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Prepared by &  
RECORDING REQUESTED BY:  
LSI- Ryan Fanearty  
700 Cherrington Parkway  
Coraopolis, PA 15108

Doc#: 1208203012 Fee: \$56.00  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 03/22/2012 09:36 AM Pg: 1 of 10

WHEN RECORDED MAIL TO:  
LSI  
700 Cherrington Parkway  
Coraopolis, PA 15108  
eLS Order # 13014778

ILLINOIS NON DURABLE POWER OF ATTORNEY

NOTICE TO PRINCIPAL

PLEASE READ THIS NOTICE CAREFULLY: THIS IS AN IMPORTANT DOCUMENT. IT IS GOVERNED BY THE ILLINOIS POWER OF ATTORNEY ACT. IT GIVES THE PERSON WHOM YOU DESIGNATE (YOUR "AGENT" OR "ATTORNEY IN FACT" HEREINAFTER CALLED "AGENT/AIF") BROAD POWERS TO ACT ON YOUR BEHALF FOR A SPECIFIC TRANSACTION DURING A CERTAIN PERIOD OF TIME, WHICH INCLUDE POWERS TO PROMISE TO REPAY A DEBT WITH INTEREST AND MORTGAGE YOUR REAL PROPERTY FOLLOWING YOUR REVIEW OF YOUR LOAN DOCUMENTATION DURING A LOAN CLOSING TO BE CONDUCTED ON THE INTERNET. IT IS IMPORTANT TO SELECT AN AGENT/AIF WHOM YOU TRUST, SINCE YOU ARE GIVING THAT AGENT/AIF CONTROL OVER YOUR FINANCIAL ASSETS AND PROPERTY FOR THE LIMITED PURPOSES DESCRIBED HEREIN. ANY AGENT/AIF WHO DOES ACT FOR YOU HAS A DUTY TO ACT IN GOOD FAITH FOR YOUR BENEFIT AND TO USE DUE CARE, COMPETENCE, AND DILIGENCE. HE OR SHE MUST ALSO ACT IN ACCORDANCE WITH THE LAW AND WITH THE DIRECTIONS IN THIS FORM. YOUR AGENT/AIF MUST KEEP A RECORD OF ALL RECEIPTS, DISBURSEMENTS, AND SIGNIFICANT ACTIONS TAKEN AS YOUR AGENT/AIF. WITH RESPECT TO ANY LOSS OF, MISPLACEMENT OF, INACCURACY IN, OR FAILURE TO SIGN ANY LOAN DOCUMENTATION, YOUR AGENT/AIF WILL CONTINUE TO HAVE THESE POWERS AFTER THE LOAN CLOSING, FOR THE LIMITED PURPOSE TO REPLACE OR CORRECT SUCH LOAN DOCUMENTATION. IF THE ATTORNEY IN FACT HAS ACTUAL KNOWLEDGE OF ANY INCOMPETENCE BEFORE, DURING OR AFTER CLOSING, THE POWERS CONTAINED HEREIN WILL CEASE TO EXIST. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL OR OTHER HEALTH CARE DECISIONS FOR YOU. THIS POWER OF ATTORNEY DOES NOT AUTHORIZE YOUR AGENT/AIF TO APPEAR IN COURT FOR YOU AS AN ATTORNEY-AT-LAW OR OTHERWISE TO ENGAGE IN THE PRACTICE OF LAW UNLESS HE OR SHE IS A LICENSED ATTORNEY WHO IS AUTHORIZED TO PRACTICE LAW IN ILLINOIS. SIGNING THIS LIMITED POWER OF ATTORNEY IS OPTIONAL. YOU ARE NOT REQUIRED TO SIGN THIS LIMITED POWER OF ATTORNEY, BUT IT WILL NOT TAKE EFFECT WITHOUT YOUR SIGNATURE. ALTHOUGH USING A LIMITED POWER OF ATTORNEY DESIGNATING YOUR AGENT/AIF SHOULD MAKE YOUR LOAN CLOSING MORE CONVENIENT, YOU ARE NOT REQUIRED TO SIGN THIS DOCUMENT IN ORDER TO OBTAIN YOUR LOAN. BEFORE YOU DECIDE WHETHER TO SIGN OR IF YOU DO NOT UNDERSTAND THE PURPOSE OR EFFECT OF THIS FORM, YOU SHOULD CONSULT AN ATTORNEY.

