

- (a) Real estate transactions.
- (b) Financial institution transactions.
- (c) Stock and bond transactions.
- (d) Tangible personal property transactions.
- (e) Safe deposit box transactions.
- (f) Leases, and utility transactions.
- (g) Real estate plan transactions.
- (h) Social Security, employment and military service benefits.
- (i) Trust matters.
- (j) Claims and litigation.
- (k) Government and other transactions.
- (l) Bankruptcy matters.
- (m) Borrowing transactions.
- (n) Other transactions.
- (o) All other transactions.

93898251

COOK COUNTY, ILLINOIS
FILED FOR RECORD
MAY 19 1993

93898251

(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.)

inserted in paragraph 2 or 3 below:

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 or additions to the specified powers as my attorney-in-fact (or "agent") to act for me and in my name (in

State of Illinois, of the city of Chicago, County of Cook, in the

1631 W. Thorneville

(agent name and address of agent)

SUSAN PETER

PRESENTS do make, consultive and appoint

State of Illinois, made, consulted and appointed, and BY THESE

of the city of Chicago, County of Cook, in the

(agent name and address of principal)

SORAN NEELEY 1631 W. Thorneville

(year)

(month)

day of

October

1993

POWER OF ATTORNEY made this 23rd day of

(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 A POWER IS EXERCISED, YOUR AGENT WILL HAVE TO USE DUE CARE TO ACT FOR YOUR BENEFIT AND IN ACCORDANCE WITH THIS FORM. 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.)

ILLINOIS STATUTORY SHORT FORM
POWER OF ATTORNEY FOR PROPERTY

7459245-AI 90133

UNOFFICIAL COPY

92898251

8. If any agent named by me shall die, become legally disabled, resign or refuse to act, I name the following (each to act alone, and successively, in the order named) as successor(s) to such agent:

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

(Insert a future date or event, such as court determination of your disability, when you want this power to terminate prior to your death.)

7. (a) This power of attorney shall terminate on November 2, 1993

(Insert a future date of event during your lifetime, such as court determination of your disability, when you want this power to first take effect.)

6. (a) This power of attorney shall become effective on October 25, 1992

(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:)

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

(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.)

