

UNOFFICIAL COPY



Durable Power of Attorney

5625040

I (We) Cynthia R. Seibold of 4210 302 Tenth Street NW St Charles, IL
do make, constitute and appoint Michael P. Seibold of 4210 302 Tenth Street NW
my (our) true and lawful attorney, to act in, manage, and conduct all my (our) estate and all my (our) affairs, in
my (our) name, place and stead as my (our) act and deed, either to do and execute, or to concur with persons
jointly interested with me (us) in the doing or executing of all or any of the following acts, deeds, and things:

To borrow money on such terms as my (our) attorney may choose.

2309
2009

To purchase, sell, lease, convey, assign, pledge, hypothecate, mortgage and warrant, or otherwise deal with
any or all real or personal property in which I (we) may have an interest, for such purposes and upon such terms
and in such form as my (our) attorney may choose, including, but not limited to, property located in the
Lot # 5 Eagle Pointe Driv. Barrington Hills Village of Barrington Hills
Cook County, State of Illinois described as:

Lot # 5 Eagle Pointe of Barrington Hills being in the west
Half of section 19 Township 42 North, Range 9 East of the third principal meridional
in the village of Barrington Hills, Barrington Township.

Commonly known as: Lot # 5 Eagle Pointe of Barrington Hills
Tax Identification Number: 01-19-101-006-0000 including all lands and interests
therein contiguous or appurtenant to land owned or claimed by me (us), whether or not specifically described
above. FC 72-602-546-1688 P.D.

To make, execute, acknowledge and deliver under seal or otherwise any contract, agreement, bond, note,
mortgage, deed of trust, deed, assignment, pledge, security agreement, power, guaranty, application for credit,
application for insurance, statement, tax form, affidavit, disclosure, consent, amendment, election, vote, waiver,
escrow agreement, endorsement, certification, promise, receipt, acknowledgment, instruction, order form,
commitment, accounting, notification, letter, rider, addendum, authorization, appointment, power of attorney,
stipulation, disclaimer, accord and satisfaction, settlement statement, settlement agreement, closing statement,
closing instruction, disbursement authorization, listing agreement, subordination agreement, release discharge,
questionnaire, proprietary certificate, request, document, form required by any Federal, state or local law,
regulation or ordinance, or other instruments which said attorney may deem necessary;

To make, draw, sign, endorse, accept or otherwise place my (our) name or signature upon any checks,
notes, drafts or other instruments;

And to receive and collect and to give acquittances for all sums of money at any time due me (us).

Giving and Granting unto my (our) named attorney full power and authority to do and perform all and every
act, deed, matter and thing whatsoever, in and about my (our) estate, property, and affairs as effectually to all
intents and purposes as I (we) might or could do in my (our) own proper person if personally present, the above
specifically enumerated powers being in aid and exemplification of the full, complete, and general power herein
granted and not in limitation or definition thereof, and hereby ratifying all that my (our) said attorney shall
lawfully do or cause to be done by virtue of this document.

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And I (we) hereby declare that any act or thing lawfully done hereunder by my (our) said attorney shall be binding on me (us) and my (our) heirs, conservators, guardians, trustees, legal and personal representative, and assigns, whether the same shall have been done before or after my (our) death, or other revocations of this instrument, unless and until reliable intelligence or notice thereof shall have been received by my (our) said attorney.

This appointment being executed by me (us) shall cover my (our) jointly and severally owned property, property owned by me (us) in the entireties or as community property, and property owned by a trustee for my (our) benefit.

This power of attorney shall expire and terminate on August 10, 19 95.

This power of attorney shall not be affected by my disability (or the disability of either or both of us).

In Witness Whereof, I (we) have set my (our) hand and seal this 4th day of August, 19 95.

Witnesses:

Signers:

[Signature]

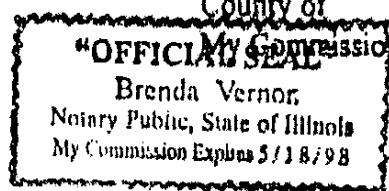
STATE OF IL

County of Cook)SS.

The foregoing instrument was acknowledged before me this 4th day of August, 19 95.

by [Signature]

Notary Public [Signature]
State of _____
County of Cook



This instrument drafted by:
Thomas J. Tate (P21275)
P.O. Box 331789
Detroit, Michigan 48232-7789

When recorded return to:
Michael F. Seibold
LOT 5 IN EAGLE POINT
BARRINGTON HILLS, IL
60010

Blank lines completed by:

95625040

DEPT. OF RECORDING
\$23.00
180012 FROM 09/18/95 12:25:00
\$50.00 + DL # 95-275040
\$20.00
DEPT. OF RECORDING
\$20.00