Please place your initials on the following line indicating that you have read this Notice:

Thomas F Siano Judith L Siano  
Thomas F Siano, Judith L Siano

8 yes  
P no  
S N  
M N  
SC yes  
E yes  
INT aw

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BE IT KNOWN, that I, Thomas F Siano, Judith L Siano

Whose residence address is: 5192 Barcroft Ct

Hoffman Estates, IL 60010

Make and appoint the following persons who are employees of LSI, namely: Anthony Sisco, Casey Dill, Cherese Blackwell, Christopher Sekely, Colleen Mooney, Greg Perdziola, Mary Dyll, Rolanda Lee, Ryan Flaherty, Shannon Obringer, Stacey Franciscus, William Leonard, whose addresses are C/O LSI, at 700 Cherrington Parkway, Coraopolis, PA 15108. Each of my agents may exercise the powers conferred in this power of attorney separately, without the consent of the other agent. My agents may delegate the powers, tasks and duties to one of the other agents but to no other person. My Agents/AIFs may exercise the powers to accomplish the following specific and limited purposes:

Principal's Initials      Witnesses' Initials

(TFS) (JS) (A) Refinancing and/or home equity financing of the Real Estate located at 5192 Barcroft Ct, Hoffman Estates, IL 60010 and legally described as (the "Property"):

(TFS) (JS) (B) To mortgage, finance, refinance, assign, transfer and in any manner deal with Property located at: 5192 Barcroft Ct, Hoffman Estates, IL 60010 to effectuate the above referenced refinancing and banking transactions with Ally Bank (hereinafter called "Lender"). I/We hereby ratify and confirm any and all actions that may be taken by my/our Agent/AIF consistent with this Non Durable Power of Attorney. I/We hereby ratify and confirm any and all actions previously taken by my/our Agent/AIF consistent with the Non Durable Power of Attorney I/we previously signed regarding the foregoing transaction. See attached Exhibit A for full legal description. \*

(TFS) (JS) (C) To execute, acknowledge receipt of, approve, and deliver all documents including but not limited to:

- a. Notes, Deeds, Mortgages Deeds of Trust, Subordinations, security instruments, riders, attachments and addenda, including any documents necessary or requested as part of this transaction by the title insurer, lender or other parties to the transaction;
- b. those documents needed by governmental and taxing authorities;
- c. lien waivers, subordination/waiver of homestead and any marital rights necessary to obtain the financing; and
- d. escrow instructions, closing or settlement statements, truth in lending disclosures (including notice of my right to rescind the credit extension, if applicable), loan applications, HUD-1 and other written instruments relating to the transaction.

(TFS) (JS) (D) All other powers which I myself may have concerning the real estate transaction and refinancing of the same located at 5192 Barcroft Ct, Hoffman Estates, IL 60010.  
ELS Order # 13014778.

Further giving and granting said Agent/AIF, full power and authority to do and perform all and every act and thing whatsoever necessary to be done in and about the specific and limited premises (setout herein) as fully, to all intents and purposes, as might or could be done if personally present, with full power of substitution and revocation, hereby ratifying and confirming all that said attorney in fact (also called agent) should lawfully do or cause to be done by virtue hereof.

