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Doc#: 1007703034 Fee: \$48.00 Eugene "Gene" Moore RHSP Fee: \$10.00 Cook County Recorder of Deeds Date: 03/18/2010 03:20 PM Pg: 1 of 7

Prepared by:

LSI 700 Cherringto: Pkwy. Coraopolis, PA 15108 412-299-4000 8066735

Power of Attorney

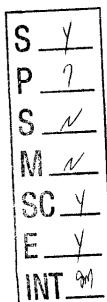
Grantor/Mortgagor: Mark T Hawkins and Jean M hav kins

Grantee/Mortgagee: Elise Galford, Ellen Hatten, Greg Perdzi Ja, James Greene, Ryan

Flaherty, Shannon Obringer, Stacey Franciscus

Property Address: 6630 N Oketa Avenue

Chicago, IL 60631



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JOHN GARRIDO MY COMMISSION EXPIR NOVEM**DER** 1, 2010

JOHN GARRIDO MY COMMISSION EXPIRES NOVEMBER 1, 2010

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I, Mark T Hawkins and Jean M Hawkins, the principal, this, 20_10_, and, undersigned authority that I sign and execute this instant that I sign it willingly, or willingly direct another to	being first duly sworn, do declare to the rument as my power of attorney for a refinance sign for me, that I execute it as my free and
voluntary act for the purposes expressed in the power or older, of sound mind and under no constraint or un	
Dated: 2 MAR , 20 10	Man Haulis (T Hawking
Dated: 2 MAR, 20_10	official SEAL MANAGEMENT
Dated:, 20	
Dated:, 20	
Op	
State of Illinois	_
County of Cool	- <u>,</u>
Subscribed, sworn to and/or acknowledged before net Hawkins and Jean M Hawkins, the principal(s), this proved to me on the basis of satisfactory evidence to subscribed to the within instrument and acknowledged his/her/their authorized capacity(ies), and that by his/herson(s), or the entity upon behalf of which the persones.	be the rerson(s) whose name(s) is/are d to me in it he/she/they executed the same in ner/their signatures(s) on the instrument the
	Op.
	JOHN GARI IDO OFFICIAL MY COMMISSION EARINFO > NOVEMBER 1, 2010
WITNESS	ny hand and official seal.
	SIGNATURE OF NOTARY
COMMISSION EXPIRES	November 1,2010

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State of PA
County of ALLEGHENY
On this, the day of
WITNESS my hand and official seal
Notary Public Yû's
My Commission Expires:
NOTARIAL SEAL STACEY FRANCISCUS Notary Public MOON TWP. ALLEGHENY COUNTY My Commission Expires Apr 12, 2011
C/O/H
MOON TWP. ALLEGHENY COUNTY My Commission Expires Apr 12, 2011

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Order ID: 8066735

Loan Number: 2300005324

EXHIBIT A LEGAL DESCRIPTION

The following described property:

Lot two (2) (except the north 32.7 feet thereof) and lot three (3) (except the southwesterly 32.3 feet thereof) in blume's subdivision of lots one (1) to six (6) inclusive in block twenty-five (25) and part of block twenty-six (26) in edison park and part of lot two (2) of the subdivision of that part of the east half (1/2) of the south east quarter (1/4) of section 36, township 41 north, Range 12, east of the third principe', meridian, lying north of railroad, in Cook County, Illinois.

Assessor's Parcel Number:

nber: 09-36-411-013

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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 Oide: #8066735

NON DURABLE POWER OF ATTORNEY

CAUTION: THIS IS AN IMPORTANT DOCUMENT. IT GIVES THE PERSON WHOM YOU DESIGNATE (YOUR "AGENT" 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, WISPLACEMENT 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 BEFCRE, 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, Mark T Hawkins and Jean M Hawkins

Whose residence address is: 6630 N Oketo Ave

Chicago, IL 60631

Make and appoint the following persons who are employees of LSI, namely: Ellen Hatteri, Greg Perdziola, James Greene, Ryan Flahuny, Shannon Obringer, Stacey Franciscus, whose addresses 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 6630 N Oketo Ave. Chicago, IL 60631 and legally described as (the "Property"):
- (B) To mortgage, finance, refinance, assign, transfer and in any manner deal with Property located at : 6630 N Oketo Ave, Chicago, IL 60631 to effectuate the above referenced refinancing and banking transactions with US Bank National Association (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 6630 N Oketo Ave, Chicago, IL 60631. ELS Order # %/66735.

Further giving and granting 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 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 in fact (also called agent) should lawfully do or cause to be done by virtue hereof.

This Power of Attorney is effective immediate 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 Parkway/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 or on my behalf in which my Agent/AIF is personally interested as long as the terms of the transaction are fall 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 Settlement Statement that accompanies my loan documents.

I understand that this Power of Atterney 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 yold.

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 IN STRUMENT.

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ACKNOWLEDGMENT OF ATTORNEY-IN-FACT

	l,	AGENT,	have	read	the	attached	power	of	attorney	and	am	the	person	ident	ified
as	the a	attorney-in-	fact (th	he "ag	ent")	for the pri	incipal. I	l he	reby ackn	owled	lge ti	hat in	the abs	sence	of a
spe	ecific	provision	to the d	contrar	y in t	he power	of attorn	ey d	or in state	law.,	wher	n I act	t as age	nt:	

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 coasonable caution and prudence.

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

Svannon obninger	^
AGENT	
granger ourge	<u>u</u>
Signature of Attorney-in-Fact	
3410	
Date	
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	is.
	(C)
	Control Office