

UNOFFICIAL COPY



Doc#: 0916122016 Fee: \$42.00
Eugene "Gene" Moore HHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 06/10/2009 09:42 AM Pg: 1 of 4

Prepared by:

LSI

700 Cherrington Pkwy.

Coraopolis, PA 15108

412-299-4000

717656

Power of Attorney

Grantor/Mortgagor: Kristy Lyn Hopkins, Russell G Hopkins and Michael G Hopkins

Grantee/Mortgagee: LSI

Property Address: 4437 Concord LN, Skokie, IL 60078

5/4
M-M

UNOFFICIAL COPY

Return To:
 LSI-LPS
 East Recording Solutions
 700 Cherrington Parkway
 Coraopolis, PA 15108

POWER OF ATTORNEY AND CORRECTION AGREEMENT

Granted for a Refinance of the property whose address is 4437 Concord LN, Skokie, IL 60076, hereinafter the "Transaction" occurring on or about 09/07/07.

I/We ("Undersigned"), hereby make(s) and appoint(s) and by this Power of Attorney do (es) make, constitute and appoint either Tara Crago, Amanda Moro, Ellen Hatten, Karen Matthews and Teresa Davis as a representative of LSI Title Agency, Inc., ("Title Insurer"), the true and lawful attorney-in-fact for Undersigned, and in Undersigned's name to complete, execute, sign our names, place our initials on "Closing Documents" related to the above referenced Transaction, and to execute, by the initialization and signature (as required) of any one of the following authorized Title Insurer employee or agents, Tara Crago, Amanda Moro, Ellen Hatten, Karen Matthews and Teresa Davis for the purpose of completing the Closing Documents in the above referenced transaction.

No change of amount, interest or due date will be permitted under this authorization. Closing Documents include but are not limited to: Notes, Deeds, Mortgages/Deeds of Trust, Subordinations, security instruments, riders, attachments and addenda, including documents necessary or requested as part of this transaction by Title Insurer, Lender or the other parties to the transaction, including but not limited to governmental and taxing authorities. In addition, in the event of clerical error or mistakes, including but not limited to omissions, spelling, grammatical, typographical and scrivener errors, then in such event Undersigned, hereby gives its consent and grants authority to Title Insurer to correct any omission, misstatement or inaccuracy and execute any new or corrected or completed documents as may be deemed necessary to remedy any omission, inaccuracy or misstatement.

This Power of Attorney is effective unless revoked by Undersigned upon 30 days prior written notice. Further giving and granting said attorney, 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 personally present, with full power of substitution and revocation, hereby ratifying and confirming all that said attorney shall lawfully do or cause to be done by virtue hereof. In Witness Whereof, intending to be bound, I have hereto set my hand and seal this 7th day of

September, 2007.

UNOFFICIAL COPY

POWER OF ATTORNEY AND CORRECTION AGREEMENT

(Continued)

Borrower Signature: Kristy Lynn Hopkins
KRISTY LYNN HOPKINS
Lyn - KH

[Signature]

Witness if Required (Sign and Print) Jegje Antonopoulos Second Witness if Required (Sign and Print)

Co Borrower Signature: Michael G Hopkins
MICHAEL G HOPKINS

[Signature]

Witness if Required (Sign and Print) Jegje Antonopoulos Second Witness if Required (Sign and Print)

Russell B Hopkins

[Signature]
Witness - Jegje Antonopoulos

ALL PURPOSE ACKNOWLEDGEMENT

State of Illinois

County of Cook

On Sept 7, 2007 before me, Jegje Antonopoulos, Notary Public
(date) (name, title of officer - e.g., "Jane Doe, Notary Public")
personally appeared Kristy Lynn Hopkins, Michael G Hopkins, Russell B Hopkins
(name(s) of signer(s))

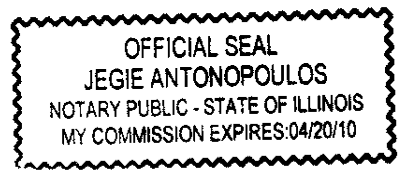
personally known to me OR proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signatures(s) on the 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 OF NOTARY

April 20, 2010
My Commission Expires

CAPACITY CLAIMED BY SIGNEER
 INDIVIDUAL
 CORPORATE OFFICER

TITLE(S)
 PARTNER(S) LIMITED GENERAL
 ATTORNEY IN FACT
 TRUSTEE
 GUARDIAN/CONSERVATOR
OTHER: _____
SIGNER IS REPRESENTING: _____
NAME OF PERSON(S) OF ENTITY(IES): _____
DESCRIPTION/TITLE/TYPE OF ATTACHED: _____
NUMBER OF PAGES _____ - DATE OF DOCUMENT: _____



UNOFFICIAL COPY

EXHIBIT "A"

The land referred to in this policy is situated in the State of IL, County of COOK, City of SKOKIE and described as follows:

Lot twenty eight (28) in Joseph J. Hansen's Concord Lane Subdivision being a Resubdivision of Melville C. K. Little's West Evanston Subdivision in Niles Center being a subdivision of the South 10 acres of the North East quarter of the South West quarter of Section twenty-two (22) Township 41 North, Range 13 East of the Third Principal Meridian, in Cook County, Illinois.

APN 10-22-334-013-0000

Property of Cook County Clerk's Office