This Power of Attorney is effective immediately and is limited to the specific transaction described above. This Power of Attorney shall not be effective in the event of my disability or incapacity. I may revoke this Power of Attorney at any time by providing written notice to my Agent/AIF at Closing Stream Department C/O LSI, 700 Cherrington Parkway Coraopolis, PA 15108. When the Power of Attorney is recorded, any revocation will not be effective as to third parties until the revocation is recorded in the same county or other established governmental authority for the recording of Powers of Attorney. This Power of Attorney will terminate upon the proper recording of all documents necessary or requested as part of this transaction by the title insurer, lender or other parties to the transaction, except with respect to any loss of, misplacement of, inaccuracy in, or failure to sign any closing or loan documentation. With respect to any loss of, misplacement of, inaccuracy in, or failure to sign any closing or loan documentation, these powers will continue to exist for the limited purpose to replace or correct such documentation.

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Conflict of Interest Disclosure. My Agent/AIF can enter into transactions with me or on my behalf in which my Agent/AIF is personally interested as long as the terms of the transaction are fair to me and I have agreed to such an action. I also understand that LSI receives fees for escrow and title services from the closing. I further understand that these fees will be detailed on my Settlement Statement that accompanies my loan documents.

**I understand that this Power of Attorney is not an approval of my loan application request or a commitment by Lender to make a mortgage loan. Should my loan application request not be approved by Lender, this Power of Attorney will be null and void.**

TO INDUCE ANY THIRD PARTY TO ACT, I AGREE THAT ANY THIRD PARTY RECEIVING AN EXECUTED COPY OR FACSIMILE OF THIS INSTRUMENT MAY ACT ON THIS INSTRUMENT. ANY REVOCATION OR TERMINATION OF THIS INSTRUMENT WILL BE INEFFECTIVE AS TO SUCH THIRD PARTY UNTIL SUCH THIRD PARTY HAS ACTUAL OR CONSTRUCTIVE NOTICE OF SUCH REVOCATION OR TERMINATION. I, FOR MYSELF AND FOR MY HEIRS, EXECUTORS, LEGAL REPRESENTATIVES AND ASSIGNS, AGREE TO INDEMNIFY AND HOLD HARMLESS ANY SUCH THIRD PARTY FROM AND AGAINST ANY AND ALL CLAIMS THAT MAY ARISE AGAINST SUCH THIRD PARTY BY REASON OF SUCH THIRD PARTY HAVING REASONABLY RELIED ON THE PROVISIONS OF THIS INSTRUMENT.

## ACKNOWLEDGEMENT BY PRINCIPAL

I, Thomas F Siano, Judith L Siano, the principal(s), sign my name to this power of attorney this <sup>20th</sup> day of Feb, 20 12, and, being first duly sworn, do declare to the undersigned authority that I sign and execute this instrument as my power of attorney for a refinance and that I sign it willingly, or willingly direct another to sign for me, that I execute it as my free and voluntary act for the purposes expressed in the power of attorney and that I am eighteen years of age or older, of sound mind and under no constraint or undue influence.

Dated: 2-28, 20 12

Thomas F Siano  
Thomas F Siano

Dated: 2-28, 20 12

Judith L Siano  
Judith L Siano

Dated: \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Dated: \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_

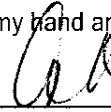
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State of Illinois  
County of Cook

Subscribed, sworn to and/or acknowledged before me by Thomas P. Sianos, Judith L. Sianos the principal this 28 day of Feb, 2012 and 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 signatures(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

Evidence of identification was Driver License. I certify under PENALTY OF PERJURY under the laws of the state where the property is located that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



SIGNATURE OF NOTARY

My Commission Expires: JUNE 3, 2012



Property of Cook County Clerk's Office

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## ACKNOWLEDGMENT BY WITNESSES

We, Susan C Siano, Michele A Meeks, the witnesses, sign our names to the foregoing Power of Attorney being first duly sworn and do declare to the undersigned authority that the principal who is personally known to me, declared to me that this instrument is his/her power of attorney granting to the named agents/attorneys-in-fact the power and authority specified herein, and that he/she was free from duress at the time this Power of Attorney was signed, and that the principal affirmed that he or she was aware of the nature of the document and signs and executes it freely, voluntarily and willingly, or willingly directs another to sign for him/her as his/her power of attorney and that I/we, in the presence and hearing of the principal, sign this Power of Attorney as witness to the principal's signing and that to the best of my knowledge the principal is eighteen years of age or older, of sound mind and under no constraint or undue influence. Each undersigned witness individually certifies that he/she is not: (a) the attending physician or mental health service provider or a relative of the physician or provider; (b) an owner, operator, or relative of an owner or operator of a health care facility in which the principal is a patient or resident; (c) a parent, sibling, descendant, or any spouse of such parent, sibling, or descendant of either the principal or any agent or successor agent under the foregoing power of attorney, whether such relationship is by blood, marriage, or adoption; (d) an agent or successor agent under the foregoing power of attorney or (e) the notary for this transaction. I am eighteen years of age or older and am not disabled.

Witness: Susan C Siano Witness: Michele A. Meeks  
 Printed Name: Susan C Siano Printed Name: Michele A Meeks

State of Illinois

County of Cook

SS:

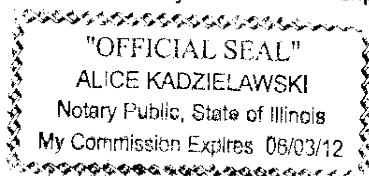
On the 28 day of Feb in the year 2012 before me, the undersigned, personally appeared Susan C Siano and Michele A Meeks, witnesses, proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed 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.

Evidence of identification was Driver's License

WITNESS my hand and official seal in the county and state aforesaid this 28 day of Feb, 2012. I certify under PENALTY OF PERJURY under the laws of the state where the property is located that the foregoing paragraph is true and correct.

[Signature]  
 SIGNATURE OF NOTARY

My Commission Expires: 6-3-12



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## NOTICE TO EACH AGENT/AIF

When you accept the authority granted under this Power of Attorney a special legal relationship, known as agency, is created between you and the principal. Agency imposes upon you duties that continue until you resign or the Power of Attorney is terminated or revoked. As agent/attorney-in-fact you must:

- (1) do what you know the principal reasonably expects you to do with the principal's property;
- (2) act in good faith for the best interest of the principal, using due care, competence, and diligence;
- (3) keep a complete and detailed record of all receipts, disbursements, and significant actions conducted for the principal;

As agent/attorney-in-fact you must not do any of the following:

- (1) act so as to create a conflict of interest that is inconsistent with the other principles in this Notice to Agent;
- (2) do any act beyond the authority granted in this power of attorney;
- (3) commingle the principal's funds with your funds;
- (4) borrow funds or other property from the principal, unless otherwise authorized;
- (5) continue acting on behalf of the principal if you learn of any event that terminates this Power of Attorney or your authority under this Power of Attorney, such as the death of the principal.

If you have special skills or expertise, you must use those special skills and expertise when acting for the principal. You must disclose your identity as an agent/attorney-in-fact whenever you act for the principal by writing or printing the name of the principal and signing your own name "as Agent/AIF" in the following manner:

"(Principal's Name) by (Your Name) as Agent/Attorney-in-Fact"

The meaning of the powers granted to you is contained in Section 3-4 of the Illinois Power of Attorney Act, which is incorporated by reference into the body of the Power of Attorney for property document.

If you violate your duties as agent/attorney-in-fact or act outside the authority granted to you, you may be liable for any damages, including attorney's fees and costs, caused by your violation.

If there is anything about this document or your duties that you do not understand, you should seek legal advice from an attorney.

