

Handwritten: 88407017

# UNOFFICIAL COPY

## SPECIFIC POWER OF ATTORNEY

88407017

KNOW ALL MEN BY THESE PRESENTS, That I, LENWOOD S. MC CLELLON of Cook County, State of ILLINOIS, have made, constituted and appointed, and do by these presents make, constitute and appoint NORMA MC CLELLON ATTORNEY-IN-FACT, for me and in my name, place, and stead, for the purpose of signing any and all Deeds, affidavits, Note(s), Deed(s) of Trust, Mortgages, settlement statements, HUD Forms, VA Forms, FHA Forms, and any and all other documents incidental and relating to the purchase and/or financing of the property known as:

LOTS 22, 23 AND THE EAST 1/2 OF LOT 24 IN BLOCK 1 IN KEEFE'S ADDITION TO LAVERGNE, A SUBDIVISION OF THE SOUTH 20 ACRES OF THE SOUTHWEST 1/4 OF THE SOUTHEAST 1/4 OF SECTION 30, TOWNSHIP 39 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PIN: 14-30-418-040  
039  
038

Vol. 6

DEPT-91 \$12.25  
T#1111 TRAN 5165 09/07/88 18:47:00  
#425 #A \*-88-407017  
COOK COUNTY RECORDER

also known as: 6611 W. 31ST STREET, BERWYN, ILLINOIS 60402

I FURTHER HEREBY make, constitute and appoint my aforesaid attorney-in-fact to sign, seal, and acknowledge and deliver the same, and do all such acts, matters and things in relation to the purchase and/or financing of my interests in said property located in BERWYN, ILLINOIS, as I might or could do if acting personally.

FURTHER, THIS POWER OF ATTORNEY shall remain in full force and effect until revoked, suspended or terminated by a document executed and acknowledged by me and recorded among the Land Records for COOK County, State of ILLINOIS. This Power of Attorney shall be binding on me, my heirs, successors, assigns, executors, administrators and personal representatives, and any person receiving this Power of Attorney shall be entitled to rely on the authority herein given until and unless a document expressly revoking the powers herein given is recorded among the aforesaid Land Records.

NOTWITHSTANDING anything herein contained to the contrary, this Power of Attorney shall not terminate or be affected or impaired by my disability, it being my express intention that this Power of Attorney shall survive my disability.

WITNESS the following signature and seal this 29th day of August 1988.

Lenwood S. McClellon (SEAL)  
LENWOOD S. MC CLELLON

STATE OF ILLINOIS

COUNTY OF COOK, to wit:

88407017

I, the undersigned Notary Public, in and for the County and State aforesaid, whose commission expires on the 2nd day of January, 1989, do hereby certify that Lenwood S. McClellon whose name is signed to the foregoing Specific Power of Attorney, has acknowledged the same before me in my jurisdiction aforesaid.

GIVEN under my hand this 29th day of August 1988



Lenwood McClellon  
125 ACACIA  
#307  
INDIAN HEAD PARK, IL  
60505

Richard J. Lawrence  
NOTARY PUBLIC

NOTARY PUBLIC STATE OF ILLINOIS  
MY COMMISSION EXP. JAN. 2, 1989  
ISSUED THRU ILL. NOTARY ASSOC.

Handwritten: 1225

88407017

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