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Doc#: 1225633072 Fee: \$46.00 Eugene "Gene" Moore RHSP Fee: \$10.00

Cook County Recorder of Deeds Date: 09/12/2012 10:44 AM Pg: 1 of 5

ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

(NOTICE: THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO PLEDGE, SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. THIS FORM DOES NOT IMPOSE A DUTY ON YOUR AGENT TO EXERCISE GRANTED POWERS; BUT WHEN POWERS ARE EXERCISED, YOUR AGENT WILL HAVE TO USE DUE CARE TO ACT FOR YOUR BENEFIT AND IN ACCORDANCE WITH THIS FORM AND KEEP A RECORD OF RECEIPTS, DISBURSEMENTS AND SIGNIFICANT ACTIONS TAKEN AS AGENT. A COURT CAN TAKE AWAY THE TOWERS OF YOUR AGENT IF IT FINDS THE AGENT IS NOT ACTING PROPERLY. YOU MAY NAME SUCCESSOR AGENTS UNDER THIS FORM BUT NOT CO-AGENTS. UNLESS YOU EXPRESSLY LIMIT THE DURATION OF THIS POWER IN THE MARINER PROVIDED BELOW, UNTIL YOU REVOKE THIS POWER OR A COURT ACTING ON YOUR BEHALF TERMINATES IT, YOUR AGENT MAY EXERCISE THE POWERS GIVEN HERE THROUGHOUT YOUR LIFETIME, EVEN AFTER YOU BECOME DISABLED. THE POWERS YOU GIVE YOUR AGENT ARE EXPLAINED MORE FULLY IN SECTION 3-4 OF THE ILLICOIS "STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY LAW" OF WHICH THIS FORM IS A PART (SEE THE BACK OF THIS FORM). THAT LAW EXPRESSLY PERMITS THE USE OF ANY DIFFERENT FORM OF POWER OF ATTORNEY YOU MAY DESIRE. IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU.)

TO YOU.)				Λ.				
Power of Attorney	made this_	Day	_day of	August Month	<u>, 20</u>	12.	11%	
1. I, Miche	lle De	nise_	Knox			·		
		<i></i>	Ne	ame and Address of Pi	rincipal	1 1		
hereby appoint:	John	(5. , 1	<u>Nasteriu</u>	<u> </u>	ttome	4 at 1	aw	
230	1 S.	Wester	n Hue	Chac	o, IL.	<u> 16060</u>	<u>8</u>	
<u> </u>	<u> </u>		Ň	ame And Address of	Agent			
as my attorney-in	-fact (mv "a	gent") to ac	et for me and i	in mv name (in a	ny way I cou	ld act in pers	on) with respe	ect to the following

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:

P \$5 S N SC Y

ATGF, INGUERING

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(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	transaction	2
----	------	--------	-------------	---

- b. Financial institution transactions
- Stock and bond transactions
- Tangible personal property transactions
- Safe deposit box transactions
- Insurance and annuity transactions
- g. Retirement plan transactions
- h. Social Security, employment, and military service benefits
- Tax matters
- Claims and litigation
- Commodity and option transactions-
- I. Business operations
- m. Borrowing transactions
- n. Estate transactions o. All other property powers and

transactions

(LIMITATIONS ON AND ADDITIONS TO THE AGENT'S POWERS MAY BE INCLUDED IN THIS POWER OF ATTORNEY

۷.	you may include any specific limitations you deem appropriate, such as a prohibition or conditions and limitations you deem appropriate, such as a prohibition or conditions and limitations you deem appropriate.
	you may include any specific limitations you deem appropriate, such as a prohibition or conditions on the sale of particular stock or real estate or special rules of corrowing by the agent):
	- DATE Or
	01011
3.	In addition to the powers granted above. I grant my agent the fall with
	In addition to the powers granted above, I grant my agent the following powers (here you may add any other delegable powers revoke or amend any trust specifically referred to below):
	revoke or amend any trust specifically referred to below):
	7 10
	1)11-11
-	
~ • •	

(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 AGEN! 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, OTHERVISE IT SHOULD BE

4. My agent shall have the right by written instrument to delegate any or all of the foregoing powers involving discretionary decisionmaking 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 shall be entitled to reasonable compensation for services rendered as agent under this power of attorney.

