## **UNOFFICIAL COPY**



Doc#: 1218708124 Fee: \$44.00 Eugene "Gene" Moore RHSP Fee:\$10.00

Cook County Recorder of Deeds Date: 07/05/2012 12:47 PM Pg: 1 of 4

FITLE CORPORATION

950 W. JACKSON SLVD., SUITE 320

CHICAGO, IL 60607

183695 13

The above space for recorder's use only

### SPECIAL OR LIMITED DURABLE POWER OF ATTORNEY

KNOW BY ALL M	MEN BY THESE PR	ES ENTS, that I	JAN L HEROD, of	f
Cook	(County),IL	(Starzi, have mad	de, constituted and a	appointed and by these
presents do make, c	constitute and appoin	tDANNY A HEF	ROD_, of	•
Cook(C	County),IL (	State), my true and	lawful agent and att	orney-in-fact
closing statements, trust) or lease, and a deem appropriate ar maintenance, finance described property (	any and all other instant and that are in any wa cing, purchase and / o	er in my name such its of conveyance, moreonts, agreements y related to any transport sale of, or any man	notes, agreements, portgage (including vas and documents as	promises to pay, affidavits, without limitation deeds of

#### 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 herby 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 joiner of any other person.



1218708124 Page: 2 of 4

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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 raity and confirm all that my attorney, of his successors, shall lawfully do or cause to be done by virtue of the rower 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 / her 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 in the office of the County Clerk or Recorder of the County and State in which the Property is located, or (iii) in the event the loan contemplated hereunder is to be insured by the Federal Housing Administration, the expiration of a period of time ending \_07/30/2012\_\_\_. 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 substitutes, shall be entitled to rely on the provisions of this paragraph in determining when or or not this power of attorney has been revoked, and I hereby represent to those 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.

•	
IN WITNESS WHEREOF, I have here	eunto set my hand this day or, 2012
	Signature  Signature  HEROD  Printed Name
	Signature
STATE OF LOOK	Printed Name

1218708124 Page: 3 of 4

# **UNOFFICIAL COPY**

BEFORE ME, the undersigned authority, a Notary Public in and for said County and State, on this day personally appeared
GIVEN UNDER MY HAND AND SEAL OF OFFICE this 6 day of 1012.
STUTH SAMAJAN  Stutty Public - State of Ittinois  Companies Expires May 13, 2014
My Commission Expires: May 14 2014
The undersigned witness certifies that
IN WITNESS WHEREOF, I have hereunto set my hand this day of June, 2012.
Printed Name
STATE OF
COUNTY OF( och
personally appeared, known to me to be that person whose name is subscribed to the foregoing instrument, and acknowledged to ne that he executed the same for the purposes and consideration therein expressed.
GIVEN UNDER MY HAND AND SEAL OF OFFICE this day of June, 20'
Notary Public
My commission expires: May 13, 2014  Story Public - State of Hinois  My Commission expires: May 13, 2014

1218708124 Page: 4 of 4

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File No.: 183695

#### **EXHIBIT A**

Lot 251 in Charlemagne Unit Number 2, being a Subdivision in Section 6, Township 42 North, Range 12, East of the Third Principal Meridian, in Cook County, Illinois.

Pin: 04-06-305-029-000

Address: 621 Michelline Ln Northbrook IL 60062

Preparaby & Mailto

Jan Herod

421 Michelline in Northbook Fr (2006)