

# UNOFFICIAL COPY

WHEN RECORDED MAIL TO:



**JOHN M. MORRONE**  
**JOHN M. MORRONE, P.C.**  
**12820 S. RIDGELAND AV., UNIT C**  
**PALOS HEIGHTS, IL. 60463**

**Doc#: 1121046080 Fee: \$44.00**  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 07/29/2011 04:24 PM Pg: 1 of 5

The above space for recorder's use only

## SPECIAL OR LIMITED DURABLE POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, that I, **DONNA FERRIS** of the COUNTY OF ORANGE, STATE OF California, have made, constituted and appointed and by these presents do make, constitute and appoint **JOHN M. MORRONE**, of Cook County, Illinois my true and lawful agent and attorney-in-fact (hereinafter referred to as "attorney"), for me and in my name, place and stead to make, execute, acknowledge, amend, modify and deliver in my name such notes, agreements, promises to pay, affidavits, closing statements, contracts, instruments of conveyance, mortgage (including without limitation deeds of trust) or lease, and any and all other instruments agreements and documents as my said attorney may deem appropriate and that are in any way related to any transaction involving the ownership, maintenance, financing, purchase and/or sale of, or any matter in any way related to, the following described property (the "Property"):

**FIDELITY NATIONAL TITLE**

12014891  
How 4046

(b)

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## SEE EXHIBIT "A" FOR LEGAL DESCRIPTION

My attorney shall have power to exercise such other powers as may be necessary or desirable in the management of the Property, whether the same be of like kind or character to those herein enumerated or not, so long as related to the Property; in particular my said attorney is hereby enabled to act under changed conditions the exact nature of which cannot be foreseen, it being intended to vest in my said attorney, and I do hereby vest in my said attorney, full power to control and manage the Property and hereby giving and granting to my said attorney full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done in connection therewith as fully to all intents and purposes, as I might or could do if personally present, hereby ratifying and confirming whatsoever my said attorney shall or may do by virtue hereof.

All powers and authorities hereby granted may be exercised by my said attorney acting alone without the joinder of any other person.

This power of attorney shall not terminate on or be affected by the disability or incapacity of the principal. This power of attorney also shall not terminate or be affected by the lapse of time unless the loan contemplated hereunder is to be insured by the Federal Housing Administration.

The attorney named herein shall not be obligated to furnish bond or other security.

Any authority granted to my attorney herein shall be limited so as to prevent this power of attorney from causing my attorney to be taxed on my income and from causing my estate to be subject to a general power of appointment by my attorney, as that term is defined in Section 2041 of the Internal Revenue Code.

I hereby ratify and confirm all that my attorney, of his successors, shall lawfully do or cause to be done by virtue of the power of attorney and the rights and powers granted herein.

I hereby bind myself to indemnify my attorney herein named and any successors who shall so act against any and all claims, liabilities, demands, losses, damages, actions and causes of action, including expenses, costs and reasonable attorneys' fees which my attorney at any time may sustain or incur in connection with his/here carrying out the authority granted him/her in this power of attorney.

This power of attorney and the powers herein granted shall terminate upon the earliest occurrence of (i) my death, (ii) revocation by an instrument in writing, duly executed and acknowledged by me and recorded or filed for record or filed for record in the office of the County Clerk or Recorder of the County and State in which the Property is located, or (iii) the expiration of a period of time ending \_\_\_\_\_. It is my intention that any person or any firm, corporation, joint venture, association or other legal entity of any kind or character dealing with my said attorney, or his/her substitute or substitutes, that they are entitled to rely upon the terms and provisions of this paragraph in determining whether this power of attorney has been revoked.

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IN WITNESS WHEREOF, I have hereunto set my hand this 26<sup>th</sup> day of July, 2011

Donna Ferris  
Signature

Donna Ferris  
Printed

361-36-3308  
Social Security Number

STATE OF \_\_\_\_\_ )  
  )SS:  
COUNTY OF \_\_\_\_\_ )

BEFORE ME, the undersigned authority, a Notary Public in and for said County and State, on this day personally appeared **DONNA FERRIS** known to me to be that person whose name is subscribed to the foregoing instrument, and acknowledged to me that **DONNA FERRIS** executed the same for the purposes and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE this the \_\_\_\_ day of \_\_\_\_\_, 2011

\_\_\_\_\_  
Notary Public in and for the State of \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

*Please See Attached Notary* \* \* \* \* \*

The undersigned witness certifies that **DONNA FERRIS**, 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.

IN WITNESS WHEREOF, I have hereunto set my hand this \_\_\_\_ day of \_\_\_\_\_, 2011

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

*This Document was prepared by:*

**JOHN M. MORRONE**  
**12820 S. RIDGELAND AV., UNIT C, PALOS HEIGHTS, IL**

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## CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

State of California

County of Orange

On July 26, 2011 before me, Ramin Rafii, Notary Public  
(Here insert name and title of the officer)

personally appeared Donna Mae Ferris

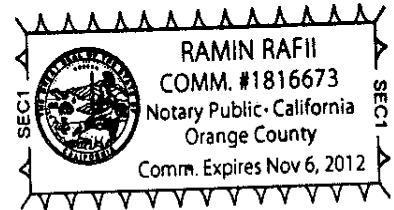
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) (s) are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), 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.

Ramin Rafii  
Signature of Notary Public

(Notary Seal)



### ADDITIONAL OPTIONAL INFORMATION

#### INSTRUCTIONS FOR COMPLETING THIS FORM

Any acknowledgment completed in California must contain verbiage exactly as appears above in the notary section or a separate acknowledgment form must be properly completed and attached to that document. The only exception is if a document is to be recorded outside of California. In such instances, any alternative acknowledgment verbiage as may be printed on such a document so long as the verbiage does not require the notary to do something that is illegal for a notary in California (i.e. certifying the authorized capacity of the signer). Please check the document carefully for proper notarial wording and attach this form if required.

**DESCRIPTION OF THE ATTACHED DOCUMENT**  
Special or limited durable POA  
(Title or description of attached document)

(Title or description of attached document continued)

Number of Pages 4 Document Date 7/26/11

(Additional information)

- State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
- Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
- The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).
- Print the name(s) of document signer(s) who personally appear at the time of notarization.
- Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/they, is /are ) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
- Signature of the notary public must match the signature on file with the office of the county clerk.
  - ❖ Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
  - ❖ Indicate title or type of attached document, number of pages and date.
  - ❖ Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
- Securely attach this document to the signed document

**CAPACITY CLAIMED BY THE SIGNER**

Individual (s)  
 Corporate Officer  
(Title)

Partner(s)  
 Attorney-in-Fact  
 Trustee(s)  
 Other \_\_\_\_\_

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## EXHIBIT "A"

### LEGAL DESCRIPTION:

LOT 8 (EXCEPT THE SOUTH 86.47 FEET THEREOF) IN BLOCK 40 IN ROBERT BARTLETT'S HOMESTEAD DEVELOPMENT NO. 5, BEING A SUBDIVISION OF THE WEST HALF OF THE NORTH WEST QUARTER OF THE NORTH WEST QUARTER OF SECTION 30, TOWNSHIP 37 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

COMMONLY KNOWN AS: 11900 S. 71<sup>ST</sup> AV., PALOS HEIGHTS, IL. 60463

PERMANENT INDEX NO.: 24 30 101 009 0000