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Doc#: 2317228324 Fee: \$98.00
Karen A. Yarbrough
Cook County Clerk
Date: 06/21/2023 02:32 PM Pg: 1 of 2

20/13
FD 23-0362

LIMITED POWER OF ATTORNEY

I, **Maria Eck**, of McLean, VA, hereby appoint Victoria M. Ryan, as my attorney-in-fact, my agent, to act for me, in my names, 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 , State of Illinois, legally described as follows:

Lot 5 in Lorenz, Murphy and Jacobson Subdivision, being a subdivision of the South 153 feet of the East 440.0 feet of the North 450 feet of the South 1/4 of the Southeast 1/4 of Section 9, Township 42 North, Range 12, East of the Third principal Meridian (except the East 33.0 feet taken for Highway), according to Plat thereof registered in the office of the registrar of titles of Cook County, Illinois, as Document Number 234182.

Permanent Index Number: 04-09-412-025-0000
Property Address: 2028 Maple Avenue, 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 our agent.

This power of attorney shall remain in effect until 07-31-23, unless sooner revoked by us in writing delivered to our agent.

Dated: June 5, 2023

Maria Eck

Maria Eck

The undersigned witness certifies that **Maria Eck**, known to me to be the same persons whose names are subscribed as principals 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 principals, for the uses and purposes therein set forth. I believe them 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 principals are a patient or resident; (c) a parent, sibling, descendant, or any spouse of such parent, sibling, or descendant of the principals 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: 6/5/23

Witness: Rachel Carter

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STATE OF Virginia } ss.
COUNTY OF Fairfax }

I, the undersigned, a Notary Public in and for said County, in the State aforesaid, DO HEREBY CERTIFY that **MARIA ECK**, 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 they signed, sealed, and delivered the said instrument as their free and voluntary act, for the uses and purposes therein set forth.

Given under my hand and Notarial seal this 5 day of JUNE, 2023.

[Signature]
Notary Public



08/31/2027

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→ Mail to!