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Doc#: 1323846021 Fee: \$68.00
RHSP Fee:\$9.00 RPRF Fee: \$1.00
Karen A.Yarbrough
Cook County Recorder of Deeds
Date: 08/26/2013 10:00 AM Pg: 1 of 4

FIDELITY NATIONAL TITLE 5/10/13 7/1

POWER OF ATTORNEY

RE: 4914 N WINCHESTER AVENUE

CHICAGO IL 60640

PREPARED BY AND AFTER RECORDING RETURN TO:

SHARON MYLREA

4914 N WINCHESTER AVE

CHICAGO, IL 60640

Property of Cook County Clerk's Office

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Statutory Power of Attorney

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. THE POWERS WILL EXIST EVEN AFTER YOU BECOME DISABLED, INCAPACITATED OR INCOMPETENT UNLESS YOU STRIKE THAT PROVISION. THE POWERS THAT YOU GIVE YOUR AGENT ARE EXPLAINED MORE FULLY IN SECTION 243.10 OF THE WISCONSIN STATUTES. 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.

I, Marian A. Mylrea Bonita Beach
of 2424 N Federal Hwy # 315, County of Palmer Beach, State of FL
appoint Sharon A. Mylrea
of 2789 Fitchburg St. Madison, County of Dane, State of WI
as my agent to act for me in any lawful way with respect to the powers initialed below. If the person or persons appointed are unable or unwilling to act as my agent, I appoint N/A
of 0, County of 0, State of 0

TO GRANT ONE OR MORE OF THE FOLLOWING POWERS,
INITIAL THE LINE IN FRONT OF EACH POWER YOU ARE GRANTING.
TO WITHHOLD A POWER, DO NOT INITIAL THE LINE IN FRONT OF IT.
YOU MAY, BUT NEED NOT CROSS OUT EACH POWER WITHHELD.

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| <u>mam</u> (1) Real property transactions | <u>mam</u> (8) Estate, trust, and other beneficiary transactions. |
| <u> </u> 2. Tangible personal property transactions. | <u> </u> 9. Claims and litigation. |
| <u> </u> 3. Stock and bond transactions. | <u> </u> 10. Personal and family maintenance. |
| <u>mam</u> (4) Commodity and option transactions. | <u> </u> 11. Benefits from social security, Medicare, Medicaid or other governmental programs, or military service. |
| <u>mam</u> (5) Banking and other financial institution transactions. | <u>mam</u> (12) Retirement plan transactions. |
| <u>mam</u> (6) Business operating transactions. | <u>mam</u> (13) Tax matters. |
| <u>mam</u> (7) Insurance and annuity transactions. | |

SPECIAL INSTRUCTIONS:

ON THE FOLLOWING LINE(S) YOU MAY GIVE SPECIAL INSTRUCTIONS LIMITING OR EXTENDING THE POWERS GRANTED TO YOUR AGENT. I Give permission to Sharon A. Mylrea to sign on my behalf for the refinancing of 4914 N. Winchester Ave Chicago, IL.

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This power of attorney will become effective immediately.

I agree that any third party who receives a copy of this document may act under it. Revocation of the power of attorney is not effective as to a third party until the third party learns of the revocation. I agree to reimburse the third party for any loss resulting from claims that arise against the third party because of reliance on this power of attorney.

THIS POWER OF ATTORNEY SHALL NOT BE AFFECTED BY SUBSEQUENT DISABILITY, INCAPACITY OR INCOMPETENCY OF THE PRINCIPAL.

This will certify that a true and correct signature of my agent hereinabove appointed is as follows to-wit:

Sharon A. Mylrea
Sharon A. Mylrea (Signature of Agent in Fact)

(Signature of Alternate Agent in Fact)

In Witness Whereof, I have hereto set my hand and seal this 8 day of August

IN PRESENCE OF

[Signature]

Signed this 8th day of August, 2013

Marion A. Mylrea
Marion A. Mylrea (Signature of Principal) ✓

State of Wisconsin,
Dane County.

This document was acknowledged before me this 8th day of August

by _____ (Name of Principal).

[Signature]

(Signature of Notary Officer)

Notary

(Title)

My commission: 9-26-16

BY ACCEPTING OR ACTING UNDER THE APPOINTMENT, THE AGENT ASSUMES THE FIDUCIARY AND OTHER LEGAL RESPONSIBILITIES OF AN AGENT.

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FIDELITY NATIONAL TITLE INSURANCE COMPANY

9031 W. 151ST ST, SUITE 110, ORLAND PARK, ILLINOIS 60462

PHONE: (708) 873-5200

FAX: (708) 873-5206

ORDER NUMBER: 2011 051011571 UCH
STREET ADDRESS: 4914 N. WINCHESTER AVENUE

CITY: CHICAGO
TAX NUMBER: 14-07-416-026-0000

COUNTY: COOK

LEGAL DESCRIPTION:

LOT 14 IN BLOCK 3 IN NORTH RAVENSWOOD, BEING A SUBDIVISION OF THE SOUTHWEST QUARTER OF THE SOUTHEAST QUARTER OF SECTION 7, TOWNSHIP 40 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN (EXCEPT CHICAGO AND NORTHWESTERN RAILROAD RIGHT OF WAY) IN COOK COUNTY, ILLINOIS.

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