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## ACKNOWLEDGMENT BY AGENTS/ATTORNEYS IN FACT

Casey Dill, Shannon Obinger, and Colleen Mooney have read the attached Power of Attorney and are the persons identified as the Agents/AIFs for the Principal. We hereby acknowledge that when we act as Agents/AIFs, we are given power under this Power of Attorney to make decisions about refinancing the Property belonging to the Principal, on the Principal's behalf, in accordance with the terms of this Power of Attorney. This Power of Attorney is valid only if the Principal is of sound mind when the Principal signs it. When acting in the capacity of Agent, we are under a duty (called a "fiduciary duty") to observe the standards observed by a prudent person, which means the use of those powers that is reasonable in view of the interests of the Principal and in view of the way in which a person of ordinary judgment would act in carrying out that person's own affairs. If the exercise of our acts is called into question, the burden will be upon each of us to prove that we acted under the standards of a fiduciary. As the Agents, we are not entitled to use the money or property for our own benefit or to make gifts to ourselves or others. As the Agents, our authority under this Power of Attorney will end when the Principal dies or becomes incompetent and we will not have authority to manage or dispose of any property or administer the estate. If we violate our fiduciary duty under this Power of Attorney, we may be liable for damages and may be subject to criminal prosecution. If there is anything about this Power of Attorney, or our duties under it, that we do not understand, we understand that we should seek professional advice.

Each of us hereby individually acknowledges that in the absence of a specific provision to the contrary in the power of attorney or in state law, when we act as an agent:

We shall exercise the powers for the benefit of the principal.

We shall keep the assets of the principal separate from our assets.

We shall exercise reasonable caution and prudence.

We shall keep a full and accurate record of all actions, receipts and disbursements on behalf of the principal.

We will follow any instructions of the principal provided to us prior to or at the time of the loan closing to be conducted on the internet.

We will follow any closing instructions provided by LSI, the title insurer, lender, or other parties to the transaction related to the loan closing to be conducted on the internet.

Specimen signature of Agent/Attorney in Fact:

Casey Dill

Specimen signature of Agent/Attorney in Fact:

Shannon Obinger

Specimen signature of Agent/Attorney in Fact:

Colleen Mooney



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State of PA

SS:

County of Allegheny

On this, the 6 day of MARCH, 2012, before me, the undersigned, personally appeared CASEY DILL, SHANNON OBRINGER and COLLEEN MOONEY Agents/Attorneys in Fact, who proved to me on the basis of satisfactory evidence (Evidence of identification was \_\_\_\_\_) to be the individual(s) whose name is (are) subscribed to the within Power of Attorney in their respective capacities, and all of said persons being by me duly sworn, the Agent/Attorney in Fact declared to me that they were (each) eighteen (18) years of age or over, and that they are not (neither of them is) related to the principal by blood or marriage, are employees of LSI and that such individual made their acknowledgment and such appearance before the undersigned in the city/township of MOON, County of Allegheny, State/Commonwealth of PA.

Notary Public

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

NOTARIAL SEAL  
STACEY FRANCISCUS  
Notary Public  
MOON TWP, ALLEGHENY COUNTY  
My Commission Expires Aug 12, 2015

County Clerk's Office



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Reference is made to the original power of attorney signed by the undersigned Borrower on 11/17/2011, and recorded on 12/29/2011, at Doc 1136308217 of the records of Cook County, State of Illinois, and that certain Deed of Trust/Mortgage, executed by Thomas F Siano and Judith L Siano's Attorney in Fact on 12/21/2011, and recorded on 12/29/2011, at Doc 1136308218 of the records of Cook County, State of Illinois, encumbering the Property (described on Exhibit A hereto) in favor of Ally Bank.

Property of Cook County Clerk's Office

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Order ID: 13014778

Loan Number: 000687847803

## EXHIBIT A LEGAL DESCRIPTION

The following described property:

Lot 12 in Block 1 in Highland Woods Unit 2, a Subdivision of the West half of the Southwest quarter of Section 18, Township 42 North, Range 10, East of the Third Principal Meridian in Cook County, Illinois, according to the Plat thereof recorded in the Office of the Recorder of Deeds on October 5, 1978 as Document 24659080, in Cook County, Illinois.

Assessor's Parcel Number: 02-18-313-012-0000

Property of Cook County Clerk's Office