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Doc#: 1029441004 Fee: \$42.00 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds
Date: 10/21/2010 02:46 PM Pg: 1 of 4

THIS INSTRUMENT WAS PREPARED BY: VINCENT F. GIULIANO ATTORNEY AT LAW 7222 W. CERMAK ROAD/SUITE 300 NORTH REVERSIDE, IL 60546

MAIL TO: VINCENT GIULI ANO ATTORNEY AT LAY 7222 W. CERMAK ROAD/SUITE 300 NORTH RIVERSIDE, IL 60346

POWER OF ATTORNEY AFFIDA VIT PURSUANT TO 755 ILCS 45/2-8

I, JOSEPH R. FERRON, first being duly sworn under oath state that I am the Attorney-in-Fact and agent for JOANN M. FERRON, and that the attached power of attorney for property is the original or a true copy of the original which was properly executed by the principal and is in full force and effect, and to the best of my knowledge the principal is alive and my powers to act have not been altered or terminated.

JOSEPH R. FERRON, Attorney-in-ract for

JOANN M. FERRON

SUBSCRIBED AND SWORN TO

before me this 14th day of October, 2010

NOTARY PUBLIC

OFFICIAL SEAL
VINCENT F GIULIANO
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:01/15/14

001920620 CENTENNIAL TITLE INCORPORATED BOX 343 1502

1029441004 Page: 2 of 4

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AMERICAN LEGAL FORMS © 1990 Form No. 800 CHICAGO, IL (312) 372-1922

Page 1

Illinois Power of Attorney Act Official Statutory Form 755 ILCS 45/3-3, Effective January, 1993

ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

(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 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 PROPERLY!" ANY DESIRE, IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU.)

EXPLAIN IT TO YOU.)	C/X,		2.4	/						
	Power of	Attorney	made this 4	doy of .	Octo	ber		<u>6</u> .		
I. I. JOANN	, K		Carriage	e Way	Drive/		310			Meado
			•	nd address of p	• -			IL 60		
hereby appoint: JOSEPI	H R. FERROI	N 5001	Carriage			Apt.	314			Meado
as my attorney-in-fact (my "at the "Statutory Short Form Pow in paragraph 2 or 3 below: (YOU MUST STRIKE OUT ANY TITLE OF ANY CATEGORY WIL A LINE THROUGH THE TITLE	gent") to act for me an ver of Attorney for Prop ONE OR MORE OF TH LL CAUSE THE POWERS	id in my nome verty Law'' (incl IE FOLLOWING DESCRIBED IN	(in only way I could uding all amendments of I	nts), but sul POWERS YO	on) with respe bject to any lim U DO NOT W	ant your	AGENT TO	HAVE. FA	ined in S cified po ILURE TO	o STRIKE TH
	OF THAT CATEGORE.		ment alan transactir			(I) Rusii	ness onerati	nns		
(a) Real estate transactions.(b) Financial institution transactions.	(b) Social						Business operations. Borrowing transactions.			
(c) Stock and bond transaction		benefits. (n) E					state transactions.			
(d) Tangible personal property		The state of the s					Ill other property powers and			
(e) Safe deposit box transaction			s and litigation. Jodity and option to		10	tran	sactions.			
(f) Insurance and annuity trait [LIMITATIONS ON AND ADDI			•		S OF A TIO	n OLIF FUI		CIFICALISM	nee-color	יי פנו איי
2. The powers granted limitations you deem appropria	d above shall not includ ate, such as a prohibition ifications	on or condition	s on the sale of pa	modified or ticular stock	r limited in the c or real estate	follovring p or special	articulars (h rules on bo	iere you mo rrowing by	ny include the ager	: any specifi nt):
no mod.	11100010110	01 11								
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	··						<u> </u>		,. .	
 In addition to the p power to make gifts, exercise 	powers of appointment	, name or char	ige beneficiaries or	joint tenant	s or revoke or	omend any	trust specif	ically referr	ed to be	low):
my agent i	s given the	e power	to make	gift	s, to t	ermir	nate j	oint	ten	ancy
accounts a	nd Totten	trust a	ccounts,	to c	nange t	he be	enefic	iary	on .	life
insurance	policies o	wned by	me.			· · · · · ·	· ····· ·			
										
WOUR ACENITABLE LIANT AL	ITHODITY TO ENGLOY	ATUCO DEDCA*	IC AC NECECCADY	TO ENIADI É	THE ACENT TO	∪ bb∪b tbi	A EAEBUICE	THE BOWE	AAGO 20	JTEN IN TUI

(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.

1029441004 Page: 3 of 4

NEXT SENTENCE IF YOU DO NOT WANT YOUR ACENT C
(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 or its execution
finiser 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 no termination date
(insert a future date ar event, such as court determination of your disability, when you want this power to the pour 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, became incompetent, resign or refuse to occept the office of agent, I name the following (each to act alone and successively,
in the order named) as successor(s) to such agent:
For purposes of this purgraph 8, a person shall be considered to be incompetent if and while the person is a minor or an adjudicated incompetent or disabled person of the person is unable to give prompt and intelligent consideration to business matters, as certified by a licensed physician.
(IF YOU 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 TO, DO SO BY AST LINING THE FOLLOWING PARAGRAPH. THE COURT WILL APPOINT YOUR AGENT IF THE COURT FINDS THAT SUCH APPOINTMENT WILL SERVE YOUR BEST INTERESTS AND WELFARE. STRIKE OUT PARAGRAPH 9 IF YOU DO NOT WANT YOUR AGENT TO ACT AS GUARDIAN.)
9. If a guardian of my estate (my recently) is to be appointed, I naminate 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 John M. Feron
(YOU MAY, BUT ARE NOT REQUIRED TO, REQUEST YOUP 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.) Specimen signatures of agent (and successors) I certify that the signatures of my agent (and successors) are correct. John M., Jeroon Iprincipall
(successor agent) (principot)
(successor egent) (principal)
(THIS POWER OF ATTORNEY WILL NOT BE EFFECTIVE UNLESS IT IS NOTARIZED, USING THE FORM BELOW?
State of Illinois
Cook 1 SS.
County of JOANN M. FERRON
The undersigned, a notary public in and for the above county and state, certifies that
Doled: October 2, 1996
mummer (Kurt)
OFSEALCIAL SEAL"
VINCENT F. GIULIANO NOTARY PUBLIC, STATE OF ILLINGIS MY COMMISSION EXPIRES 1/15/98
(THE NAME AND ADDRESS OF THE PERSON PREPARING THIS FORMALHOULD BE INSERTED IF THE AGENT WILL HAVE POWER TO CONVEY ANY INTEREST IN REAL ESTATE.)
This document was prepared by:
VINCENT F. GIULIANO 7222 W. Cermak Road/Suite 715 North Riverside, IL 60546

1029441004 Page: 4 of 4

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Title No.: 001920620 Agent Order/File No.:

LEGAL DESCRIPTION EXHIBIT "A"

THE LAND REFERRED TO HEREIN BELOW IS SITUATED IN THE COUNTY OF COOK, STATE OF ILLINOIS, AND IS DESCRIBED AS FOLLOWS:

UNIT NO. 310-B IN THREE FOUNTAINS ON THE LAKE CONDOMINIUM, AS DELINEATED ON SURVEY OF LOTS 1 AND 2 IN THREE FOUNTAINS AT PLUM GROVE UNIT NO. 2, BEING A SUBDIVISION IN SECTION 8, TOWNSHIP A NORTH, RANGE 11, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS, WHICH SURVEY IS ATTACHED AS EXHIBIT "A" TO DECLARATION OF CONDOMINIUM ENT. NTAGE. RECORDED AS DOCUMENT NUMBER 21465676; AS AMENDED FROM TIME TO TIME, TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS.