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C.T.I./CY 2110w1143986S __2914_KG- Doc#. 2115906149 Fee: \$98.00

Karen A. Yarbrough Cook County Clerk

Date: 06/08/2021 09:10 AM Pg: 1 of 4

File No.: 21NV//143986CS

(Grantor)

Margiverite Rydman

and

Power of Attempty

(Grantee)

Michael J. Munsell and Elizabeth G.S. Munsell

This page is added to provide ad equate space for recording information and microfilming.

Do not remove this page as it is now part of the document.

PREPARE BY AND METURN THIS DOCUMENT TO:

Michael J. Muns III and Elizabeth G.S. Munsell 713 S Spring Ave La Grange, IL 60525

Chicago Title and Trust Company
6432 Joliet Road, Suite A
Countryside, IL 60525

Recording Cover Sheet ILD0100.doc / Updated: 03.12.13

Printed: 05.21.21 @ 11:35 AM by IL-CT-FWET-01080:225408-21NW7143986CS

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LIMITED POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENT THAT I:

Elizabeth G. S. Munsell

(Name of Principal)

of:

49 Gorham Ave., Brookline, MA 02445 (Address, City, State, ZIP)

have made, constituted,

and appointed and by these presents do make, constitute, and appoint:

Daniel Chase Gentile Name of Agent

true and lawful attorn by for me and in my name, place, and stead to transact all business and make, execute, acknowledge, and deliver all contracts, deeds, note, trust deeds, mortgages, assignments of rent, waivers of homestead rights, affidavits, bills of sale, settlement statements, 1099s, and other are related documents and other instruments, and to endorse and negotiate checks and bills of exchange requisite or proper to effectuate the cule or purchase of the premises, the legal description of which is set forth below or attached hereto and made a part hereof, and further discribed as follows:

Property Address:

713 S Syring Ave., La Grange, IL 60525 (/.udress, City, State, ZIP)

PIN: 18-09-119-004-0000

ail as effectually in respects as I could do personally pixing and granting unto the said Attorney full power and authority to do and perform all and every act and thing whatsoever, requisite and accessary 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 or ing thereof, with full power of substitution and revocation, hereby ratifying and confirming all that the said Attorney or the substitute shall I wfu ly do or cause to be done by virtue hereof.

> I ffective Date: *Vernination Date:*

Friday, May 14, 2021 Friday, June 18, 2021

Signed this day of:

STATE OF Massachusetts

COUNTY OF Mafalk

SS

The undersigned, a notary public in and for the above county and state, certifies that:

Elizabeth G. S. Mounsell

(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 in person and acknowledged signing and delivering the instrument as the free and voluntary act of the principal, for the uses and purposes therein set forth.

(Notary Public)

My commission expires: Cuper 1 5 th 2027

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The undersigned witness certifies that:

Elizabeth G. S. Munsell (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 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 him or her to be of sound mind and memory. The undersigned witness also certifies that the witness is not:

- a. the attaching 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, s bit to descendant, or any spouse of such parent, sibling, or descendant of either the principal or any agent or successor agent render the foregoing power of attorney, whether such relationship is by blood, marriage, or adoption; or

an agent or successor agent under the foregoing power of attorney.

Dated: 05-13-21

I, the undersigned, a Notary Public in and for said County in the Saite aforesaid, do hereby certify that:

(Name of witness

is personally known to me to be the same person

signature et Witness)

whose name is subscribed to the foregoing instrument as witness, appeared before me this day in person and acknowledged that he/she signed, scaled, and delivered the said instrument as his/her free and volunte, y .ct, for the uses and purposes therein set forth.

(Notary Public)

My commission expires:

This document was prepared by:

Daniel Chase Gentile 1400 E. Touhy Ave., Suite 409 Des Plaines, IL 60018

After recording, mail to

Daniel Chase Gentile 1400 E. Touhy Ave., Suite 409 Des Plaines, IL 60018

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 the Premises:

LOT 117 IN SPRING GARDENS, A SUBDIVISION OF THE EAST 1/2 OF THE SEST 1/2 OF THE NORTHWEST 1/4 OF THE EAST 1/2 OF THDE NORTHWEST 1/4 OF THE SOUTHWEST 1/4 OF SECTION 9, TOWNSHIP 38 NORTH, RANGE 12, EAST OF TH THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED 1925 AS L
Address:
18-09-119-004-00000

Column Colu JUNE 19, 1925 AS DOCUMENT 8950766, IN COOK COUNTY, ILLINOIS.

Property Address:

PIN: