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Prepared by: Rosuthal Law Group

3700 W Devon Ave.

Return To:

SuiteE

Lincoln wood, IL 6077



1006205130 Fee: \$42.00 Doc#: 1006205130 Fee: \$42.00 Eugene "Gene" Moore RHSP Fee:\$10.00

Cook County Recorder of Deeds Date: 03/03/2010 02:38 PM Pg: 1 of 4

STATUTORY Short Form Power or Attorney

NIG

7525 N Bell Chricago, IL 60645

Attorneys' Title Gueranty Fund, Inc. 1 S. Wacker Rd., STE 400 Chicago, IL 60606-4650 Attn:Search Department

1006205130 Page: 2 of 4

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Illinois Statutory Short Form Power of Attorney for Property (Illinois Power of Attorney Act 755 ILCS 45/3-3)

NOTICE: THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON 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. THIS FORM DOES NOT IMPOSE A DUTY ON YOUR AGENT TO EXERCISE GRANTED POWERS; BUT WHEN POWERS ARE EXERCISED, YOUR AGENT WILL HAVE TO USE DUE CARE TO ACT FOR YOUR BENEFIT AND IN ACCORDANCE WITH THIS FORM AND KEEP A RECORD OF RECEIPTS, DISBURSEMENTS AND SIGNIFICANT ACTIONS TAKEN AS AGENT. A COURT CAN TAKE AWAY THE POWERS OF YOUR AGENT IF IT FINDS THE AGENT IS NOT ACTING PROPERLY. YOU MAY NAME SUCCESSOR AGENTS UNDER THIS FORM BUT NOT CO-AGENTS. UNLESS YOU EXPRESSLY LIMIT THE DURATION OF THIS POWER IN THE MANNER PROVIDED BELOW, UNTIL YOU REVOKE THIS POWER OR A COURT ACTING ON YOUR BEHALF TERMINATES IT YOUR LAGENT MAY EXPECTED THE POWERS OF THE POWERS FURL HERDING FOR HEALT FOR THE POWERS OF THE POWERS FURL HERDING FOR HEALT FOR THE POWERS OF TERMINATES IT, YOUR AGENT MAY EXERCISE THE POWERS GIVEN HERE THROUGHOUT YOUR LIFETIME, EVEN AFTER YOU BECOME DISABLED. THE POWERS YOU GIVE YOUR AGENT ARE EXPLAINED MORE FULLY IN SECTION 3-4 OF THE ILLINOIS "STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY LAW" OF WHICH THIS FORM IS A PART (SEE THE END OF THIS FORM). THAT LAW EXPRESSLY PERMITS THE USE OF ANY DIFFERENT FORM OF POWER OF ATTORNEY YOU MAY DESIRE. IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU.

27rd . lanuary

This POWER OF ATTORNEY is made as of this 22nd day of January, 2010.
1. I, <u>Diana Rashid</u> of 290 255 St., <u>Unit 104, Oakland, CA 94610</u> , hereby appoint:
Harley B. Rosenthal of Rosenthal Law Group. LLC
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 a
amendments), but subject to any limitations on a additions to the specified powers inserted in paragraph 2 or 3 below:
(VOLUMET STRIKE OUT AND ONE OR MORE OF THE POLY OUT OF THE POLY OUT OF THE POLY OF THE POL

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

1. Real estate transactions

TITLE OF THAT CATEGORY.)

- 2. Financial institution transactions
- 3. Stock and bond transactions
- 4. Tangible personal property transa
- 5. Safe deposit box transactions
- 6. Insurance and annuity transaction
- 7- Retirement plan transactions
- 8. Social Security, employment and

9. Tax matters

11. Commedity and option transac

12. Business operations

Borrowing transactions

1/42-2 tate transactions

15, All other property powers and transactions

(LIMITATIONS ON AND ADDITIONS TO THE AGENT'S POWERS MAY BE INCLUDED IN THIS POWER OF ATTORNEY IF 7.5%) ARE SPECIFICALLY DESCRIBED BELOW.)

2. The powers granted above shall not include the following powers or shall be modified on I mited 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):

NO LIMITATIONS

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):

IN ADDITION TO ALL OTHER POWERS GENERALLY GRANTED, THIS POWER OF ATTORNEY SHALL SPECIALLY INCLUDE THE AUTHORITY TO EXECUTE ANY AND ALL DOCUMENTS TO ACQUIRE THE PROPERTY AT 7525 N BELL, CHICAGO, ILLINOIS 60645 INCLUDING, BUT NOT LIMITED TO, THE NOTE, MORTGAGE, TRUTH IN LENDING STATEMENT, AND ALL OTHER LOAN PACKAGE DOCUMENTS, AND ALSO INCLUDING ALL REQUIRED TITLE COMPANY DOCUMENTS, AND THE FINAL HUD-1 SETTLEMENT STATEMENT.

