Form A240 Limited Power of Attorney

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#3445 # JL \*-94-592535
CSSK (SUNTY RECORDER

## LIMITED POWER OF ATTORNEY

(With Durable Provision)

TO ALL PERSONS, be it known, that !, GESSNER COCHRAN
of 14214 South Kedzie, Blue Island, Illinois 60406, Cook County
as Grantor, do hereby make and grant a limited and specific power of attorney to PRANK COCHRAN
of 1130 South Michigan Avenue,
Chicago, Ililnois Cook County and appoint and constitute said individual as my
attorney-in-fact.

My name (laterney-in-fact shall have full power and authority to undertake, commit and perform only the following acts of my behalf to the same extent as if I had done so personally; all with full power of substitution and revocation in the presence: (Describe specific authority) A. Banking Powers: To make, receive, endorse checks and drafts, deposit and withdraw funds; B. Health Care: To make and sign all necessary documents for my care, keeping and maintenance including the execution of any documents required for consent to medical care and/or therapy

The authority granted shall include such incidental acts as are reasonably required or necessary to carry out and perform the specific authorities and duties stated or contemplated herein.

My attorney-in-fact agrees to accept this appointment subject to its terms, and agrees to act and perform in said fiduciary capacity consistent with my best interests as he in his discretion deems advisable, and I thereupon ratify all acts so carried out.

I agree to reimburse my attorney-in-fact all resonable costs and expenses incurred in the fulfillment of the duties and responsibilities enumerated herein.

Special durable provisions:

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This power of attorney \_\_\_\_\_ shall be revoked upon \_\_\_ x shall not be affected by disability of the Grantor, and shall otherwise \_\_x continue in full force and effect un'it revoked by subsequent writing \_\_\_\_ become null and void after date of \_\_\_\_ if \_\_\_ (initial provisions which apply).

Other terms: If any agent named by me shall die, become incompetent, resign, I name the following (each to act alone successively in the order named) as successors to such agent: 1. Quedell Cochran, 10319 S. Forest, Chicago, Ill 50/29; 2. Lillie Carter, 1521 W. Marquette Road, Chicago, I'll 60636; 3. Bertha Jackson, 105 Shabbona, Bark Forest, Ill 60436 Signed under scal this 7th day of 1974.

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Attorney-in-Fact

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County of Cock

State of A: (

SS.

Then personally appeared Anatomical Conditions, the above named Grantor, who known to me, signed or acknowledged the foregoing power of attorney as his or her free act and deed, before me.

William S. Tell

Notary Public

My Commission Expires:

c. E-Z Legal Forms



## **UNOFFICIAL COPY**

E-Z Legal Form A240

LIMITED POWER OF ATTORNEY

L Clory's Office