

UNOFFICIAL COPY 09110329

2540/0001 23 003 Page 1 of 5
1999-11-26 09:50:28
Cook County Recorder 29.50

State of Illinois)
County of Cook) ss.

COOK COUNTY
RECORDER
EUGENE "GENE" MOORE
MARKHAM OFFICE



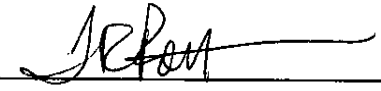
**AFFIDAVIT OF
ATTORNEY IN FACT**

The undersigned being first duly sworn on oath deposes and states as follows:

1. She is the agent named in the attached (copy of a) Power of Attorney dated October 9, 1999, and made by Frank Nelson.
2. The attached (copy of) Power of Attorney is to the best of my knowledge (a true copy of) the original Power of Attorney.
3. That to the best of my knowledge the Principal who executed the attached (copy of) Power of Attorney is alive.
4. That to the best of my knowledge the powers enumerated in the attached (copy of) Power of Attorney have not been altered or terminated.
5. That a legal description of the property affected is attached hereto as Schedule A.
6. That I make this affidavit for the purpose of inducing Independent Trust Corporation to rely upon the undersigned's actions take pursuant to said Power of Attorney.

FURTHER YOUR AFFIANT SAYETH NOT.

Dated: 11-23, 1999.


Signature of Agent

1070 Breclaw Drive, Calumet City, IL 60409
Address

Tracie R. Porter
Printed Name of Agent

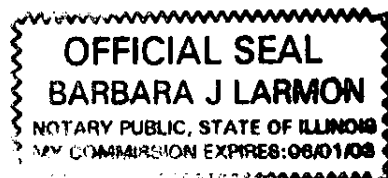
SPS
W.C.

State of Illinois)
) ss.
County of Cook)

I, the undersigned, a Notary Public in and for the County and State aforesaid certify that appeared before me this day the person whose name is subscribed to the foregoing Affidavit, and acknowledged that (s)he signed the foregoing Affidavit as her(is) free and voluntary act, for the uses and purposes therein set forth this 23rd day of November, 1999.

Barbara J Larmom
Notary Public

Affix Seal



Mail To:

Independent Trust Corporation
120 W. Madison, Suite #614
Chicago, IL 60602

Prepared by:

Tracie R. Porter, Attorney at Law
1070 Breclaw Drive
Calumet City, IL 60409

Property Address: 9202 S. Normal, Chicago, IL 60620-7227
PIN: 25-04-313-067-0000 Vol. 448

SCHEDULE "A"

Commonly known as: 9202 S. Normal
Chicago, IL 60620-2327

PIN: 25-04-313-067-0000 Vol. 448

Legal Description: Lot 2 (except the North 8 feet thereof) and Lot 3 (except South 10 feet) in Block 3 in Flagg and McBride's Subdivision of the East $\frac{1}{2}$ of West 60 acres of the East $\frac{1}{2}$ of Southwest $\frac{1}{4}$ of Section 4, Township 37 North, Range 14 East of the Third Principal Meridian in Cook County, Illinois

Property of Cook County Clerk's Office

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 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, Frank Nelson
of 9202 S. Normal, Chicago, IL 60620
the undersigned Grantor, do hereby make and grant a general power of attorney to Tracie R. Porter
of 1070 Beechlaw Drive, Calumet City, IL
and do thereupon constitute and appoint said individual as my attorney-in-fact.

My attorney-in-fact shall act 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 agent:

(NOTICE: The grantor must write his or her initials in the corresponding blank space of a box below with respect to each of the subdivisions (A) through (O) 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 GRANTED for matters that are included in that subdivision. Cross out each power withheld.)

- | | |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | (A) Real estate transactions |
| <input checked="" type="checkbox"/> | (B) Tangible personal property transactions |
| <input checked="" type="checkbox"/> | (C) Bond, share and commodity transactions |
| <input checked="" type="checkbox"/> | (D) Banking transactions |
| <input checked="" type="checkbox"/> | (E) Business operating transactions |
| <input type="checkbox"/> | (F) Insurance transactions |
| <input type="checkbox"/> | (G) Gifts to charities and individuals other than Attorney-in-Fact
(If trust distributions are involved or tax consequences are anticipated, consult an attorney.) |
| <input type="checkbox"/> | (H) Claims and litigation |
| <input type="checkbox"/> | (I) Personal relationships and affairs |
| <input type="checkbox"/> | (J) Benefits from military service |
| <input type="checkbox"/> | (K) Records, reports and statements |

AEHH

Rev. 4/99

If your state requires 8 1/2" x 11" forms, cut off the bottom of this page at the dotted line.

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- [] (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) Access to safe deposit box(es)
- [] (N) All other matters

Durable Provision:

- [] (O) 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:

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.

Signed under seal this 9th day of October, 1999 (year).

Signed in the presence of:

[Signature]
Witness
[Signature]
Witness

[Signature]
Grantor
[Signature]
Attorney-in-Fact

State of ILLINOIS

County of COOK

On OCT. 9, 1999 before me, FRANK NELSON

, 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]

(Seal)

OFFICIAL SEAL
WILLA R LEE

Affiant ☒ Known ☒ Produced ID
Type of ID DRIVERS LICENSE

NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES: 03/17/01

forms, cut off the bottom of this page at the dotted line.