(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.)

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.

1006205130 Page: 3 of 4

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(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:)

- 1) This power of attorney shall become effective on January 28, 2010 (insert a future date or event during your lifetime, such as court determination of when you want this power to first take effect)
- 7. (This power of attorney shall terminate on April 28, 2010 (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 / S. INSERT THE NAME(S) AND ADDRESS(ES) OF SUCH SUCCESSOR(S) IN THE FOLLOWING PARAGRAPH.)

8. If any agent named by me shall die occome incompetent, resign or refuse to accept the office of agent, I name the following (each to act alone and successively, in the order named) as successor(s) to such agent:

NO SUCCESSOR

For purposes of this paragraph 8, a person shall be considered to be incompetent of ano while the person is a minor or an adjudicated incompetent or disabled person or the person is unable to give prompt and intelligent consideration to business matters, as certified by a licensed physician. (F Y) WISH TO NAME YOUR AGENT AS GUARDIAN OF YOUR ESTATE, IN THE EVENT A COURT DECIDES THAT ONE SHOULD BE APPOINTED, YOU MAY, BUT ARE NOT REQUIRED ON OF OBY RETAINING THE FOLLOWING PARAGRAPH. THE COURT WILL APPOINT YOUR AGENT IF THE COURT FINDS THAT SUCH APPOINTMENT WILL SERVE YOUR BEST IN THAT SUCH APPOINTMENT WILL SERVE YOU GUARDIAN.)

- 9. If a guardian of my estate (my property) is to be appointed, I mominate the agent acting under this power of attorney as such guardian, to serve without bond or security.
- 10. 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 Principal - Diana Rashid

(YOU MAY, BUT ARE NOT REQUIRED TO, REQUEST YOUR AGENT AND SUCCESSOR AGENTS TO PROVIDE SPECIMEN JIGNATURES BELOW. IF YOU INCLUDE SPECIMEN SIGNATURES IN THIS POWER OF ATTORNEY, YOU MUST COMPLETE THE CERTIFICATION OPPOSITE THE SIGNATURES OF THE AG. IN IS.)

Specimen: of agent (and successors)

I certify that the signature of my agent is correct.

Agent

(THIS POWER OF ATTORNEY IS NOT EFFECTIVE UNLESS NOTARIZED AND SIGNED BY AT LEAST ONE ADDITIONAL WITNESS, USING THE FORM BELOW.) State of CAUFOLNIA

County of ALAMEDA

The undersigned, a notary public in and for the above county and state, certifies that Diana Rashid, known to me to be the same person whose name is subscribed as principal to the foregoing power of atterney, appeared before me and the additional witness in person and acknowledged signing and delivering the instrument as the free and voluntary act of the principal, for the uses and purposes therein set forth, and certified to the correct JEREMY DANG

Dated: Jal 22, 2010

Notary Public:

My commission expires _ 06

lv Comm. Expires Ju

NOTARY PUBLIC - CALIFORNIA ALAMEDA COUNTY

The undersigned witness certifies that Diana Rashid, known to me to be the same person whose name is subscribed as principal to the foregoing power of attorney, appeared before me and the notary public and acknowledged signing and delivering the instrument as the free and voluntary act of the principal, for the uses and purposes therein set forth. I believe him or her to be of sound mind and memory

Dated: 1/22/2010

(THE NAME AND ADDRESS OF THE PERSON PREPARING THIS FORM SHOULD BE INSERTED IF THE AGENT WILL HAVE POWER TO CONVEY ANY INTEREST IN REAL ESTATE.) Document prepared by: ROSENTHAL LAW GROUP, LLC, 3700 W. DEVON AVE., STE. E, LINCOLNWOOD, IL 60712; TEL: 847-677-5100; FAX 847-982-9386

1006205130 Page: 4 of 4

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ATTORNEYS' TITLE GUARANTY FUND, INC.

LEGAL DESCRIPTION

Legal Description:

Parcel 1: The East 40.50 feet of the West 206 feet (except the North 8 feet thereof) together with the East 38 feet lying South of the North 60 feet of the North 1/2 of a tract described as the East 349 feet of the West 1187 feet of Lot 2 in partition of Lots 1, 10 and 11 in Assessor's Division of part of the Southwest fractional 1/4 of Section 30, Township 41 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois.

Parcel 2: Easements for ingress and egress for the benefit of Parcel 1 as set forth and defined in the Declaration recorded as No. 16426560, in Cook Covary, Illinois. OF COOK COUNTY CLERK'S OFFICE

Permanent Index Number:

Property ID: 11-30-307-136-0000

Property Address:

7525 N. Bell Ave. Chicago, IL 60645