

# UNOFFICIAL COPY

## PURCHASE OF REAL PROPERTY

470642

### SPECIAL POWER OF ATTORNEY

PREAMBLE: This is a military Power of Attorney prepared pursuant to Title 10, United States Code, Section 1044b, and executed by a person authorized to receive legal assistance from the military service. Federal law exempts this power of attorney from any requirement of form, substance, formality, or recording that is prescribed for powers of attorney by the laws of a state, the District of Columbia, or a territory, commonwealth, or possession of the United States. Federal law specifies that this power of attorney shall be given the same legal effect as a power of attorney prepared and executed in accordance with the laws of the jurisdiction where it is presented.

#### KNOW ALL PERSONS BY THESE PRESENTS:

That I, Thomas W. Tedesso,  
of Illinois (State or Country of Record), currently in California pursuant to Military Orders,  
do hereby appoint Frank W. Tedesso  
of Illinois (State or Country of Record), as my true and lawful attorney-in-fact to do the  
following in my name and on my behalf:

To purchase in my name and for my use the below-described real property in the City of:  
Harwood Heights, County of: Cook  
State of: Illinois located at the following address:

4706 Occochee Ave  
and for that purpose to make, indorse, accept, receive, sign, seal, execute, acknowledge, and deliver any  
application forms, documents, instruments, or paper necessary or convenient to enter into both a contract  
and mortgage or deed of trust upon said real estate for such price at such rate of interest and upon such  
terms as he shall deem best, but the loan will not exceed \$ 200,000 and  
will be repaid over a period not to exceed 360 months.

Giving and granting individually unto said attorney full power and authority to do and perform all  
and any act, deed, matter and thing whatsoever in and about any of the specified particulars mentioned in  
the paragraph immediately above, as fully and effectually to all intents and purposes as I might and could  
do in my own person if personally present; and in addition thereto, I do hereby ratify and confirm each of  
the acts of my aforesaid attorney lawfully done pursuant to the authority herein above conferred.

#### I HEREBY AUTHORIZE MY ATTORNEY TO INDEMNIFY AND HOLD HARMLESS ANY THIRD PARTY WHO ACCEPTS AND ACTS UNDER OR IN ACCORDANCE WITH THIS POWER OF ATTORNEY.

This Power of Attorney shall become effective when I sign and execute it below. Further, unless sooner  
revoked or terminated by me, this Power of Attorney shall become NULL and VOID on:

15 JUN 2011 (date).

I intend for this to be a **DURABLE Power of Attorney**. This Power of Attorney will continue to be  
effective if I become disabled, incapacitated, or incompetent; or when the United States Government  
determines that I am in a military status of "missing," "missing in action," or "prisoner of war." All acts  
done by my Attorney hereunder shall have the same effect and inure to the benefit of and bind myself and  
my heirs as if I were competent, and not disabled, incapacitated, or incompetent.

I shall be considered disabled or incapacitated for purposes of this power of attorney if a physician, based  
on that physician's examination, certifies in writing at a date subsequent to the date which this power of  
attorney is executed, that I am disabled from or incapable of exercising control over my person, property

Office of the Staff Judge Advocate  
Legal Assistance Branch  
1336 Plummer Street  
Monterey, CA 93944-3327  
(831) 242-5084



Doc#: 1115403071 Fee: \$62.00  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 06/03/2011 03:33 PM Pg: 1 of 3

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*Special Power of Attorney*

personal affairs, or financial affairs. I authorize the physician who so certifies, to disclose my physical or mental condition to another person for purposes of this power of attorney. A third party who accepts this power of attorney, endorsed by proper physician certification of my disability or incapacity, is held harmless and fully protected from any action taken under this power of attorney.

Notwithstanding my inclusion of a specific expiration date herein, if on that specified expiration date I should be or have been properly certified, in writing, by a physician to be disabled from or incapable of exercising control over my person, property, personal affairs, or financial affairs, then this Power of Attorney shall remain valid and in full effect until sixty (60) days after I have recovered from such disability **UNLESS OTHERWISE REVOKED OR TERMINATED BY ME.** Furthermore, if on the above-specified expiration date, or during the sixty (60) day period preceding that specified expiration date, I should be or have been determined by the United States Government to be a military status of "missing," "missing in action," or "prisoner of war," then this Power of Attorney shall remain valid and in full effect until sixty (60) days after I have returned to the military control following termination of such status **UNLESS OTHERWISE REVOKED OR TERMINATED BY ME.**

**I HEREBY RATIFY ALL THAT MY ATTORNEY SHALL LAWFULLY DO OR CAUSE TO BE DONE BY THIS DOCUMENT.**

All business transacted hereunder for me or for my account shall be transacted in my name, and all endorsements and instruments executed by my attorney for the purpose of carrying out the foregoing powers shall contain my name, followed by that of my attorney and the designation "attorney-in-fact."

IN WITNESS WHEREOF, I sign, seal, declare, publish, make and constitute this as and for my Power of Attorney in the presence of the Notary Public witnessing it at my request this date,

26 April 2011 (date).


  
SIGNATURE OF GRANTOR

STATE OF CALIFORNIA  
COUNTY OF MONTEREY

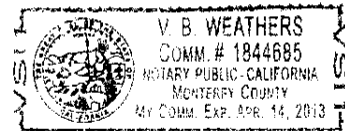
On 4/26/11 before me, V.B. Weathers (Notary), personally appeared Thomas Weathers (Grantor) who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/~~she/they~~ executed the same in his/~~her/their~~ authorized capacity(ies), and that by his/~~her/their~~ signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature  (Seal)

My Commission Expires: \_\_\_\_\_ (date)



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## Exhibit A

H70642

LOT 74 IN BLOCK 2 OF M.G. ELLIS'S RESUBDIVISION, OF LOT 6 IN C.R. BALLS SUBDIVISION OF THE NORTH 1/2 OF THE NORTHWEST 1/4 OF SECTION 18, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN (EXCEPT SCHOOL LOT) AND THE NORTH 25.4 ACRES OF THE NORTHEAST 1/4 OF THE NORTHEAST 1/4 O SECTION 13, TOWNSHIP 40 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, AS PER PLAT RECORDED SEPTEMBER 14, 1928 AS DOCUMENT NUMBER 10146702, IN COOK COUNTY, ILLINOIS.

P.I.N. 12-13-206-035-0000

C/K/A 4706 N. OCONTO AVENUE - HARWOOD HEIGHTS, IL 60706-4636

Property of Cook County Clerk's Office