30250301485

UNOFFICIAL COPY



ATTORNEYS' TITLE **GUARANTY** FUND. INC.

Illinois Offices:

CHAMPAIGN | CHICAGO ARLINGTON HEIGHTS | BELLEVILLE FRANKPORT | GURNEE | LLIBERTYVILLE LOMBARD | OAK LAWN | SKOKIE | WHEATON 800 252 0402

√is onsin Office: **PAUKESTA** .00 -24 8989



Doc#: 1326733113 Fee: \$42.00 RHSP Fee: \$9.00 RPRF Fee: \$1.00

Karen A.Yarbrough

Cook County Recorder of Deeds

Date: 09/24/2013 02:57 PM Pg: 1 of 3

LIMITED POWER OF ATTORNEY

| KNOW ALL MEN BY THESE PRESENT THAT I, Rosalind M. | Lee | | , | | | |
|---|--|--------------------------|---------------------------------------|--|--|--|
| of 8051 N. KENNETH ALTUVE. SKO | Name of Princi | | e, constituted, | | | |
| Address | ity State | Zip | | | | |
| and appointed and by these presents do make, constitute, and appoint Kristan Richards | | | · · · · · · · · · · · · · · · · · · · | | | |
| Name of Agent true and lawful attorney 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 rent, waivers of homestead rights, affidavits, bills of sale, settlement statements, 1099s, and other tax-related documents and other instruments, and to endorse and negotiate checks and bills of exchange requisite or proper to effectuate the sale or purchase of the premises, the legal description of which is set forth below or attached hereto and made a part hereof, and further described as follows: | | | | | | |
| Property Address: 6418 North Paulina Street | , Chicago | , Illinois | 60626 | | | |
| Address | City | State | Zip | | | |
| PIN: 11-31-419-026-0000 | (/ | | | | | |
| all as effectually in respects as I could do personally, giving and granting unto the said Attorney 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 or could do if personally present at the doing thereof, with full power of substitution and revocation, hereby ratifying and confirming all that the said Attorney or the substitute shall lawfully do or cause to be done by virtue hereof. | | | | | | |
| Dated this 2/St day of AUGUST, 2013. Day Month Year | Rosuli | in M. Lea | | | | |
| STATE OF | Signa | ture of Pulse 198 | S_ SC | | | |
| The undersigned, a notary public in and for the above county and state, certifies that Localinal Name of Principal | | | | | | |
| 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 Edwih Les Name of Witness | in person and ack | nowledged signing and | delivering the | | | |
| Name of Witness instrument as the free and voluntary act of the principal, for the uses and purposes therein set forth | | | | | | |
| | | 1-1-1- | | | | |
| Dated: 08-21-2013 | June 5 | 49 | | | | |
| (SEAL) "OFFICIAL SEAL" VINOD K. SINGLA NOTARY PUBLIC, STATE OF ILLINOIS MY COMMISSION EXPIRES 06-24-2015 | My commission expires Attorneys' Title G 1 S. Wacker Dr., S Chicago, IL 60606 | TE 2400 5-4650 | | | | |
| | Attn:Search Depar | Tatent | | | | |

UNOFFICIAL COPY

| ž. | WITN | ESS | |
|--|---------------------------------------|---------------------------|--|
| The undersigned witness certifies that | ROSALIND 1 | M. LEE | , known to me to be the same |
| person whose name is subscribed as princi acknowledged signing and delivering the ins forth. I believe him or her to be of sound min | trument as the free and | voluntary act of the prin | cipal, for the uses and purposes therein set |
| a. the attending physician or mental h | ealth service provider or | a relative of the physici | an or provider; |
| b. an owner, operator, or relative of ar | owner or operator of a | health care facility in w | hich the principal is a patient or resident; |
| | | | nt of either the principal or any agent or by blood, marriage, or adoption; or |
| d. an agent or successor agent under the | ne foregoing power of at | torney. | |
| Dated: Aug. 20, 2013 | | Edwi | JE E Witness |
| STATE OF 1 | | | |
| COUNTY OF COAL | | | |
| I, the undersigned, a Notary Public in and fo | r said County in the Stat | e aforesaid, do hereby o | ertify that |
| Edwir Les | Ox | - | onally known to me to be the same person |
| Name of wi | tness | - | • |
| whose name is subscribed to the foregoing in signed, sealed, and delivered the said instrun | | | |
| Given under my hand this 21 day of Day "OF VINC | 1 94 | 3 Year U | SC Ggle |
| This instrument prepared by: | · · · · · · · · · · · · · · · · · · · | | |
| Kristan Richards, Attorney at Law | | | |
| 2224 West Irving Park Road | | | |
| Chicago, IL 60618 | | | 4, |
| Mail to: Kristan Richards, Attorney at Law, 2224 V 60618 | V. Irving Park Road, Cl | nicago, IL | OFFICO |
| | | | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |

Note: Non-statutory property powers must: (i) be executed by the principal; (ii) designate the agent and the agent's powers; (iii) be signed by at least one witness to the principal's signature; and (iv) indicate that the principal has acknowledged his or her signature before a notary public. (755 ILCS 45/3-3)



Legal Description of premises:

LEGAL DESCRIPTION RIDER

Permanent Index Nuc. berz Property ID: 11-31-419-626-0200

Property Address:

6418 North Paulina Street Chicago, IL 60626

Legal Description:

THE SOUTH 6 FEET OF LOT 21 AND ALL OF LOT, 22 IN SUBDIVISION OF LOTS 42 TO 51 AND 58 TO 68 (EXCEPT THE NORTH 25 FEET OF LOTS 46, 47, 62, 63 AMD 29) ALL WHICH ARE IN SCHREIBER'S SUBDIVISION OF THAT PART OF LOTS 2, 3, 4 AND 5 IN CIRCUIT COURT PARTITION OF THE SOUTH 1/2 OF THE SOUTH 1/2 OF THE SOUTH 1/2 OF THE SOUTH 1/2 OF THE SOUTH EAST 1/4 OF SECTION 31, TOWNSHIP 41 NORTH RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, LYING BETWEEN CHICAGO AND NORTHWESTERN RALER AD RIGHT OF WAY AND CLARK STREET IN COOK COUNTY, ILLINOIS.