# **UNOFFICIAL COPY**



Doc#: 1003450023 Fee: \$42.00 Eugene "Gene" Mocre RHSP Fee:\$10.00

Cook County Recorder of Deeds
Date: 02/03/2010 11:33 AM Pg: 1 of 4

### SPECIFIC DURABLE POWER OF ATTORNEY

After Recording Return To:	STS 09 -01997 SUCCESS TITLE SERVICIONIANA 400 Skokje Blad Sa				
Prepared By:	400 Skokie Blvd Ste. 380 Northbrook. IL 60982 182				
AGENT AND ATTORNEY-IN-FACT IN THE THIS DOCUMENT DOES NOT AUTHORIZE	S ABOUT THE POWERS YOU ARE GRANTING TO YOUR HIS DOCUMENT, OBTAIN COMPETENT LEGAL ADVICE. ZE ANYONE TO MAKE MEDICAL AND OTHER HEALTH-TREVOKE THIS POWER OF ATTORNEY IF YOU LATER				
Section:Block:	Lot: 11 & 12 Unit:				
Specific Durable Power of Attorney 1U015-XX (12/07)(d/i)	Page 1 of 4				

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## **UNOFFICIAL COPY**

FILLS THE MATILIAN THE NAME
I, ELHADIL MATHIAM IMAN,
whose address is
4926 C INDIANA AVE UNIT 3, CHICAGO, IL 60615, Cook County
And the American Third American
appoint AALIJAN NAITUULUNG MATTAIT
whose add ess is TNI INNA ANC # 3 CHICAGO TO 60615 as my agent and currey-in-fact ("Agent") to act for me in any lawful way with respect to applying for and
4926 5 MOTANA AVC, #3, CTVA(2), (C 000)
as my agent and curreny-in-fact ("Agent") to act for me in any lawful way with respect to applying for and
consummating financial transactions involving the Property (described below).

### 1. PROPERTY

The Property is described as. UNIT 4929-3 AND PARKING SPACE P-8 IN 4924-26 S. INDIANA CONDOMINIUMS AS DELINEATED ON A SURVLY OF THE FOLLOWING DESCRIBED REAL ESTATE:

LOTS 11 AND 12 IN BLOCK 1 IN DERBY'S SUBDIVISION OF THE SOUTHWEST 1/4 OF THE NORTHWEST 1/4 OF SECTION 10, TOWNSHIP 38 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, WHICH SURVEY IS ATTACHED AS EXHIBIT 'A' TO THE DECLARATION OF CONDOMINIUM RECORDED NOVEMBER 8, 2007 AS DOCUMENT NUMBER 0731215129, TOGETHER WIT! I'S UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS, IN COOK COUNTY, ILLINOIS PIN: 20-10-114-033-1005 AND 20-10-114-033-1016 Dis Clark's Office

and has an address of 4926 S INDIANA AVE UNIT 3, CHICAGO, IL 60615 Cook County

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#### 2. AGENT'S AUTHORITY

(YOU MUST CROSS OUT ALL POWERS YOU WISH TO WITHHOLD FROM YOUR AGENT)

her by authorize my Agent to do all acts necessary to obtain financing and pledge the Property as security on my behalf for the following purposes:

Purchase the Property
Refinance to pay off existing liens on the Property
Construct a new dwelling on the Property
Improve, alter or repair the Property
Withdraw cash equity from the Property
Establish a line of credit with the equity in the Property

#### 3. SPECIAL INSTRUCTIONS

VA Loan: In the event my Agent emplica for a loan on my behalf that is guaranteed by the Department of Veterans Affairs: (1) all or a portion of my intitlement may be used; (2) if this is a purchase transaction, the price of the Property is \$ (3) the amount of the loan to be secured by the Property is \$ (and (4) I intend to use and occupy the Property as my home. My Agent is authorized to sign the loan application, receive federal-, state- and investor-required disclosures, and sign all documents necessary to consummate the loan on my behalf.

**FHA Loan:** I intend to use and occupy the Property as my lon.e. My Agent is authorized to sign the loan application (only if I am incapacitated), receive federal-, state and investor-required disclosures, and sign all documents necessary to consummate the loan on my behalf.

Conventional Loan: My Agent is authorized to sign the loan application, receive federal-, state- and investor-required disclosures, and sign all documents necessary to consummate the loan on my behalf.

### 4. GENERAL PROVISIONS

THIS POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY AND WILL CONTINUE UNTIL IT IS REVOKED BY ME. Any third party who receives a copy of this Power of Attorney may act under it. Revocation of this Power of Attorney is not effective as to a third party until the third party receives actual notice of the revocation. I agree to indemnify the third party for any claims that arise against the third party due to reliance on this Power of Attorney.

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# **UNOFFICIAL COPY**

THIS POWER OF ATTORNEY IS NOT AFFECTED BY MY SUBSEQUENT DISABILITY OR

THE CBY RATIFY AND CONFIRM ALL THAT MY AGENT MAY LAWFULLY DO OR CAUSE TO BE

	POWER OF ATTORNE	EY AND THE RIGH	ITS, POWERS AND AUTHORITY	
GRANTED HEREIN.		/D ==		
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Witness	Date	Witness	Date	イブ
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WARNING TO AGENT: THE	HE AGENT AND ATT	DRNEY-IN-FACT	BY ACCEPTING OR ACTING	
UNDER THE APPOINTMENT	ASSUMES THE FIRM	MONARY AND OTH	HER LEGAL RESPONSIBILITIES	
OF AN AGENT.	, AGOOMES THE HE	SCIART MAD OTT	TEN DEGUE KESTONSTBILLIES	
		46		
Notary Public must ensure the ac	cknowledgment is in com	reat form		
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STATE OF ILLINOIS	_			
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Notary Public

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"OFFICIAL SEA!"
DAVID J. KRANIC'(E
Notary Public, State of Hino's
My Commission Expires May 29, 2012
Commission No. 338762

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Specific Durable Power of Attorney

1U015-XX (12/07)