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Doc#: 1425829010 Fee: \$42.00 RHSP Fee: \$9.00 RPRF Fee: \$1.00

Karen A. Yarbrough

Cook County Recorder of Deeds Date: 09/15/2014 10:23 AM Pg: 1 of 3

LIMITED POWER OF ATTORNEY

O <sub>A</sub>					
KNOW ALL MEN BY THESE PRESENT THAT I,		Brian Toolan		,	
~ / ·	01	Name of Principal		ata a a d	
of 1528 Harrison Ave , La Gran	se lark,	1L 60576	, have mad	e, constituted,	
Address	City	State Zip	1		
and appointed and by these presents do make, constitute, and appoint	ıt	Dennis M. To		,	
	44 all laugin	Name of Age		a and deliver	
true and lawful attorney for me and in my name, place, and stead to	transact all busin	less and make, execu	avita billa of a	do sattlement	
all contracts, deeds, notes, trust deeds, mortgages, assig in mis of rent, waivers of homestead rights, affidavits, bills of sale, settlement					
statements, 1099s, and other tax-related documents and or requisite or proper to effectuate the sale or purchase of the promises, the legal description of which is set forth below or attached					
requisite or proper to effectuate the sale or purchase of the prime	ses, the legal de	scription of which is	set form belo	w or attached	
hereto and made a part hereof, and further described as follows.					
Property Address: 335 Franklin Avenue		River Forest .	Illinois	60305	
Address	<del>-</del> <del>-</del> <del>-</del>	City	State	Zip	
PIN: 15-12-304-004-0000	1/%	,			
all as effectually in respects as I could do personally, giving and g	ranting unto the	caid Attorney full po	ower and autho	rity to do and	
perform all and every act and thing whatsoever, requisite and neces	essary to be done	in and about the pre	emises, as fully	, to all intents	
and purposes, as I might or could do if personally present at the do	ing thereof, with	10'l power of substit	tution and revo	cation, hereby	
ratifying and confirming all that the said Attorney or the substitute s	hall lawfully do	or cause to be done b	y virtue hereof.		
4 m A 1		1			
Dated this $\frac{22}{\text{Day}}$ day of $\frac{\text{Agust}}{\text{Month}}$ , $\frac{2014}{\text{Year}}$ .		2) '(2)			
Day / Month Year	D A				
	L. 16		<del></del>		
		Signature of r	ir apal		
STATE OF Illinois		•	10		
SS			0		
COUNTY OF Cook					
The undersigned, a notary public in and for the above county and st	ate, certifies that		ian Toolan	,	
Name of Principal					
known to me to be the same person whose name is subscribed as pr	incipal to the for	egoing power of attor	rney, appeared	before me and	
the witness RAMINTA RUZENCEUS	in ne	erson and acknowledg	red signing and	delivering the	
Name of Witness	iii pe	Ason and deknowiedg	sou signing und	denvering inc	
instrument as the free and voluntary act of the principal, for the use	s and purposes th	erein set forth			
A had a series	کر کر	20	<i>*</i>		
Dated: Unput 30, 3014	(i	Notary Pu	wille		
		Notary Pu	blic		
(SEAL) OFFICIAL SEAL		0	$\mathcal{O}$		
● Notary Public - State of Illinois P	My commission	on expires			
My Commission Expires December 19, 2016	,				
	1 W	ing the second of the second o	F.C	OF IN. ALL DEATES	
ATG FORM 4141 © ATG (REV. 2/13)	in the second		FOR	JSE IN: ALL STATES Page 1 of 3	

1425829010 Page: 2 of 3

## Legal Description of premises: UNOFFICIAL COPY

Permanent Index Number(s): 15-12-304-004-0000

Property Address: 335 Franklin Avenue, River Forest, IL 60305

Lot 5 in Block 2 in E.S. Conway's Resubdivision of Ranson's Subdivision of the West half of the East half of the Southwest quarter of Section 12, Township 39 North, Range 12 East of the Third Principal Meridian in Cook County, Illinois.

Property of Cook County Clark's Office

1425829010 Page: 3 of 3

UNC	FFICIAL C	OPY
he undersigned witness certifies that	Brian Toolan Name of Principal	, known to me to be the same
person whose name is subscribed as principal to scknowledged signing and delivering the instruction. I believe him or her to be of sound mind	to the foregoing power of attorney, appument as the free and voluntary act of	the principal, for the uses and purposes therein set
a. the attending physician or mental hea	lth service provider or a relative of the	physician or provider;
b. an owner, operator, or relative of an o	owner or operator of a health care facili	ity in which the principal is a patient or resident;
c a parent, sibling, descendant, or any s	spouse of such parent, sibling, or desce	endant of either the principal or any agent or onship is by blood, marriage, or adoption; or
d. an agent or successor agent under the	foregoing power of attorney.	1
Dated: August 22, 2	1014 x Roue	in Obyencer Witness
STATE OF Illinois	ì	V
STATE OF Indiois	> ss	
COUNTY OF Cook		
, the undersigned a Notary Public in red for	said County in the State aforesaid, do l	hereby certify that
RAMINTA B	NZENCEVS	is personally known to me to be the same person
Name of with	ess	
whose name is subscribed to the foregoing insigned, sealed, and delivered the said instrume	strument as witness, appeared before ment as l is/ier free and voluntary act, fo	ne this day in person and acknowledged that he/she or the uses and purposes therein set forth.
Given under my hand thisday of _	Month Year R	
E. BRYAN (3 OFFICIAL Notary Public - 8 My Commission December 9	My commissio	Notary Pablic on expires:
This instrument prepared by:	3	
E. Bryan Dunigan		./_
221 N. LaSalle, Suite 1454		
Chicago, III. 60601		4
Mail to:		
E. Bryan Dunigan		$O_{x_{-}}$
221 N. LaSalle, Suite 1454	Add to the second secon	17:
Chicago, Ill. 60601		'Co

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)