

Doc#: 1122246006 Fee: \$46.00 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds Date: 08/10/2011 09:48 AM Pg: 1 of 6

Probably of County Clark's Of ty, 201

POWER OF ATTORNEY FOR

PIDELITY NATIONAL TITLE //0/4

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 particulars (here you may include any specific limitations you deem appropriate, such as a prombition 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 honestead, 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

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 Attorney. 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 in all be entitled to reasonable compensation for services rendered as agent under this power of autorney

(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. (X) This power of attorney shall become effective on \_\_JULY 22, 2011\_.

(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 MARC 1, 2012.

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

1122246006 Page: 4 of 6

### **UNOFFICIAL COP**

(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 and address of nominated guardian of the person)

If a guardian of my estate (my property) is to be appointed, I nominate the 10. following to serve as such guardian:

(insert name and address of nominated guardian of the person)

y informed as ...
powers to my agent.

Signed Margaret M. Sullivan

MARGARET M. SULLIVAN 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.

I believe him or her [the principal under memory.	the power of attorney] to be of sound mind and
Voich	_ Residing at
(witness) NICIC PEPET	Residing at
(You may, but are not required to, required specimen signatures below. If you includ you must complete the certification oppositions of the complete the certification oppositions.)	lest your agent and successor agents to provide le specimen signatures in this Power of Attorney, site the signatures of the agents.)
NOT REQUIRED	
Specimen signatures of	I certify that the signatures
agent (and successors)	of my agent (and successors) are correct.
(agent)	Mayret M. Seller  (principal)
(successor agent)	(principal)
(successor agent)	(principal)
(This Power of Attorney will not be effective unless it is notarized, using the form below.) The undersigned, a notary public in and for the above state and county, certifies that MARGARET M. SULLIVAN, known to me to be the same person whose name is subscribed as principal to the foregoing Power of Attorney, appeared is fore me in person and acknowledged signing and delivering the instrument as the free and voluntary act of the principal, for the uses and purposes therein set forth.  DATED: Juy 21, 2011  Notary Public  My Commission Expires 12/16/15	
This document was prepared by: Hitchcock & Associates, P.C. Thomas R. Hitchcock Attorney At Law 120 South State Street, Ste. 803 Chicago, IL 60603	OFFICIAL SEAL DANA C HLUBEK NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES:12/16/13

1122246006 Page: 6 of 6



#### UNOFFICIAL COPY FIDELITY NATIONAL TITLE INSURANCE COMPANY

203 N. LASALLE STREET, SUITE 2200, CHICAGO, ILLINOIS 60601

**CHF** 

PHONE: (312) 621-5000

FAX:

(312) 621-5033

ORDER NUMBER;2010 011014689 STREET ADDRESS: 125 E 13TH ST UNIT 609

51 KEE1 ADDRESS: 123 E 131H 51 ONI1 005

COUNTY: COOK COUNTY

CITY: CHICAGO

TAX NUMBER: 17-22-105-039-1195

LEGAL DESCRIPTION:

PARCEL 1:

UNIT NUMBERS 609 AND GU-46 IN THE MUSEUM PARK LOFTS AS DELINEATED ON THE SURVEY OF THE FOLLOWING DF3CRIBED REAL ESTATE:

THAT PART OF CURTAIN LOTS, BLOCKS, STREETS AND ALLEYS AND PART OF THE LANDS OF THE ILLINOIS CENTR'LL RAILROAD COMPANY, ALL IN THE NORTHWEST FRACTIONAL 1/4 OF SECTION 22, TOWNSHIP 39 NORT, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, SAID TRACT BEING DESCRIBED AS FOLLOWS. COMMENCING AT THE INTERSECTION OF THE EAST LINE OF SOUTH MICHIGAN AVENUE WITH T'E SOUTH LINE OF ROOSEVELT ROAD AS DEDICATED PER DOCUMENT NUMBER 93954909; THENCE NORTH 93 DEGREES 55 MINUTES 25 SECONDS EAST ALONG SAID SOUTH LINE 324.58 FEET TO THE WEST LINE OF SOUTH INDIANA AVENUE AS DEDICATED PER DOCUMENT NUMBER 93954909; THENCE SOUTH 00 DIGREES 02 MINUTES 19 SECONDS WEST ALONG THE WEST LINE OF SOUTH INDIANA AVENUE, AFORESAID, 578.78 FEET TO THE POINT OF BEGINNING, SAID POINT BEING ALSO A POINT ON THE EAST-PLY EXTENSION OF THE SOUTH LINE OF EAST 13TH STREET; THENCE SOUTH 89 DEGREES 58 MINUTES 42 SECONDS WEST ALONG THE EASTERLY EXTENSION OF THE SOUTH LINE OF EAST 13TH STREET, AFORMCAID, 177.42 FEET TO THE EAST LINE OF AN 18 FOOT PUBLIC ALLEY; THENCE SOUTH 00 DEGREES 03 MINUTES 35 SECONDS WEST, ALONG THE EAST LINE OF AN 18 FOOT PUBLIC ALLEY, AFORESAID, 134 00 FEET; THENCE NORTH 89 DEGREES 58 MINUTES 42 SECONDS EAST 177.51 FEET TO THE WEST LIP.F OF SOUTH INDIANA AVENUE; THENCE NORTH 00 DEGREES 01 MINUTES 19 SECONDS EAST ALONG THE VEST LINE OF SOUTH INDIANA AVENUE, 134.00 FEET TO THE POINT OF BEGINNING, IN COOK COUNTY, ILLINOIS; WHICH SURVEY IS ATTACHED TO THE DECLARATION OF COMPONINIUM MADE BY 13TH STREET LOFTS;

WHICH SURVEY IS ATTACHED TO THE DECLARATION OF COMPONINIUM MADE BY 13TH STREET LOFTS; LLC, AN ILLINOIS LIMITED LIABILITY COMPANY AND RECORDED AS DOCUMENT NUMBER 0402718082, AS AMENDED FROM TIME TO TIME; TOGETHER WITH THEIR UNDIVIDED PERCENTAGE INTERESTS IN THE COMMON ELEMENTS.

#### PARCEL 2:

EASEMENT FOR INGRESS AND EGRESS FOR THE BENEFIT OF PARCEL 1 FOR CONSTRUCTION, MAINTENANCE AND REPAIR OF BALCONIES AS SET FORTH IN THE GRANT OF EASEMENT RECORDED SEPTEMBER 17. 2001 AS DOCUMENT 0010860394.

#### PARCEL 3:

THE EXCLUSIVE RIGHT TO USE STORAGE SPACE S-24, A LIMITED COMMON ELEMENT, AS DELINEATED ON THE SURVEY ATTACHED TO THE DECLARATION AFORESAID RECORDED AS DOCUMENT NUMBER 0402718082.