taxing authorities, covenants, agreements, assignments of agreements, assignments of mortgages, assignments of deeds of trust, lien waivers, encumbrances or waiver of homestead and any marital rights, settlement or closing statements, including the HUD-1, truth in lending disclosures, loan applications, and other written instruments of whatever kind and nature, all upon such terms and conditions as said Attorney-in-Fact shall approve.
- c) Further giving and granting said Attorney-in-Fact 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, set out herein, as fully, to all intents and purposes, as might or could be done if I/we was/were personally present, with full power of substitution and revocation. I/we hereby ratify and confirm all that said Attorney-in-Fact shall lawfully do or cause to be done by virtue this Limited Power of Attorney and the rights and powers granted herein.

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):

None -

(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 DECISION-MAKING POWERS TO OTHERS, YOU SHOULD KEEP THE NEXT SENTENCE, OTHERWISE IT SHOULD BE STRUCK OUT.)

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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. () This power of attorney shall become effective on February 3, 2009
(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. () This power of attorney shall terminate on March 15, 2009
(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 incompetent, resign or refuse to accept the office of agent, I name the following (each to act alone and successively, in the order named) as successor(s) to such agent:

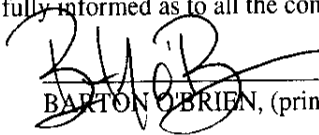
None

For purposes of this paragraph 8, a person shall be considered to be incompetent if and while the person is a minor or an adjudicated incompetent or disabled person or the person is unable to give prompt and intelligent consideration to business matters, as certified by a licensed physician. IF YOU WISH TO NAME YOUR AGENT AS GUARDIAN OF YOUR ESTATE, IN THE EVENT A COURT DECIDES THAT ONE SHOULD BE APPOINTED, YOU MAY, BUT ARE NOT REQUIRED TO, DO SO BY RETAINING THE FOLLOWING PARAGRAPH. THE COURT WILL APPOINT YOUR AGENT IF THE COURT FINDS THAT SUCH APPOINTMENT WILL SERVE YOUR BEST INTERESTS AND WELFARE. STRIKE OUT PARAGRAPH 9 IF YOU DO NOT WANT YOUR AGENT TO ACT AS GUARDIAN.)

9. If a guardian of my estate (my property) is to be appointed, I nominate the agent acting under this power of attorney as such guardian, to serve without bond or security.

10. 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


BARTON O'BRIEN, (principal)

(THIS POWER OF ATTORNEY WILL NOT BE EFFECTIVE UNLESS IT IS NOTARIZED AND SIGNED BY AT LEAST ONE ADDITIONAL WITNESS, USING THE FORM BELOW.)

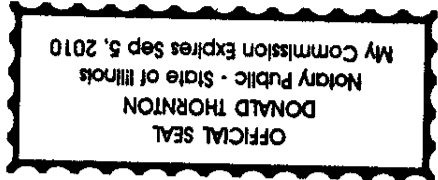
Property of Cook County Clerk's Office

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State of _____)
) SS.
County of _____)

The undersigned, a notary public in and for the above county and state, certifies that BARTON O'BRIEN, known to me to be the same person whose name is subscribed as principal to the foregoing power of attorney, appeared before me and the additional witness 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 (, and certified to the correctness of the signature(s) of the agent(s)).

Dated: _____



(SEAL)

[Handwritten Signature]
Notary Public 2-3-09
My commission expires Sept. 5, 2010 DONALD THORNTON

The undersigned witness certifies that BARTON O'BRIEN, known to me to be the same person whose name is subscribed as principal to the foregoing power of attorney, appeared before me and the notary public and acknowledged signing and delivering the instrument as the free and voluntary act of the principal, for the uses and purposes therein set forth. I believe him or her to be of sound mind and memory.

Dated: _____

(SEAL)

Witness

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ACCEPTANCE OF APPOINTMENT OF ATTORNEY IN FACT

I am the person named in the foregoing Limited Power of Attorney as Attorney In Fact for the Principal(s). I have read the Limited Power of Attorney and I hereby acknowledge the following:

1. I owe a duty of loyalty and good faith to the Principal(s) and must use the powers granted to me only for the benefit of the Principal(s).
2. I must keep the assets of the Principal(s) separate and apart from my assets and titled in the name of the Principal(s).
3. I must not transfer title to any of the assets of the Principal(s) into my name alone.
4. I must protect, conserve and exercise prudence and caution in my dealings with the assets of the Principal(s).
5. I must keep a full and accurate record of my acts, receipts and disbursements on behalf of the Principal(s) and be ready to account to the Principal(s) for such acts, receipts and disbursements at all times.
6. I acknowledge my authority to act on behalf of the Principal(s) ceases at the death of the Principal(s).

I hereby accept appointment as Agent and Attorney In Fact for the Principal(s) with full knowledge of the responsibilities imposed on me and I will faithfully carry out my duties to the best of my ability.

Dated: 3-5-09

By: 

Signature of Attorney In Fact

Print Name: Mark J Crocena

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EXHIBIT A

LEGAL DESCRIPTION

SITUATE IN THE COUNTY OF COOK, STATE OF ILLINOIS:

THE SOUTH 60.0 FEET OF LOT 3 IN BLOCK 3, IN WALLEN AND PROBST'S THIRD ADDITION TO OAK PARK, AND SAID ADDITION BEING A SUBDIVISION OF WEST 2/3 OF THE WEST 1/2 OF THE SOUTHEAST 1/4 OF SECTION 1, TOWNSHIP 38 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Our File No. ANA20090504

903 JACKSON ~~ST~~ AV
RIVER FOREST IL 60305
PIN 15-01-408-010-0000

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