

91602018
UNOFFICIAL COPY
SPECIFIC POWER OF ATTORNEY

13.00

KNOW ALL MEN BY THESE PRESENTS, That I, Joseph P. Trippi of Anne Arundel County, State of Maryland, have made, constituted and appointed, and do by these presents make, constitute and appoint Katherine L. Trippi 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:

1991 NOV 15 AM 10: 21 91602018

LOT 22 IN BLOCK 4, IN COMMONS AND BEST'S ADDITION TO EVANSTON, A SUBDIVISION IN THE SOUTHWEST 1/4 OF THE SOUTHWEST 1/4 OF SECTION 12 AND PART OF THE SOUTHEAST 1/4 OF THE SOUTHEAST 1/4 OF SECTION 11, TOWNSHIP 41 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

also known as: 577 Payne Evanston, Illinois 60201
P.O. # 1010-315-010

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 Evanston, 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 7 day of November, 1991.

Joseph P. Trippi (SEAL)
Joseph P. Trippi

STATE OF Maryland

COUNTY OF Anne Arundel, to wit:

I, the undersigned Notary Public, in and for the County and State aforesaid, whose commission expires on the 7th day of November, 1991, do hereby certify that Joseph P. Trippi 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 7th day of November, 1991.

My Commission Expires 11/7/91
NOTARY PUBLIC

261-1100-141

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prepared by: [unclear] Mortgage Corporation
[unclear] [unclear] [unclear]
[unclear] [unclear] [unclear]
[unclear] [unclear]

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501 [unclear] [unclear]
Suite 701
[unclear] [unclear]

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