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

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Doc#: 1531312041 Fee: \$42.00 RHSP Fee: \$9.00 RPRF Fee: \$1.00

Karen A. Yarbrough

Cook County Recorder of Deeds Date: 11/09/2015 02:16 PM Pg: 1 of 3

LIMITED POWER OF ATTORNEY

KNOW ALL	MEN BY THESE PRE	SERI IHALI,	HEATHER DEVRIES		,	
		0.5		f Principal		
of 127 Aca	cia Cir., Unit 502	, Indian H			, have made, constituted,	
	Address		City State	Zip		
and appointed and by these presents do make, constitute, and appoint Mark L. DeVries			<u>; </u>			
	ue and lawful attorney for me and in my name, place, and stead to transact all b			Name of Agent		
		ls, mortgages, assignments of				
		ated documents and other in				
		sale or purchase of the pre	imses, the legal description	n of which is set	forth below or attached	
hereto and ma	ade a part hereof, and fo	urther described as follows:				
Property Add	ress: 415 Seward Stre	eet	, Park Forest	, Illin	ois 60466	
		Address	City	,	State Zip	
PIN: 31-24-30	05-019-0000					
all as effectus	ally in respects as Loo	uld do personally, giving and	l granting unto the said Ati	torney full nower	r and authority to do and	
		whatsoever, requisite and ne				
		o if personally present at the				
		said Attorney or the substitut				
, ,	-		-	teroe bile by vii	tue noteot.	
Dated this 2	-OFC day of Och	Month Year			., . S_	
Dated this	Day	Month Year	*		, . U _	
	•		ilan		Grees P.	
				Signature of Principa		
STATE OF I	llinois]			S.	
		>ss	•		80	
COUNTY OF	F Cook				O.C.	
					· IN	
The undersign	ned, a notary public in	and for the above county and	state, certifies that	Heather DeVri	es ,	
lenarum ta ma	to be the some negan	whose name is subscribed as	principal to the foregoing	Name of	•	
Known to me	to be the same person	whose name is subscribed as		•	• •	
the witness _			in person and	d acknowledged s	signing and delivering the	
		Name of Witness		C-4)	
		act of the principal, for the u	ses and purposes merein sei	Librui '		
Dated:	October 20	# 2015.	// //.	\		
Dated	OC (O),jes			Notary Public		
	A (CEFAI)	1)	
	Authory's Ynie C	Gueranty Fund, Inc.	My commission expire	700	17,2016.	
		STEP 2 TOP	my commission expire			
	Car agos, High a	•				
ATG FORM 4141 © ATG (REV. 2/13)	Attaiffearch Depa	e de tratago de la companya della companya della companya de la companya della co			FOR USE IN: ALL STATES Page 1 of 3	
J 111 (114 1 2 10)	Commendation 126/19	runent			· • • • • • • • • • • • • • • • • • • •	

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W	ITNESS	
The undersigned witness certifies that Heather	De Vrie 5 Name of Principal	, known to me to be the same
person whose name is subscribed as principal to the foregoing po acknowledged signing and delivering the instrument as the free a forth. I believe him or her to be of sound mind and memory. The	ower of attorney, appeared be and voluntary act of the princi	pal, for the uses and purposes therein set
a. the attending physician or mental health service provide	er or a relative of the physician	n or provider;
b. an owner, operator, or relative of an owner or operator	of a health care facility in whi	ch the principal is a patient or resident;
 a parent, sibling, descendant, or any spouse of such pare successor agent under the foregoing power of attorney, 		
d. an agent or successor agent under the foregoing power	of attorney.	
Dated: October 20, 2015.	Knigh	Witness
STATE OF Illinois	S	
COUNTY OF Cook		
I, the undersigned, a Notary Public in and for said County in the	State aforesaid, do hereby cer	tify that
Krystina Ramerel Name of witness	is person	ally known to me to be the same person
whose name is subscribed to the foregoing instrument as will less signed, sealed, and delivered the said instrument as his/her re-se	and voluntary act, for the uses	
Given under my hand this 20th day of 0c tobs Month	Year My commission expires:	Notary Public OCT. 17, 2016.
This instrument prepared by:		
E. Bryan Dunigan		OFFICIAL SEAL
221 N. LaSalle, Suite 1454		Lidis M. VELAZQUEZ
Chicago, Ill. 60601		ARY PUBLIC - STATE OF ILLINOIS COMMISSION EXP. OCT. 17, 2016
Mail to:	ban	
E. Bryan Dunigan		·/C_
221 N. LaSalle, Suite 1454	· · · · · · · · · · · · · · · · · · ·	
Chicago, III, 60601		

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)

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Legal Description of premises:

Lot 3, except the West 12 feet thereof, and the West 24 feet of Lot 4 in Block 35 in Lincolnwood Center, being a Subdivision of part of the Southeast Quarter and part of the Southwest Quarter of Section 24, Township 35 North, Range 13, East of the Third Principal Meridian, according to the Plat thereof recorded June 26, 1958 as Document No. 17245364 and filed in the Office of the Registrar of Titles as Document LR 1803326 in Cook County, Illinois.

Property: 415 Seward Street, Park Forest, IL 60466 Stopenty of Cook County Clerk's Office

Pin #31-24-305-019-0000