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Doc#: 1228657468 Fee: \$68.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 10/12/2012 09:46 AM Pg: 1 of 4

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Prepared by: Michael J. O'Sullivan
Mail to: Michael J. O'Sullivan
7531 N. 170th Pl.
Tinley Park, IL
60477

Limited Power of Attorney

KNOW ALL MEN BY THESE PRESENTS THAT I, Charmaine L. O'Sullivan have made, constituted, and appointed and BY THESE PRESENTS do make, constitute, and Appoint Michael J. O'Sullivan and lawful AGENT for me and in my name, place and stead to transact all business, and make, execute, acknowledge, and deliver all contracts, deeds, notes, trust deeds, mortgages, assignments of rents, waivers of homestead rights, affidavits, bills of sale, and other instruments and to endorse and negotiate checks and bills of exchange requisite or proper to effectuate the the premises described as follows:

MILLENNIUM TITLE GROUP LLC
ORDER NUMBER 12-6997FA

LOT 183 IN GALLAGHER AND HENRY'S FAIRMONT VILLAGE UNIT 4A, BEING A SUBDIVISION OF PART OF THE NORTH 1/2 OF SECTION 25, TOWNSHIP 36 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED DECEMBER 10, 1977 AS DOCUMENT 97929012 AND CERTIFICATE OF CORRECTION RECORDED AS DOCUMENT 98074589, IN COOK COUNTY, ILLINOIS

PROPERTY: 7531 170TH Place Tinley Park IL 60477

P.I.N. 27-25-226-006-0000

All as effectual in all respects as I could do personally, giving and granting unto him, the said AGENT, full power and authority to do and perform all and every act and thing whatsoever, requisite and necessary to be done in and about the premises, as fully, to all intents and purposes, as I might of could do if personally present at the doing

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thereof, with full power of substitution and revocation, hereby ratifying and confirming all that he, the said AGENT, shall lawfully do or cause to be done by virtue hereof.

DATED this 9-13-12

Charmaine L O'Sullivan

Effective date 09/10/12

Expiration date 09/31/12

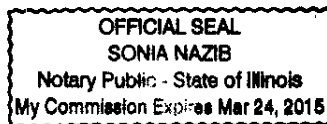
STATE OF Illinois
COUNTY OF Cook) SS.

I, the undersigned, a Notary Public in and for the said County in the State aforesaid, DO HEREBY CERTIFY that Charmaine L O'Sullivan who is personally known to me to be the same person whose name is subscribes to the foregoing instrument, appeared before me this day in person and acknowledged that she signed, sealed. And delivered the said instrument as her free and voluntary act, for the uses and purposes therein set forth.

Given under my hand and official seal, this 13th day of September

2012

Sonia Nazib
Notary Public
My commission expires 03-24-2015



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The undersigned witness certifies that Charmaine L O'Sullivan, 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 acknowledge 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. The undersigned witness also certifies that the witness is no: (a) the attending physician or mental health service provider of 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; or (d) an agent or successor agent under the foregoing power of attorney

Dated: 9-13-12

Witness: Betty J. Lielios

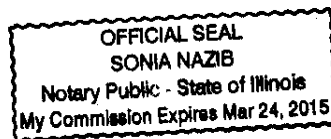
State of Illinois)
 County of Cook) SS.

The undersigned, a notary public in and for the above county and state, certifies that CHARMAINE L O'SULLIVAN, 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 witness BETTY J. LIELIOS 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 correctness of the signature(s) of the agent(s).

Dated: 09-13-12

Notary Public: Sonia Nazib

My commission expires 03-24-15



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AGENT'S CERTIFICATION AND ACCEPTANCE OF AUTHORITY

I, MICHAEL J. O'SULLIVAN certify that the attached is a true copy of a power of attorney naming the undersigned as agent or successor agent for CHARMAINE L. O'SULLIVAN

I certify that to the best of my knowledge the principal had the capacity to execute the power of attorney, is alive, and has not revoked the power of attorney; that my powers as agent have not been altered or terminated; and that the power of attorney remains in full force and effect.

I accept appointment as agent under this power of attorney.

This certification and acceptance is made under penalty of perjury. *

Dated: 09/14/2012

Michael J. O'Sullivan
Agent's Signature

MICHAEL J. O'SULLIVAN
Print Agent's Name

7531 W. 130th Pl., Tinley Park, IL 60477
Agent's Address

Agent's Address

*(Note: Perjury is defined in Section 32-2 of the Criminal Code of 1961, and is a Class 3 felony.)

(c) Any person dealing with an agent named in a copy of a document purporting to establish an agency may presume, in the absence of actual knowledge to the contrary, that the document purporting to establish that agency was validly executed, that the agency was validly established, that the named principal was competent at the time of execution, and that, at the time of reliance, the named principal is alive, the agency was validly established and has not terminated or been amended, the relevant powers of the named agent were properly and validly granted and have not terminated or been amended, and the acts of the named agent conform to the standards of this Act. No person relying on a copy of a document purporting to establish an agency shall be required to see to the application of any property delivered to or controlled by the named agent or to question the authority of the named agent.

(d) Each person to whom a direction by the named agent in accordance with the terms of the copy of the document purporting to establish an agency is communicated shall comply with that direction, and any person who fails to comply arbitrarily or without reasonable cause shall be subject to civil liability for any damages resulting from noncompliance. A health care provider who complies with Section 4-7 shall not be deemed to have acted arbitrarily or without reasonable cause.

(Source: P.A. 96-1195, eff. 7-1-11)

(Text of Section after amendment by P.A. 96-1195)

Sec. 2-8. Reliance on document purporting to establish an agency.

- (a) Any person who acts in good faith reliance on a copy of a document purporting to establish an agency will be fully protected and released to the same extent as though the reliant had dealt directly with the named principal as a fully-competent person. The named agent shall furnish an affidavit or Agent's Certification and Acceptance of Authority to the reliant on demand stating that the instrument relied on is a true copy of the agency and that, to the best of the named agent's knowledge, the named principal is alive and the relevant powers of the named agent have not been altered or terminated; but good faith reliance on a document purporting to establish an agency will protect the reliant without the affidavit of Agent's Certification and Acceptance of Authority.
- (b) Upon request, the named agent in a power of attorney shall furnish an Agent's Certification and Acceptance of Authority to the reliant in substantially the following form: