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Doc#: 1328126055 Fee: \$40.00
RHSP Fee: \$9.00 RPRF Fee: \$1.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 10/08/2013 11:56 AM Pg: 1 of 2

LIMITED POWER OF ATTORNEY

C.T.I./W
STSI44130
201347503

I, **Nicole Huels**, of Oak Park, Illinois hereby appoint **Jason Schram**, as my attorney-in-fact, my agent, to act for me, in my name, in any way I could act in person, specifically in all respects requisite or proper to effectuate the Purchase of the premises located in the County of Cook, State of Illinois, described as follows:

LOT 19 IN BLOCK 5 IN RIDGELAND, A SUBDIVISION OF THE EAST 1/2 OF THE EAST 1/2 OF SECTION 7 AND THE NORTHWEST 1/4 AND THE WEST 1/2 OF THE WEST 1/2 OF THE SW4 OF SECTION 8, TOWNSHIP 39 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index Number: 16-08-101-016-0000
Property Address: 423 North Harvey Avenue Oak Park, Illinois 60302

including, but not limited to, making, exacting, acknowledging and delivering or accepting all deeds, notes, mortgages, affidavits, and other instruments, including specifically a note, and mortgage creating a lien on the premises to secure such note, and endorsing and negotiating checks and bills of exchange, to waive all rights and benefits of the undersigned under and by virtue of the Homestead Exemption Laws and I hereby ratify and confirm all such acts of my agent.

This power of attorney shall remain in effect until September 30, 2013, unless sooner revoked by me in writing delivered to my agent.

Dated: Sept 6, 2013

Nicole Huels

The undersigned witness certifies that **NICOLE HUELS**, 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 acknowledged signing and delivering the instrument as the free and voluntary act of the principal, for the uses and purposes therein set forth. I believe her to be of sound mind and memory. The undersigned witness also certifies that the witness is not: (a) the attending physician or mental health service provider or 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 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: Sept. 6 2013

Witness:

SU
P
S
SCU
INT

BOX 333-CT

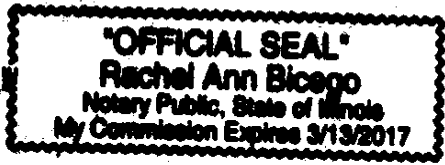
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STATE OF ILLINOIS }
COUNTY OF COOK } ss.

I, the undersigned, a Notary Public in and for said County, in the State aforesaid, DO HEREBY CERTIFY that NICOLE HUELS, personally known to me to be the same person whose name is subscribed 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 Notarial seal this 6th day of Sept, 2013.

Rachel Ann Bicego
Notary Public



Property of Cook County Clerk's Office