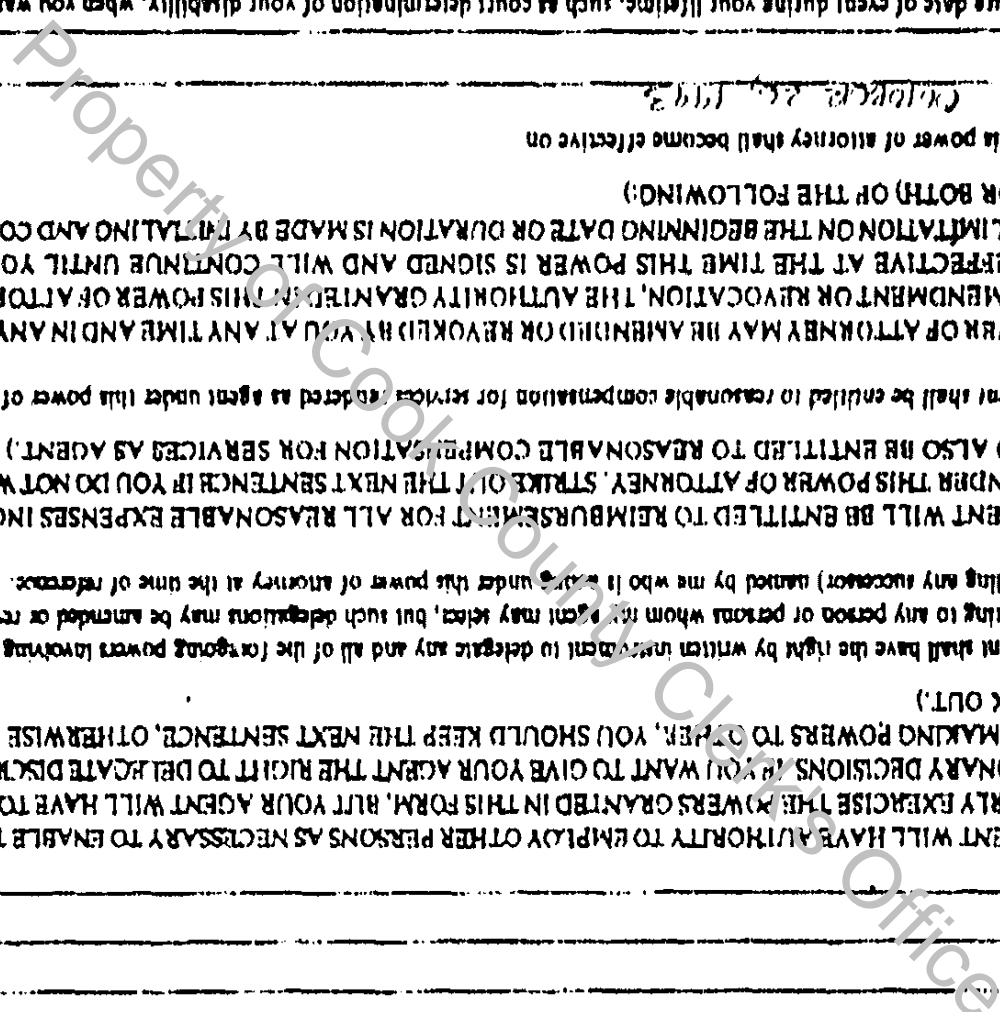
4. My agent shall have the right by written instrument to delegate any and all of the foregoing powers involving discretionary decision-making to any person or persons whom the agent may select, but such delegations may be amended or revoked by any agent (including any successor) named by me who is acting under this power of attorney at the time of reference.

(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 OTHER, YOU SHOULD KEEP THE NEXT SENTENCE, OTHERWISE IT SHOULD BE STRUCK OUT.)

3. In addition to the power granted above, I grant my agent the following powers (here you may add 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):

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):

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



UNOFFICIAL COPY

NOTARY - 5 APR 25

This document was prepared by: Sue Cook
COOK COUNTY CLERK'S OFFICE
1631 W. THORNHAWK
CHICAGO, IL 60660

93898251

Mary K. Ketter/NEELY
1631 W. THORNHAWK
CHICAGO, IL 60660

(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.)

OFFICIAL SEAL
DAVID L. MOORE
NOTARY PUBLIC STATE OF ILLINOIS
MY COMMISSION EXPIRES: JUNE 30, 1994

My commission expires:

Dated: 10-24-93
David L. Moore
Notary Public

The undersigned, a notary public in and for the above county and state, certifies that SUE E. COOK 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 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 correctness of the signature(s) of the principal).

State of Illinois
County of Cook SS.

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

Specimen signature of agent (successors) [Signature]
I certify that the signature(s) of my agent (and successors) [Signature] are correct.

(agent)

(successor agent)

(principal)

(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 CERTIFICATION OPPOSITE THE SIGNATURES OF THE AGENTS.)

11. 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.
Signed [Signature]
(principal)

10. If a guardian of my estate (my property) is to be appointed, I nominate the following to serve as such guardian:

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

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

152868251

UNOFFICIAL COPY

Property of Cook County Clerk's Office

UNOFFICIAL COPY

11/14/11

92898251

Property of Cook County Clerk's Office

LOT 21 IN BLOCK 7 IN BARRETT AND GALLOWAY'S RESUBDIVISION OF BLOCKS 7, 8 AND 9 OF HENRY TOWN AND THE NORTH 100 FEET OF THE SOUTHEAST 1/4 OF SECTION 6, TOWNSHIP 40 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

LEGAL DESCRIPTION:

TAX NUMBER: 14-06-406-002-0000

CITY: CHICAGO

COUNTY: COOK

STREET ADDRESS: 1631 W. THORNDALE