(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

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6. This power of attorney shall become effective on	
(Insert a future date or event during your lifetime, such as court deter	mination of your disability, when you want this power to first take effect.)
7. This power of attorney shall terminate on	
(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 TH THE FOLLOWING PARAGRAPH.)	E NAME(S) AND ADDRESS(ES) OF SUCH SUCCESSOR(S) IN
8. If any agent named by rue thall die, become incompetent, resign	n or refuse to accept the office of agent, I name the following (each
to act alone and successively, in the order named) as successor(s) to such agent:
For purposes of this paragraph 8, a person shall be considered to be incompetent or disabled person or the person is mable to give propa a licensed physician.	be incompetent if and while the person is a minor or an adjudicated mpt and intelligent consideration to business matters, as certified by
ONE SHOULD BE APPOINTED, YOU MAY, BUT ARE NOT	F YOUR ESTATE, IN THE EVENT A COURT DECIDES THAT REQUIRED TO, DO SO BY RETAINING THE FOLLOWING IF THE COURT FINDS THAT SUCH APPOINTMENT WILL OUT PARAGRAPH 9 IF YOU DO NOT WANT YOUR AGENT
9. If a guardian of my estate (my property) is to be appointed, guardian, to serve without bond or security.	I no minate the agent acting under this power of attorney as such
10. I am fully informed as to all the contents of this form and under	rstand the full import of this grant of powers to my agent.
Michelle D. Knot	
(YOU MAY, BUT ARE NOT REQUIRED TO, REQUEST SPECIMEN SIGNATURES BELOW. IF YOU INCLUDE SPECIMUST COMPLETE THE CERTIFICATION OPPOSITE THE SI	YOUR AGENT AND SUCCESSOR AGENTS TO PROVIDE TIMEN SIGNATURES IN THIS POWER OF ATTORNEY, YOU GNATURES OF THE AGENTS.)
Specimen signatures of agent (and successors):	I certify that the signatures of my agent (and successors) are correct.
Agent	Principal
Successor Agent	Principal .
Successor Agent	Principal

(THIS POWER OF ATTORNEY WILL NOT BE EFFECTIVE UNLESS IT IS NOTARIZED AND SIGNED BY AT LEAST ONE ADDITIONAL WITNESS, USING THE FOLLOWING FORM.)

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STATE OF This	
) SS	
COUNTY OF Cook	
The undersigned, a notary public in and for the above county and known to me to be the same person whose name is subscribed as	s principal to the foregoing power of attorney, appeared before me and
the additional witness 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, and certified to the co	
	_
Dated: 8/2/12	11/2
Official Seal	Notary Public
Marshall T Knox	
Noten(STAL State of Illinois My Commission Expires 07/23/2014	My commission expires 7/23/14/Date
••••••••••••••••••••••••••••••••••••••	Date
The undersigned witness certifies that	
	, known to me to be the same person whose princy, appeared before me and the notary public and acknowledged
signing and delivering the instrument as we free and voluntary a	ct of the principal, for the uses and purposes therein set forth. I believe
him or her to be of sound mind and memory.	
Operation of the second	
Dated: 8-2-12	Theresa 5 mos
The state of the second of the	Witness
	RETURN TO:
(THE NAME AND ADDRESS OF THE PERSON PREPAR IN	IG THIS FORM SHOULD BE INSERTED IF THE AGENT WILL
HAVE POWER TO CONVEY ANY INTEREST IN REAL EST	/TE.)
- Alvin A	
This document was prepared by: Wichelle D.	Knex.
<u>3537 w 75</u>	1. Pl. Chgo, IL. 60652
The remainment of the simulation of the 1999 of the	
the requirement of the signature of an additional witness impose instruments executed on or after the effective date of June 9, 200	d by the amendatory Act of the 91st General Assembly applies only to
The state of the s	7 (2.12.00 / 201)

See Attached legal Discription

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ATTORNEYS' TITLE GUARANTY FUND, INC.

LEGAL DESCRIPTION

Legal Description:

LOT 13 IN BLOCK 2 IN THOMAS M. READE'S WEST 79TH STREET HIGHLANDS OF THE WEST 1/2 OF THE WEST 1/2 OF THE SOUTH EAST 1/4 (EXCEPT THAT PART TAKEN FOR 79TH STREET0 OF SECTION 26, TOWNSHIP 38 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Derivor Cook County Clerk's Office

Permanent Index Number:

Property ID: 19-26-401-011

Property Address:

3537 W. 75th Place Chicago, IL 60652