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P.N.T.N.

7/12

ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

POWER OF ATTORNEY made this 20 day of July, 2009.

1. I, DIANA MAYER of 14 Pine Brook LN, Darien, CT 06820,
hereby appoint my husband, JAMIE MAYER,
of 14 Pine Brook LN, Darien, CT 06820,
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:

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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.

(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):

NONE

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):

FULL POWER AND AUTHORITY TO EXECUTE IN MY NAME AND ON MY BEHALF ANY AND ALL MORTGAGE DOCUMENTS, PROMISSORY NOTE(S), MORTGAGES, INCLUDING THE WAIVER OF HOMESTEAD, HUD-1/RESPA FORMS, VENDOR AND PURCHASER AFFIDAVITS, ESCROW FORMS, ALTA STATEMENTS, AND ANY AND ALL OTHER DOCUMENTS NECESSARY OR REQUIRED BY ANY LENDER AS WELL AS CHICAGO TITLE INSURANCE COMPANY RESPECTING OR RELATING TO THE ACQUISITION, FINANCING, PURCHASE OR MORTGAGE OF THE PROPERTY COMMONLY KNOWN AS 1921 IVY LANE, NORTHBROOK, ILLINOIS, AND LEGALLY DESCRIBED ON EXHIBIT A HERETO.

(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.)

This Power of Attorney shall not be affected by the disability of the principal.

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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 July 20, 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 August 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 legally disabled, resign or refuse to act, I name the following (each to act alone and successively, in the order named) as successor(s) to such agent:

NONE

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(If you wish to name a guardian of your person or a guardian of your estate, or both, in the event a court decides that one should be appointed, you may but are not required to do so by inserting the name(s) of such guardian(s) in the following paragraphs. The court will appoint the person nominated by you if the court finds that such appointment will serve your best interests and welfare. You may, but are not required to, nominate as your guardian(s) the same person named in this form as your agent.)

9. If a guardian of my person is to be appointed, I nominate the following to serve as such guardian:

NONE

(Insert name and address of nominated guardian of the person)

10. If a guardian of my estate (my property) is to be appointed, I nominate the following to serve as such guardian:

NONE


(Insert name and address of nominated guardian of the person)

11. 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 
DIANA MAYER

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I believe DIANA MAYER to be of sound mind and memory.


Witness

Residing at 27 Ferris Ave, Unit 4
Norwalk, CT 06854

(You may, but are not required to, request your agent and successor agents to provide specimen signatures below. If you include specimen signatures in this Power of Attorney, you must complete the certification opposite the signatures of the agents.)

NOT REQUIRED

Specimen signatures of
agent (and successors)

I certify that the signatures
of my agent (and successors)
are correct.

(agent)

(principal)

(successor agent)

(principal)

(successor agent)

(principal)

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(This Power of Attorney will not be effective unless it is notarized, using the form below.)

~~STATE OF ILLINOIS~~)
) SS *Norwalk*
 COUNTY OF C O O K)

The undersigned, a notary public in and for the above state and county, certifies that DIANA MAYER, known to me to be the same person(s) whose names are subscribed as principal and witness to the foregoing Power of Attorney, appeared before me in person and acknowledged signing and delivering the instrument as the free and voluntary act of the principal and witness, for the uses and purposes therein set forth.

DATED: 7-20-09
 (Seal)

Michael Kille
 Notary Public

My Commission Expires 9/30/09

This document was prepared by:

VEVERKA, ROSEN AND HAUGH
 180 North Michigan Avenue
 Suite 900
 Chicago, Illinois 60601
 (312) 372-3665

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LOT 22 IN HEATHERCREST UNIT 4, BEING A SUBDIVISION IN THE NORTHEAST
QUARTER OF SECTION 17, TOWNSHIP 42 NORTH, RANGE 12, EAST OF THE THIRD
PRINCIPAL MERIDIAN. IN COOK COUNTY, ILLINOIS.

PIN: 04-17-213-023-0050