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P.T. 931-04135

93546119

AMERICAN LEGAL FORMS CO. 1990 Form No. 502
CHICAGO, IL 60601-3771

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Short Form of Attorney's Official Security Form
708 524 3609 / 4-8, Effective January, 1993

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 TAKE DUE 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. YOUR AGENT 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 OF THESE FORMS OF POWER OF ATTORNEY FOR ANY DURATION. IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU.

Huber of Attorney made this 30 day of June 1993

I, Michael E. Dunham, 2538 No. Burling, Chicago, IL 60614

hereby appoint: Dianne L. Dunham, 2538 No. Burling, Chicago, IL 60614

as my attorney-in-fact (my "agent") to act for me and in my name (in any way I could act 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), but subject to any limitations on or additions to the specified powers listed in paragraph 2 or 3 below:

(YOU MUST STRIKE OUT ANY ONE OR MORE OF THE FOLLOWING CATEGORIES IF 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.)

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

(LIMITATIONS ON AND ADDITIONS TO THIS 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 specific rules on borrowing by the agent):

To execute any and all documents necessary to complete the refinancing on my home located at 2538 No. Burling, Chicago, IL, in my name place and stead, and to bind me to those documents as if I had signed them in person, including, but not limited to, mortgage documents, notes, closing documents, and any other documents required by the mortgage company or title company.

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 of joint tenancy or trusts or amend any trust specifically referred to below):

DEPT-61 RECORDINGS \$23.00
T#9999 TRAN 9390 07/15/93 09:09:00
#8992 W #=93-546119
COOK COUNTY RECORDER

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 DECISION-MAKING POWERS TO OTHERS, YOU SHOULD KEEP THE NEXT SENTENCE. OTHERWISE IT SHOULD BE STRUCK OUT.)

4. My agent shall have the right by written instrument 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 annulled or revoked by my agent (including my successor) absent by me who is acting under this power of attorney at the time of reference.

2300
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06/28/93 13:08 708 524 3809 PRIVATE TITLE
NEAR SENTENCE IF YOU (OR PART) WANT YOUR AGENT TO NAME OR LIMIT TO RESPONSIBLE RELATIONSHIP FOR SERVICES AS AGENT

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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 INITIALIZING AND COMPLETING EITHER (OR BOTH) OF THE FOLLOWING.)

6. () This power of attorney shall become effective on June 30, 1993

Insert a future date or event during your lifetime such as your determination of your disability when you want this power to take effect.

7. () This power of attorney shall terminate on the closing of said refinance or the distribution of any net proceeds which would jointly bear my name.
Insert a future date or event, such as your 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 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 such agent: N/A

For purposes of 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 informed 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 INITIALIZING 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 impact of this grant of powers to my agent.

Signed Michael E. Dunham
(Principal)

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

Specimen signatures of agent (and successor)

I certify that the signatures of my agent (and successor) are correct.

Michael E. Dunham
(Agent)

Michael E. Dunham
(Principal)

(Successor agent)

(Successor)

(Successor agent)

(Successor)

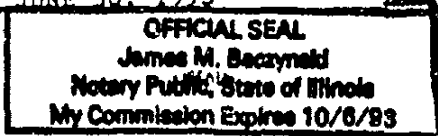
(THIS POWER OF ATTORNEY WILL NOT BE EFFECTIVE UNLESS IT IS NOTARIZED, USING THE FORM BELOW.)

State of ILLINOIS)
County of COOK) SS

MICHAEL E. DUNHAM

The undersigned, a notary public in and for the above county and state, certifies that MICHAEL E. DUNHAM known to me to be the same person whose name is subscribed as principal in 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, for the uses and purposes therein set forth, and certified to the contents of the instrument of the agent.

Dated: JUNE 30, 1993



James M. Buczynski
Notary Public
My Commission Expires

(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.)

This document was prepared by:

MAIL TO BOX 283

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