## ICIAL COP

#### **POWER OF ATTORNEY**

This Power of Attorney is made on June 24, 1996

11100100 557075 45495 + ER Between: the Principal(s) KATHARYN BANKS (HOEFLING) COOK COUNTY RECORDER

and the state of t

whose address is 82 Cedar Green Lane, Berkeley Heights, New Jersey 07922

individually referred to as "I" or "my",

And: the Agent(s) WILLIAM J. HOEFLING

Steepnan "

whose address is 82 Cedar Green Lane, Berkeley Heights, New Jersey 07922

referred to as "You".

Grant of Authority. I appoint You to act as my Agent (called an attorney-in-fact) to do each and every act which I could personally do for the following uses and purposes:

To represent me and do all necessary acts on my behalf in any and all matters connected with the refinance of the mortgage on property located at 3656 North Leavitt Street, Chicago, Illinois which is oword by 3656 North Leavitt Street Partnership.

Without in any way limiting your general authority to act on my behalf, you are specifically authorized to represent me at the closing of title, to make any necessary adjustments in closing figures, to pay off any existing liens, against the premises, execute a title closing statement, execute the mortgage, affidavit of title and any other documents required by the mortgage lender, accept and disburse the net proceeds into a bank account in the name of 3656 Leavitt Street Partners and do any other act reasonably necessary to effectuate the refinancing of the present mortgage on the property located at 3656 North Leavitt Street, Chicago, Illnois.

Powers. I give You al! the power and authority which I may legally give to You. You may revoke this Power of Attorney or appoint a new Agent in your place. I approve and confirm all that You or your substitute may lawfully do on my behalf

Signatures. By signing below, I acknowledge that I have received a copy of this Power of Attorney and that I understand its terms.

Witnessed by:

BOX 333-CTI

Secretary of the secret

Property of Cook County Clark's Office

#### DISABILITY

<u>Definition of Disability.</u> (NJS 46:2b-8b) A principal shall be under a disability if the principal is unable to manage his or her property and affairs effectively for reasons such as mental illness, mental deficiency, physical illness or disability, advanced age, chronic use of drugs, chronic intoxication, confinement, detention by a foreign power or disappearance.

Clause (A) and (B) below shall not be a part of this Power of Attorney unless they a signed by the Principal(s).

A. <u>Takes Effect Regardless of Disability</u>. This Power of Attorney is effective now and remains in effect even if I become disabled (as defined above).

STATE OF NEW JERSEY, COUNTY OF しゃいかい . SS: I CERTIFY that on June みし, 1996

**KATHARYN BANKS (HOEFLING)** 

personally came before me and acknowledged under oath, to my satisfaction, that this person (or if more than one each person):

(a) is named in and personally signed this document, and

(b) signed, sealed and delivered this document as her or her act and deed.

Buday

r or her act and deed.

Nather (hvyling)

96557075

JOAN BUDAY
Notary Public of New Jersey
My Commission Expires June 24, 1977

Property of Cook County Clerk's Office

NORWEST MORTGAGE INC. FINAL LOCS, M.S. 0597 800 LASALLE AVE. STE. 1000 MINNEAPOLIS, MN 55402

Prepared by:

NORWEST MORTGAGE, INC.

BARBARA EMOND

1100 E WOODFIELD RD

SUITE 130

SCHAUMBURG

601/30000

[Space Above This Line For Recording Data]

#### MORTGAGE

THIS MORTGAGE ("Security Instrument"), is give to: JULY 01, 1996

. The mortgagor is

R. MARK HOBFLING, A MARRIEDPERSON AND WILLIAM J. HOBFLING AND KATHARYN

A. BANKS-HOEFLING, HUSBAND AND WIFE

\*MARRIED TO ALISON M. HOEFLING

("Borrower"). This Security Instrument is given to NORWEST NORTGAGE, INC.

which is organized and existing under the laws of THE STATE OF CALIFORNIA address is NORNEST MORTGAGE INC.,, P.O. BOX 5137, DES MOINES, JA 503065137

, and whose

("Lender"). Borrow or owes Lender the principal sum of

ONE HUNDRED SEVERTY FIVE THOUSAND AND 00/100

Dollara (U.S. ), = \*\*\*175,000.00

This debt is evidenced by Borrower's note dated the same date as this Security Instrument (Note"), which provides for monthly payments, with the full debt, if not paid earlier, due and payable on AUGUST 01, 2026

This Security Instrument secures to Lender: (a) the repayment of the debt evidenced by the Note, with interest and all renewals, extensions and modifications of the Note; (b) the payment of all other sums, with interest, advanced under paragraph 7 to protect the security of this Security Instrument; and (c) the performance of Borrower's covenants and agreements under this Security Instrument and the Note. For this purpose, Borrower does hereby mortgage, grant and convey to Lender the following described property located in COOK County, Illinois:

LOT 1 IN WILLIAM ZELOSKY'S SUBDIVISION OF BLOCK 24 IN THE SUBDIVISION OF SECTION 19, TOWNSHIP 40 NORTH, RANGE 14 EAST OF THE THRD PRINCIPAL MERIDIAN, (EXCEPT THE SOUTHWEST 1/4 OF THE HORTHEAST 1/4 OF THE SOUTH EAST 1/4 OF THE NORTHWEST 1/4 AND THE EAST 1/2 OF THE SOUTH EAST 1/4 OF SECTION 19 AFORESAID) IN COOK COUNTY, ILLINOIS.

14-19-127-016-0000

TAX STATEMENTS SHOULD BE SENT TO: NORWEST MORTGAGE INC., P.O. BOX 5137, DES MOINES, IA 503065137

which has the address of 3656 NORTH LEAVITT STREET, CHICAGO

Illinois 60618

[Zip Code] ("Property Address");

ILLINOIS-Single Family-FNMA/FHLMC UNIFORM

-BH(IL) (9408) Amerida VMP MORTGAGE FORMS - (800)621-7281

BOX 333-CTI



(Street, City),

Property of Cook County Clerk's Office