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RECORDING REQUESTED BY:

LSI

700 Cherrington Parkway Coraopolis, PA 15108

WHEN RECORDED MAIL TO:

LSI

700 Cherrington Parkway Coraopolis, PA 15108 eLS Order # 5942482



Doc#: 0912619010 Fee: \$46.00 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds Date: 05/06/2009 01:26 PM Pg: 1 of 6

### NON DURABLE POWER OF ATTORNEY

CAUTION: THIS IS AN IMPORTANT DOCUMENT. IT GIVES THE PERSON WHOM YOU DESIGNATE (YOUR "ACENT" OR "ATTORNEY IN FACT" HEREINAFTER CALLED "AGENT/AIF") BROAD POWERS TO ACT ON YOUR BEHALF FOR A SPECIFIC TRANSACTION DURING A CERTAIN PERIOD OF TIME, WHICH INCLUDE POWERS TO PROMISE TO REPAY A DEBT WITH INTEREST AND MORTGAGE YOUR REAL PROPERTY FOLLOWING YOUR REVIEW OF YOUR LOAN DOCUMENTATION DURING A LOAN CLOSING TO BE CONDUCTED ON THE INTERNET. WITH RESPECT TO ANY LOSS OF MISPLACEMENT OF, INACCURACY IN, OR FAILURE TO SIGN ANY LOAN DOCUMENTATION, YOUR AGENT/AIF WILL CONTINUE TO HAVE THESE POWERS AFTER THE LOAN CLOSING, FOR THE LIMITED PURPOSE TO REPLACE OR CORRECT SUCH LOAN DOCUMENTATION, IF THE ATTORNEY IN FACT HAS ACTUAL KNOWLEDGE OF ANY INCOMPETENCE BEFORE, DURING OR AFTER CLOSING, THE POWERS CONTAINED HEREIN WILL CEASE TO EXIST. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL OR OTHER HEALTH CARE DECISIONS FOR YOU. SIGNING THIS LIMITED POWER OF ATTORNEY IS OPTIONAL. ALTHOUGH USING A LIMITED POWER OF ATTORNEY DESIGNATING YOUR AGENT/AIF SHOULD MAKE YOUR LOAN CLOSING MORE CONVENIENT, YOU ARE NOT REQUIRED TO SIGN THIS DOCUMENT IN ORDER TO OBTAIN YOUR LOAN. BEFORE YOU DECIDE WHETHER TO SIGN OR IF YOU DO NOT UNDERSTAND THE PURPOSE OR EFFECT OF THIS FORM, YOU SHOULD CONSULT AN ATTORNEY.

BE IT KNOWN, that I, TREFFER PIERCE HASLER and KATERINA HASLER Whose residence address is: 1402 W FOSTER AVE #3

CHICAGO, IL 60640

Make and appoint the following persons who are employees of LSI, namely: Ellen Hatten Grag Perdziola, James Greene, Ryan Flaherty, Shannon Obringer, Stacey Franciscus, whose audiesses are C/O LSI, at 700 Cherrington Parkway, Coraopolis, PA 15108. Each of my agents may exercise the powers conferred in this power of attorney separately, without the consent of the other agent. My agents may delegate the powers, tasks and duties to one of the other agents but to no other person. My Agents/AIFs may exercise the powers to accomplish the following specific and limited purposes:

- (A) Refinancing and/or home equity financing of the Real Estate located at 1402 W FOSTER AVE #3, CHICAGO, IL 60640 and legally described as (the "Property"):
- (B) To mortgage, finance, refinance, assign, transfer and in any manner deal with Property located at : 1402 W FOSTER AVE #3, CHICAGO, IL 60640 to effectuate the above referenced refinancing and banking transactions with Alliant Credit Union (hereinafter called "Lender"). See attached Exhibit A for full legal description.
- (C) To execute, acknowledge receipt of, approve, and deliver all documents including but not limited to:

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- a. Notes, Deeds, Mortgages/Deeds of Trust, Subordinations, security instruments, riders, attachments and addenda, including any documents necessary or requested as part of this transaction by the title insurer, lender or other parties to the transaction:
- b. those documents needed by governmental and taxing authorities;
- c. lien waivers, subordination/waiver of homestead and any marital rights necessary to obtain the financing; and
- d. escrow instructions, closing or settlement statements, truth in lending disclosures (including notice of my right to rescind the credit extension, if applicable), loan applications, HUD-1 and other written instruments relating to the transaction.
- (D) All other powers which I myself may have concerning the real estate transaction and refinancing of the same located at 1402 W FOSTER AVE #3, CHICAGO, IL 60640. ELS Order # 59 12482.

Further giving and granury said Agent/AIF, 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 (setout herein) as fully, to all intents and ruposes, as might or could be done if personally present, with full power of substitution and revocation hereby ratifying and confirming all that said attorney in fact (also called agent) should lawfully do or cause to be done by virtue hereof.

