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Doc#: 2203421273 Fee: \$98.00
Karen A. Yarbrough
Cook County Clerk
Date: 02/03/2022 09:52 AM Pg: 1 of 2

LIMITED POWER OF ATTORNEY

CAMBRIDGE TITLE COMPANY
3100 Dundee Road, Suite 906
Northbrook, IL 60062

22509CL

I, **Agnieszka Wojtowicz**, of Mercer Island, Washington, hereby appoints **Przemyslaw Wojtowicz**, 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 20 IN SUNSET FIELDS UNIT NO. 7, BEING A SUBDIVISION IN THE NORTHWEST QUARTER OF SECTION 16, TOWNSHIP 42 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index Number: 04-16-104-023-0000

Property Address: 2542 Woodlawn Road, Northbrook, IL 60062

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 we hereby ratify and confirm all such acts of my agent.

This power of attorney shall remain in effect until February 28, 2022, unless sooner revoked by us in writing delivered to our agent.

Dated: 01/25, 2022

Agnieszka Wojtowicz
Agnieszka Wojtowicz

The undersigned witness certifies that **Agnieszka Wojtowicz**, 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 it 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: 01/25/22

Witness: Clofue

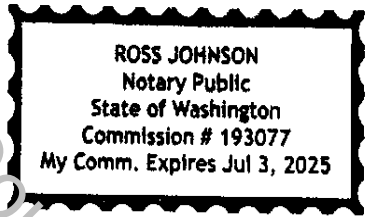
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STATE OF WASHINGTON } ss.
COUNTY OF KING }

I, the undersigned, a Notary Public in and for said County, in the State aforesaid, DO HEREBY CERTIFY that **Agnieszka Wojtowicz**, 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 January, 2022.

Ross Johnson
Notary Public



PROPERTY OF COOK COUNTY CLERK'S OFFICE