

LIMITED POWER OF ATTORNEY

UNOFFICIAL COPY



Doc# 2030315007 Fee \$88.00

RHSP FEE:\$9.00 RPRF FEE: \$1.00

EDWARD M. MOODY

COOK COUNTY RECORDER OF DEEDS

DATE: 10/29/2020 09:04 AM PG: 1 OF 2

3 of 4 2027048

AFTER RECORDING, MAIL TO:

SATURN TITLE, LLC
1030 W. HIGGINS RD.
SUITE 365
PARK RIDGE, IL 60068

I, Amala George, of Mount Prospect, Illinois, hereby appoint Joseph Kariampuzha Joseph 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, legally described as follows:

LOT 134 IN CUMBERLAND ESTATES, BEING A SUBDIVISION IN THE NORTH EAST 1/4 OF SECTION 7 AND THE WEST 1/2 OF SECTION 8, TOWNSHIP 41 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

Permanent Index Number: 09-07-227-020-0000

Property Address: 704 Berkshire Ct, Des Plaines, IL 60016

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 November 27, 2020, unless sooner revoked by me in writing delivered to my agent.

Dated: 10/15 / 2020

Amala

Amala George

The undersigned witness certifies that Amala George, 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 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: 10/15 / 2020

Witness: [Signature]

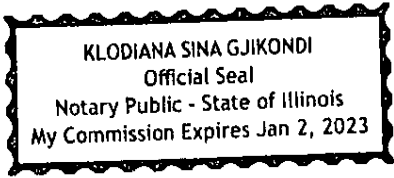
STATE OF ILLINOIS } ss.
COUNTY OF COOK }

I, the undersigned, a Notary Public in and for said County, in the State aforesaid, DO HEREBY CERTIFY that Amala George, 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 25th day of October, 2020.

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Klodiana Sina Gjirkoni
Notary Public



Property of Cook County Clerk's Office