This Power of Attorney is effective immediately and is limited to the specific transaction described above. This Power of Attorney shall not be effective in the event of my disability or incapacity. I may revoke this Power of Attorney at any time by providing written notice to my Agent/AIF at Closing Stream Department C/O LSI, 700 Cherrington Palkway Coraopolis, PA 15108. When the Power of Attorney is recorded, any revocation will not be effective as to third parties until the revocation is recorded in the same county or other established governmental authority for the recording of Powers of Attorney. This Power of Attorney will terminate upon the proper recording of all documents necessary or requested as part of this transaction by the title insurer, lender or other parties to the transaction, except with respect to any loss of, misplacement of, inaccuracy in, or failure to sign any closing or loan documentation. With respect to any loss of, misplacement of, inaccuracy in, or failure to sign any closing or loan documentation, these powers will continue to exist for the limited purpose to replace or correct such documentation.

**Conflict of Interest Disclosure.** My Agent/AIF can enter into transactions with me coon my behalf in which my Agent/AIF is personally interested as long as the terms of the transaction are fair to me and I have agreed to such an action. I also understand that LSI receives fees for escrow and title services from the closing. I further understand that these fees will be detailed on my Settlemen. Statement that accompanies my loan documents.

I understand that this Power of Attorney is not an approval of my loan application request or a commitment by Lender to make a mortgage loan. Should my loan application request not be approved by Lender, this Power of Attorney will be null and void.

TO INDUCE ANY THIRD PARTY TO ACT, I AGREE THAT ANY THIRD PARTY RECEIVING AN EXECUTED COPY OR FACSIMILE OF THIS INSTRUMENT MAY ACT ON THIS INSTRUMENT. ANY REVOCATION OR TERMINATION OF THIS INSTRUMENT WILL BE INEFFECTIVE AS TO SUCH THIRD PARTY UNTIL SUCH THIRD PARTY HAS ACTUAL OR CONSTRUCTIVE NOTICE OF SUCH REVOCATION OR TERMINATION. I, FOR MYSELF AND FOR MY HEIRS, EXECUTORS, LEGAL REPRESENTATIVES AND ASSIGNS, 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 REASONABLY RELIED ON THE PROVISIONS OF THIS INSTRUMENT.

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| the undersigned aut<br>refinance and that I<br>and voluntary act for  | thority that I sign and exect<br>sign it willingly, or willingly<br>r the purposes expressed   | NA HASLER, the principal, sign my name to this power, 20_09_, and, being first duly sworn, do declare to tute this instrument as my power of attorney for a v direct another to sign for me, that I execute it as my fre in the power of attorney and that I am eighteen years of straint or undue influence. |
|---|--|---|
| Dated: 4/8  | , 20 <u>09</u>   | Tully furthand  |
| Dated: 4 8  | , 20 <u>09</u>   | White Haster  KATERINA HASLER   |
| Dated:  | , 20   | KATERINA HASLER   |
| Dated:  | 20   |   |
|   | Oje  |   |
| State of  | linois Co  |   |
| County of   | ok   |   |
| برج المجادة الم<br>whose name(s) is/ar executed the same is | HASLER and KATERINA  and proved to me on the subscribed to the within his/her/their authorized of the within his/her/their authorized o | HASLER, the principal(s), this  |
|   | 1TIW   | NESS my hand and official seal.   |
|   | COMMISSION EXPIR   | SIGNATURE OF NOTARY  April 2, 2013  |
|   |  | "OFFICIAL SEAL" VIRGINIA Y. KNIGHT NOTARY PUBLIC, STATE OF ILLINOIS My Commission Expires 04/02/2013  |

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### **ACKNOWLEDGMENT OF ATTORNEY-IN-FACT**

I, AGENT, have read the attached power of attorney and am the person identified as the attorney-in-fact (the "agent") for the principal. I hereby acknowledge that in the absence of a specific provision to the contrary in the power of attorney or in state law., 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.

I shall keep a full and accurate record of all actions, receipts and disbursements on behalf of the principal.

The Clark's Office

**AGENT** 

Signature of Attorney-in Fact

Date

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| State of PA   |
|---|
| County of AUEGHENY  |
| On this, the  |
| NITNESS my handrand official seal   |
| Notary Public   |
| My Commission Expires:  |
| NOTARIAL SEAL STACEY FRANCISCUS Notary Public MOON TWP, ALLEGHENY COUNTY My Commission Expires Apr 12, 2011 |
|   |
|   |
| Co  |

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Order ID: 5942482

Loan Number: 7883107321

# EXHIBIT A LEGAL DESCRIPTION

The following described property:

### Parcel 1:

Unit 1402-3 in The Anderson Glen Condominium as delineated on a survey of the following described real estate:

The South 5 2/3 feet of Lot 7 and all of Lots 8, 9 and 10 in Block 4 in Zero Park, being Zero Marx Subdivision of Blocks 1, 2, 3 and 4 of S. H. Kerfoots Re Subdivision of Lots 1 to 20 inclusive in Louis E. Henry's Subdivision of Section 8, Township 40 North, Range 14 East of the Third Principal Meridian, in Cook County, Illinois;

Which surve is attached as Exhibit A to the declaration of condominium recorded as document number 21009246 together with its undivided percentage interest in the common elements.

#### Parcel 2:

The exclusive right to the use of P-2, a limited common element as delineated on the survey attached to the following amendment to declaration aforesaid recorded as document number 0030038375.

Assessor's Parcel Number:

14-08-124-057-1004