

# UNOFFICIAL COPY

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. DEPT-01 RECORDING \$27.00  
. T00011 TRAN 2281 06/28/96 16:43:00  
. #1574 # RV #-96-502541  
. COOK COUNTY RECORDER

## POWER OF ATTORNEY FOR PROPERTY

POWER OF ATTORNEY made this 16 day of May, 1996.

27<sup>00</sup>  
96502541<sup>m</sup>

1. I, ANTONIO Z. MARASIGAN, residing at 1537 Madrid Drive, Vista, California 92083 DOYDNIC C. MARASIGAN, residing at 423 West Belmont Avenue, First Floor, Chicago, Illinois 60657, 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 inserted in paragraph 2 or 3 below:

(a) Real estate transaction, specifically, and limited to, the transaction for the sale of the property located at 1470 Wm Clifford Drive, Elk Grove Village, Illinois 60007 legally described as follows:

Lot 2 in Block 5 in Elk Grove Village Section 19, being a subdivision in Section 36, Township 41 North, Range 10 East of the Third Principal Meridian, according to the Plat thereof recorded in the Recorder's Office of Cook County, Illinois on August 6, 1973 as Document No. 22426695

Real Estate Tax Number: 007-36-415-002-0000

Commonly known as 1470 Wm Clifford Drive  
Elk Grove Village, Illinois 60007



Box 392

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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):

without limitation

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 or joint tenants or revoke or amend any trust specifically referred to below):

no exceptions

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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 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.

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

6. (X) This power of attorney shall become effective on the date hereof

(insert 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. (X) This power of attorney shall terminate

upon the closing on the sale of the real estate located at 1470 Wm Clifford Drive, Elk Grove Village, Illinois 60007 or December 31, 1996, whichever first occurs

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8. If any agent named by me shall die, become incompetent, resign, become unable or refuse to accept the office of agent, I name my attorney STEPHEN R. MURRAY as successor agent.

No person shall be required to inquire as to whether either of them consents or approves of the actions or directions of the other.

The death, incompetency, resignation or inability to act of either of these agents shall not revoke or terminate any of the powers granted to or conferred on the other, nor shall the revocation of any such powers by me in respect to either of them be deemed a revocation or termination of the powers granted to or conferred on the other of them. If either of these agents dies, becomes incompetent, is unable to act or resigns, the remaining agent shall continue to act as my agent with all the powers granted to my agents.

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 prompt and intelligent consideration to business matters, as certified by a licensed physician.

9. If a guardian of my estate (my property) is to be appointed, I nominate the agent(s) acting under this power of attorney to serve as such guardian(s) without bond or security.

10. I am fully informed as to all the contents of this form and understand the full import of this grant of powers to my agent.

Signed

*Antonio B. Marasigan*  
Antonio B. Marasigan

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

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State of California

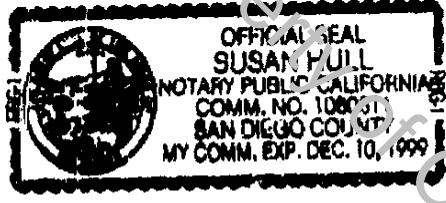
County of San Diego

On May 16, 1996 before me, Susan Hulse notary  
DATE NAME, TITLE OF OFFICER - E.O. 12958, NOTARY PUBLIC

personally appeared Antonio Jorge Marasigan  
NAME(S) OF SIGNER(S)

personally known to me - OR -  proved to me on the basis of satisfactory evidence

to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



WITNESS my hand and official seal.

Susan Hulse  
SIGNATURE OF NOTARY

OPTIONAL

Though the data below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent reattachment of this form.

CAPACITY CLAIMED BY SIGNER

INDIVIDUAL  
 CORPORATE OFFICER

TITLE(S)

PARTNER(S)       LIMITED  
 GENERAL  
 ATTORNEY-IN-FACT  
 TRUSTEE(S)  
 GUARDIAN/CONSERVATOR  
 OTHER: \_\_\_\_\_

DESCRIPTION OF ATTACHED DOCUMENT

Power of Attorney  
TITLE OR TYPE OF DOCUMENT

3  
NUMBER OF PAGES

May 16, 1996  
DATE OF DOCUMENT

SIGNER IS REPRESENTING:  
NAME OF PERSON(S) OR ENTITY(IES)  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
SIGNER(S) OTHER THAN NAMED ABOVE

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