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Doc#: 1319750026 Fee: \$42.00
RHSP Fee:\$9.00 RPRF Fee: \$1.00
Karen A.Yarbrough
Cook County Recorder of Deeds
Date: 07/16/2013 08:05 AM Pg: 1 of 3

Power of Attorney

File # : **1310009 1 of 3**

Address: **3060 N. Avers Ave
Chicago, IL 60618**

Pin # : **13-26-109-032-0000**

Legal Description:

LOT 59 IN HAUSSENS SUBDIVISION OF LOTS 1 AND 2 OF THE SUBDIVISION OF LOT 6 AND PART OF LOT 7 OF DAVLIN, KELLY AND CARROLL'S SUBDIVISION OF THE NORTHWEST QUARTER OF SECTION 26, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

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Limited Power of Attorney

(with Durable Provision)

NOTICE: THIS IS AN IMPORTANT DOCUMENT. BEFORE SIGNING THIS DOCUMENT, YOU SHOULD KNOW THESE IMPORTANT FACTS. THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON WHOM 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. YOU MAY SPECIFY THAT THESE POWERS WILL EXIST EVEN AFTER YOU BECOME DISABLED, INCAPACITATED OR INCOMPETENT. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL OR OTHER HEALTH CARE DECISIONS FOR YOU. IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

TO ALL PERSONS, be it known, that I, Renata Wardach,
of 3005 N. Hamlin Chicago IL 60618,
as Principal, do hereby make and grant a limited and specific power of attorney to Conrad Skiba
of Law Office of Conrad Skiba, 6020 W Higgins, Chicago IL 60631
and appoint and constitute said individual as my attorney-in-fact.

My named attorney-in-fact shall have full power and authority to undertake, commit and perform only the following acts on my behalf to the same extent as if I had done so personally; all with full power of substitution and revocation in the presence:
(Describe specific authority) Sale of real property located at
3066 N Avers, Chicago IL 60618

The authority granted shall include such incidental acts as are reasonably required or necessary to carry out and perform the specific authorities and duties stated or contemplated herein.

My attorney-in-fact agrees to accept this appointment subject to its terms, and agrees to act and perform in said fiduciary capacity consistent with my best interests as my attorney-in-fact deems advisable, and thereupon ratify all acts so carried out.

I agree to reimburse my attorney-in-fact all reasonable costs and expenses incurred in the fulfillment of the duties and responsibilities enumerated herein.

Special durable provisions:

This power of attorney shall not be affected by subsequent incapacity of the Principal. This power of attorney may be revoked by the Principal giving written notice of revocation to the attorney-in-fact, provided that any party relying in good faith upon this power of attorney shall be protected unless and until said party has either a) actual or constructive notice of revocation, or b) upon recording of said revocation in the public records where the Principal resides. Furthermore, upon a finding of incompetence by a court of appropriate jurisdiction, this Power of Attorney shall be irrevocable until such a time as said court determines that I am no longer incompetent.

Other terms: _____

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Signed under seal this 3rd day of June, 2013.
Signed in the presence of:

Witness: _____

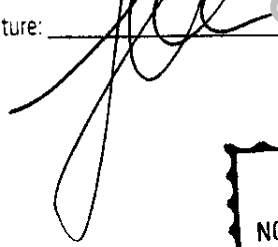
Principal: Renata Wardach

Witness: _____

State of Illinois
County of Cook }

On June 3, 2013 before me, Mieczyslaw Skiba
appeared Renata Wardach

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument, and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.
WITNESS my hand and official seal:

Signature: _____


Affiant Known Produced ID
Type of ID _____
(Seal)

