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Doc#: 1035040125 Fee: \$46.00 Eugene "Gene" Moore RHSP Fee:\$10.00

Cook County Recorder of Deeds Date: 12/16/2010 03:08 PM Pg: 1 of 6

Probably of Colling Co

POWER OF ATTORNEY FOR

1035040125 Page: 2 of 6

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1. I, MARGARET M. SULLIVAN, of (address)_729 Forest Avenue, River Forest, IL, 60305, appoint my husband, TERRENCE J. SULLIVAN, of (address) 729 Forest Avenue, River Forest, IL, 60305_, 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:

(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, including the waiver of any and all homestead rights that the Principal may have in the property.
- (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 particular; (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, or any other lender as well as any title insurance company respecting or relating to the acquisition, financing, purchase or mortgage of the property commonly known as (address) _729 FOREST AVENUE RIVER FOREST, IL 60305 .

(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

1035040125 Page: 3 of 6

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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.

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 Actorney. 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 amen ted 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. (X) This power of attorney shall become effective on NOVEMBER 22, 2010 .

(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. (X) This Power of Attorney shall terminate on MARCH 1.20:1.

(insert a future date or event such as court determination of your disability, when you went 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

1035040125 Page: 4 of 6

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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 a: d) iddress 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 nominate 1 guerdian 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_

MARGARET M. SULLIVAN

Maryaret M. Selliven

750/7/Co

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I believe him or her [the principal under memory.	the power of attorney] to be of sound mind and
	Residing at
(witness)	
specimen signatures below. If you includ you must complete the certification oppos	est your agent and successor agents to provide e specimen signatures in this Power of Attorney, site 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.
Ox	Mayaret M. Sullivan (principal)
(agent)	(principal)
(successor agent)	(principal)
(successor agent)	(principal)
The undersigned, a notary public in and MARGARET M. SULLIVAN, known to subscribed as principal to the foregoing P and acknowledged signing and delivering a principal, for the uses and purposes therein	
DATED: 11/22/10 (Seal)	Notary Public
Property Abbress - 729 Forest Ave	My Commission Expires 12/16/13
River Porest 1260305 DINH 15-12-102-034-0	OFFICIAL SEAL
This document was prepared by: † Mail Hitchcock & Associates, P.C. Thomas R. Hitchcock	NOTARY PRIELIC - STATE OF BLEICHE MY COMMISSION EXPONELS IN MY
Attorney At Law 120 South State Street, Ste. 803	·.
Chicago, IL 60603	

1035040125 Page: 6 of 6

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ALTA COMMITMENT 2006

File No. 1018349 Associated File No:

EXHIBIT A

THE SOUTH 60 FEET OF THE NORTH 100 FEET OF LOT 3 IN SOLOMON THATCHER'S SUBDIVISION, BEING PART OF THE WEST 1/2 OF THE NORTHWEST 1/4 OF SECTION 12, P3S JUNTY, Dropolarity Of Coot County Clerk's Office TOWNSHIP 39 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.