### ILLINOIS STATUTORY

### BHORT FORM POWER OF ATTORNEY

92672362

#### FOR PROPERTY

						der 1990
	i. I,	1 sci N	Miller	, hereby app	ointi Rich	and P. Miller
as my	attorney-	n-fact (my	"agent") to ac	it for me and t	n my namo (Ir	any way I could ad
in per	ron) with	respect to	o the follow	ing powers, a	us defined in	Section 3-4 of the
						ing all amendments)
but sut	s of project	iny limitati	ons on or add	itions to the s	pecified power	ers inserted in para-
graph 2	or speec	)W1				

(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.
- (b) Pinancial institution transcations.
- (e) Block and bond transactions:
- (d) Tangible personal property transactions.
- (e) Safe deposit box transactioner
- (f) Insurance and annuity transactions.
- (g) Retirement plan transactions.
- (h) Social Security, employment and military service benefit.
- (I) Tax matters...
- (I)----Claims and Htlgatlon;
- (k) Commodity and option transactions,
- (1) Business operations.
- (m) Borrowing transactions.
- (n) Estate transactions.
- (o) All other property powers and transactions.

COOK COUNTY RECORDER

2950

INV 40311 (182) MO

# UNOFFICIAL COPY

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

powers or shall be mo	dified or limited in th ns you deem appropri	ie following particula ste, such as a probib	not include the following re there you may include lition or condition on the ing by the agent):
powers (here you ma	iy add any other del -exercise powers of a	egable powers incluippointment, name of	my agent the following ding, without limitation, change beneficiaries or to below):
	4	i .	
		,	
BARY TO ENABLE TI THIS FORM, BUT YO BIONS. IF YOU WAI	HE AGENT TO PROPI OUR AGENT WILL HA NT TO GIVE YOUR A -MAKING POWERS T	erly byercise th Ave to make all Ident the right O others, fou si	R PERSONS AS NECES- E POWERS GRANTED IN DISCRETIONARY DECI- TO DELEGATE DISCRE- IOULD KEEP THE NEXT
			int to delegate any or all

of the foregoing powers involving discretionary decision making to any person or persons whom my agent may select, but such delegation may be amended or restand by any agent (including any successor) named by me who is acting under this power of ottorney at the time of reference.

(YOUR AGENT WILL BE ENTITLED TO REIMBURSEMENT FOR ALL REASONABLE EXPENSES INCURRED IN ACTING UNDER THIS POWER OF ATTORNEY. 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 rem-

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- 6. () This power of attorney shall become effective on 4.1912, tinsert a future date or event during your lifetime, such as court determination of your disability, when you want this power to first take effect)
- 7. () This power of attorney shall terminate on Oct. 9, 1992, 19 (intert a future date or event, such as court determination 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 egent named by me shall dis, become legally disabled, resign or refuse to not, I name the following (each to not alone and successively, in the order named) as successor(s) to such agents

(IF YOU WISH TO NAME A GUARDIAN OF YOUR PERSON OR A GUARDIAN OF YOUR ESTATE, OR BOTH, IN THE EVENT A COURT DECIDES THAT ONE SHOULD BE APPOINTED. YOU MAY, BUT ARE NOT REQUIRED TO, DO SO BY INSERTING THE NAME(S) OF SUCH GUARDIAN(S) IN THE FOLLOWING PARAGRAPHS. THE COURT WILL APPOINT THE PERSON NOMINATED BY YOU OF THE COURT FINDS THAT SUCH APPOINTMENT WILL SERVE YOUR BEST INTERESTS AND WELFARE. YOU MAY, BUT ARE NOT REQUIRED TO, NOMINATE AS YOUR GUARDIAN(S) THE SAME PERSON NAMED IN THIS FORM AS YOUR AGENT.)

9.	li a guardian o	my person	is to be	appointed,	I nominate	the following	to
serve as such	guardian:			- •			

(Insert name and address of nominated	
guardian of the person)	

Property UNOFF	9 2 5 7 2 3 5 2 9 2 5 7 2 3 5 2
10. If a guardian of my following to serve as such guardies	estate (my property) is to be appointed, I nominate the
(insert name and address of nominated guardian of the person)	
	•
1). I am fully informed full import of this grant of power	I so to all the contents of this form and understand the so to my agent.
	Bigned July Miller (principal)
Ox	
(YOU MAY, BUT ARE NOT REQ AGENTS TO PROVIDE SPECIAL SIGNATURES IN THIS POWER ( CATION OPPOSITE THE SIGNAT	UIRED TO, REQUEST YOUR AGENT AND SUCCESSOR N SIGNATURES BELOW. IF YOU INCLUDE SPECIMEN OF ATTORNEY, YOU MUST COMPLETE THE CERTIFICURES OF THE AGENTS.)
Specimen signatures of agent (and audressors)	I certify that the signatures of my agent (and successors) are correct.
Richard P. Milla	(principal)
	O/A/
(successor agent)	(polacipal)
	O <sub>25c</sub> .
(successor agent)	(principal)
GLENCOE IN THE SOUTH EAST QUA	TARR'S RESUBDIVISION OF BLOCK 29 IN ARTER OF THE NORTH WEST QUARTER OF RANGE 13, EAST OF THE THIRD PRINCIPAL
PARCEL 2: THE NORTH EASTERLY WESTERLY OF AND ADJOINING LOT	HALF OF VACATED ALLEY LYING SOUTH S 1, 2, 3 IN STARR'S RESUBDIVISION ALL IN COOK COUNTY, ILLINOIS.
which has the address of 690 BLUFF STR	
GLENCOE , I	(atreet) (LLINOIS 60022

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## **UNOFFICIAL COPY**

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

State of Ullinors

County of Cook

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The undersigned, a notary public in and for the above country and state, certifies that the principal to the foregoing power of attorney, appeared before me in person and acknowledged signing and delivering the instrument as the free and voluntary act of the principal, to the uses and purposes therein set forth (, and certified to the correctness of the signature(s) of the agent(s)).

Dated

(SEAL)

MS. BEATRICE B. JENKINS
MS. BEATRICE B. JENKINS
NOTARY PUBLIC. STATE OF ILLINOIS
MY COMMISSION EXPIRES 1/23/96

16 Beatrice & Jensey Public

) Fifice

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

This document was prepared by:

INVESTORS TITLE GUARANTEE, ING. 312 West Bandolph Street Suite 800 Chicago, Illinois 60600



A PARTICIPATION OF THE STANDARD TO SEE A

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