

WARRANTY DEED  
Joint Tenancy  
Statutory (ILLINOIS)  
(Individual to Individual)

**UNOFFICIAL COPY**

91475563

COOK  
CO. NO. 016  
197634

CAUTION: Consult a lawyer before using or acting under this form. Neither the publisher nor the seller of this form makes any warranty with respect thereto, including any warranty of merchantability or fitness for a particular purpose.

THE GRANTOR MADGE ATTWOOD,  
divorced and not since remarried, and  
CHRISTOPHER ATTWOOD, a bachelor,

of the City of Chicago County of Cook  
State of Illinois for and in consideration of  
Ten (\$10.00) DOLLARS,  
and other valuable considerations in hand paid,

CONVEY S. and WARRANT S to  
EDWARD PEROVIC and NANCY PEROVIC, his wife,  
5440 S. Kimbark, Unit G, Chicago, IL 60615

15.00

(The Above Space For Recorder's Use Only)

(NAMES AND ADDRESS OF GRANTEES)

not in Tenancy in Common, but in JOINT TENANCY, the following described Real Estate situated in the  
County of Cook in the State of Illinois, to wit:

See Legal Description Rider Attached Hereto.

COOK COUNTY, ILLINOIS  
FILED FOR RECORD

1991 SEP 13 PM 3 57

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STATE OF ILLINOIS  
REAL ESTATE TRANSFER TAX  
DEPT. OF REVENUE  
105.00

REAL ESTATE TRANSACTION TAX  
REVENUE  
52.50

CITY OF CHICAGO  
REAL ESTATE TRANSACTION TAX  
DEPT. OF REVENUE  
787.50

hereby releasing and waiving all rights under and by virtue of the Homestead Exemption Laws of the State of Illinois. TO HAVE AND TO HOLD said premises not in tenancy in common, but in joint tenancy forever.

Permanent Real Estate Index Number(s): 20-11-420-050  
Address(es) of Real Estate: 5440 S. Kimbark, Chicago, IL 60615

DATED this 12th day of September 1991  
*Christopher Attwood*  
*by Madge Attwood, as attorney in fact*

PLEASE PRINT OR TYPE NAMES(S) BELOW SIGNATURE(S)  
Christopher Attwood by Madge Attwood, as attorney in fact  
*Madge Attwood*  
*Madge Attwood*

State of Illinois, County of Cook ss. I, the undersigned, a Notary Public in and for said County, in the State aforesaid, DO HEREBY CERTIFY that  
MADGE ATTWOOD, divorced and not since remarried,  
and Christopher Attwood by Madge Attwood, as attorney in fact  
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 s h e signed, sealed and delivered the said instrument as her free and voluntary act, for the uses and purposes therein set forth, including the release and waiver of the right of homestead.

IMPRESS SEAL  
"OFFICIAL SEAL"  
Notary Public, State of Illinois  
My Commission Expires 5/29/92  
Clara B. Miller

Given under my hand and official seal, this 12th day of September 1991  
Commission expires 19

*[Signature]*  
NOTARY PUBLIC

This instrument was prepared by Gerald R. Statza, 53 W. Jackson, #703, Chicago, IL 60604  
(NAME AND ADDRESS)

MAIL TO: { Edward Perovic (Name)  
5440 S. Kimbark (Address)  
Chicago, IL 60615 (City, State and Zip)

SEND SUBSEQUENT TAX BILLS TO:  
Edward Perovic (Name)  
5440 S. Kimbark (Address)  
Chicago, IL 60615 (City, State and Zip)

OR RECORDER'S OFFICE BOX NO. 333

64-13-26-503 F1 13805-26-503 F1 64-13-26-503

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Warranty Deed

JOINT TENANCY  
INDIVIDUAL TO INDIVIDUAL

TO

GEORGE E. COLE®  
LEGAL FORMS

Property of Cook County Clerk's Office

## LEGAL DESCRIPTION RIDER

### Parcel 1:

The West 26 feet of the East 127 feet of Lot 31 in Block 29 in Kimbark's Addition to Hyde Park, being a subdivision of the West 1/2 of the Southeast 1/4 of Section 11, Township 38 North, Range 14, East of the Third Principal Meridian,

### ALSO

The South 8 feet of the North 16 feet of the West 20 feet of Lot 31 in Block 29 in Kimbark's Addition to Hyde Park, being a subdivision of part of the West 1/2 of the Southeast 1/4 of Section 11, Township 38 North, Range 14, East of the Third Principal Meridian,

### Parcel 2:

Easement for the benefit of Parcel 1, as created by deed from LaSalle National Bank, a National Banking Association, as Trustee under Trust Agreement dated January 17, 1968 and known as Trust Number 37537, to Joseph C. Gross, dated December 10, 1969 and recorded February 16, 1970 as Document 21082021, for ingress and egress over and across;

The North 7 feet of Lot 30 (except that part falling in Parcel 1 aforesaid); ALSO The South 7 feet of Lot 31 (except that part falling in Parcel 1 aforesaid); ALSO The South 10 feet of the East 127 feet of Lot 30 and the South 3 feet of that part of said Lot 30 lying West of the East 127 feet thereof and also the North 10 feet of the East 127 feet of Lot 31 and the North 3 feet of that part of said Lot 31 lying West of the East 127 feet thereof (except that part falling in Parcel 1 aforesaid) all in Block 29 in Kimbark's Addition as aforesaid, all in Cook County, Illinois.

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Attwood Bellamy

TEL. No.

312 667 5211 Sep 11.91 14:07 P.02

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AMERICAN LEGAL FORMS © 1990 Form No. 800  
CHICAGO, IL (312) 972-1972

Page 1

Single Power of Attorney An Official Statutory Form  
& Rev. Stat., c. 110A (100-3), Effective Jan. 1, 1990

## ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

(NOTICE: THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO PLEDGE, SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. THIS FORM DOES NOT IMPOSE A DUTY ON YOUR AGENT TO EXERCISE GRANTED POWERS, BUT WHEN POWERS ARE EXERCISED, YOUR AGENT WILL HAVE TO USE OUR CARE TO ACT FOR YOUR BENEFIT AND IN ACCORDANCE WITH THIS FORM AND KEEP A RECORD OF RECEIPTS, DISBURSEMENTS AND SIGNIFICANT ACTIONS TAKEN AS AGENT. A COURT CAN TAKE AWAY THE POWERS OF YOUR AGENT IF IT FINDS THE AGENT IS NOT ACTING PROPERLY. YOU MAY NAME SUCCESSOR AGENTS UNDER THIS FORM BUT NOT CO-AGENTS, UNLESS YOU EXPRESSLY LIMIT THE DURATION OF THIS POWER IN THE MANNER PROVIDED BELOW. UNTIL YOU REVOKE THIS POWER OR A COURT ACTING ON YOUR BEHALF TERMINATES IT, YOUR AGENT MAY EXERCISE THE POWERS GIVEN HERE THROUGHOUT YOUR LIFETIME, EVEN AFTER YOU BECOME DISABLED. THE POWERS YOU GIVE YOUR AGENT ARE EXPLAINED MORE FULLY IN SECTION 3-4 OF THE ILLINOIS "STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY LAW" OF WHICH THIS FORM IS A PART (SEE THE BACK OF THIS FORM). THAT LAW EXPRESSLY PERMITS THE USE OF ANY DIFFERENT FORM OF POWER OF ATTORNEY YOU MAY DESIRE. IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU.)

Power of Attorney made this 11th day of SEPTEMBER, 1991

I, CHRISTOPHER ATTWOOD

(Name and address of principal)

hereby appoint: MADGE ATTWOOD

(Name and address of agent)

as my attorney-in-fact (my "agent") to act for me and in my name (in any way I can do so) in person with respect to the following powers, as defined in Section 3-4 of the "Statutory Short Form Power of Attorney for Property Law" (including all amendments), all subject to any limitations on or additions to the specified powers inserted in paragraph 2 or 3 below.

(YOU MUST STRIKE OUT ANY ONE OR MORE OF THE FOLLOWING CATEGORIES OF POWERS YOU DO NOT WANT YOUR AGENT TO HAVE. FAILURE TO STRIKE THE TITLE OF ANY CATEGORY WILL CAUSE THE POWERS DESCRIBED IN THAT CATEGORY TO BE GRANTED TO THE AGENT. TO STRIKE OUT A CATEGORY YOU MUST DRAW A LINE THROUGH THE TITLE OF THAT CATEGORY.)

- |  |  |   |
|--|--|---|
| (a) Real estate transactions.                | (j) Retirement plan transactions.                              | (k) Business operations.                        |
| (b) Financial institution transactions.      | (k) Social Security, employment and military service benefits. | (l) Borrowing transactions.                     |
| (c) Stock and bond transactions.             | (l) Tax matters.   | (m) Estate transactions.                        |
| (d) Tangible personal property transactions. | (m) Claims and litigation.                                     | (n) All other property powers and transactions. |
| (e) Safe deposit box transactions.           | (n) Commodity and option transactions.                         |   |
| (f) Insurance and annuity transactions.      |  |   |

(LIMITATIONS ON AND ADDITIONS TO THE AGENT'S POWERS MAY BE INCLUDED IN THIS POWER OF ATTORNEY IF THEY ARE SPECIFICALLY DESCRIBED BELOW.)

2. The powers granted above shall not include the following powers or shall be modified or limited in the following particulars (here you may include any specific limitations you deem appropriate, such as a prohibition or conditions on the sale of particular stock or real estate or special rules on borrowing by the agent):

THIS INSTRUMENT IS LIMITED TO SALE OF 5440 S. KIMBARK, UNIT 5, CHICAGO, ILLINOIS

3. In addition to the powers granted above, I grant my agent the following powers (here you may add any other delegable powers including, without limitation, power to make gifts, exercise powers of appointment, name or change beneficiaries or joint tenants or revoke or amend any trust specifically referred to below):

(YOUR AGENT WILL HAVE AUTHORITY TO EMPLOY OTHER PERSONS AS NECESSARY TO ENABLE THE AGENT TO PROPERLY EXERCISE THE POWERS GRANTED IN THIS FORM, BUT YOUR AGENT WILL HAVE TO MAKE ALL DISCRETIONARY DECISIONS. IF YOU WANT TO GIVE YOUR AGENT THE RIGHT TO DELEGATE DISCRETIONARY

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Edward Brilamy

TEL No.

312 667 5211 Sep 11, 91 14:08 P.03

STRIKE OUT THE NEXT SENTENCE IF YOU DO NOT WANT YOUR AGENT TO ALSO BE ENTITLED TO REASONABLE COMPENSATION FOR SERVICES AS AGENT.)

5. My agent shall be entitled to reasonable compensation for services rendered as agent under this power of attorney.

(THIS POWER OF ATTORNEY MAY BE AMENDED OR REVOKED BY YOU AT ANY TIME AND IN ANY MANNER. ABSENT AMENDMENT OR REVOCATION, THE AUTHORITY GRANTED IN THIS POWER OF ATTORNEY WILL BECOME EFFECTIVE AT THE TIME THIS POWER IS SIGNED AND WILL CONTINUE UNTIL YOUR DEATH UNLESS A LIMITATION ON THE BEGINNING DATE OR DURATION IS MADE BY INITIALING AND COMPLETING EITHER (OR BOTH) OF THE FOLLOWING:)

6. (X) This power of attorney shall become effective on 9/11/91

(Strike out the date or event during your lifetime, such as your declaration of your disability, when you want this power to take effect.)

7. ( ) This power of attorney shall terminate on 10/11/91

(Strike out the date or event, such as your declaration of your disability, when you want this power to terminate prior to your death.)

(IF YOU WISH TO NAME SUCCESSOR AGENTS, INSERT THE NAME(S) AND ADDRESS(ES) OF SUCH SUCCESSOR(S) IN THE FOLLOWING PARAGRAPH.)

8. If any agent named by me shall die, become incompetent, resign or refuse to accept the office of agent, I name the following (each to act alone and successively,

in the order named) as successor(s) to each agent. NONE

(In compliance with this paragraph 8, a person shall be considered to be incompetent if and while the person is a minor or an adjudicated incompetent or disabled person or the person is unable to give prompt and intelligent consideration to business matters, as certified by a licensed physician.)

(IF YOU WISH TO NAME YOUR AGENT AS GUARDIAN OF YOUR ESTATE, IN THE EVENT A COURT DECIDES THAT ONE SHOULD BE APPOINTED, YOU MAY, BUT ARE NOT REQUIRED TO, DO SO BY RETAINING THE FOLLOWING PARAGRAPH. THE COURT WILL APPOINT YOUR AGENT IF THE COURT FINDS THAT SUCH APPOINTMENT WILL SERVE YOUR BEST INTERESTS AND WELFARE. STRIKE OUT PARAGRAPH 9 IF YOU DO NOT WANT YOUR AGENT TO ACT AS GUARDIAN.)

9. If a guardian of my estate (my property) is to be appointed, I nominate the agent acting under this power of attorney as such guardian, to serve without bond or security.

10. I am fully informed as to all the contents of this form and understand the full import of this grant of power to my agent.

*Christopher Attwood*  
Agent

(YOU MAY, BUT ARE NOT REQUIRED TO, REQUEST YOUR AGENT AND SUCCESSOR AGENTS TO PROVIDE SPECIMEN SIGNATURES BELOW, IF YOU INCLUDE SPECIMEN SIGNATURES IN THIS POWER OF ATTORNEY, YOU MUST COMPLETE THE CERTIFICATE ON OPPOSITE THE SIGNATURES OF THE AGENT(S).)

(Specify signatures of agent (and successor(s)))

(Specify that the signatures of my agent (and successor(s)) are correct.)

*Christopher Attwood*  
Agent

*Christopher Attwood*  
Agent

(Specify agent)

(Specify agent)

(Specify agent)

(Specify agent)

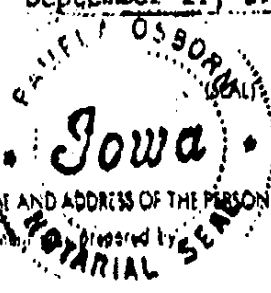
(THIS POWER OF ATTORNEY WILL NOT BE EFFECTIVE UNLESS IT IS NOTARIZED, USING THE FORM BELOW.)

State of Iowa  
County of Jefferson } ss.

Christopher Attwood

The undersigned, a notary public in and for the above county and state, certifies that Christopher Attwood known to me to be the same person whose name is subscribed as principal to the foregoing power of attorney, appeared before me in person and acknowledged voluntarily and without the influence of the free and voluntary act of the principal, for the uses and purposes therein set forth, and certified to the correctness of the signature(s) of the agent(s).

Date September 11, 1991



*Pamela Osborn*  
Pamela Osborn  
Notary Public  
My commission expires 4/6/92

(THE NAME AND ADDRESS OF THE PERSON PREPARING THIS FORM SHOULD BE INSERTED IF THE AGENT WILL HAVE POWER TO CONVEY ANY INTEREST IN REAL ESTATE.)

Prepared by \_\_\_\_\_

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