## **UNOFFICIAL COPY**

## SPECIFIC POWER OF ATTORNI

KNOW ALL MEN BY THESE PRESENTS, that I, MICHAEL INGRAM of Cook County, State of Illinois, have made, constituted and appointed, and do by these presents make, constitute and appoint SHERRIN ROSS INGRAM, Attorney-In-Fact, for me and in my name, place, and stead, for the purpose of signing any and all deeds, affidavits, note(s), deed(s) of trust, mortgages, settlement statements, HUD forms, VA forms, FHA forms, and any and all other documents incidental and relating to the purchase and/or financing of the property known as:

Lots Twenty-One (21) and Twenty-Two (22) in Block Twenty-Two (22) in the Proviso Land Association Addition to Maywood, in Section Ten (10), Township Thirty-Nine (39) North, Range Twelve (12), East of the Third Principal Meridian, in Cook County, Illinois.

Permanent Index Number: 15-10-304-025-0000 and 15-10-304-026-0000

also known as: 240 South 20th Avenue, Maywood, Illinois 60153

I FURTHER HEREBY make constitute and appoint my aforesaid Attorney-In-Fact to sign, seal, and acknowledge and deliver the same, and do all such acts, matters and things in relation to the purchase and/or financing of my interests in said property located in Maywood, Illinois, as I might or could do if acting personally

FURTHER, THIS POWER OF ATTORNEY shall remain in full force and effect until revoked, suspended or terminated by a document executed and acknowledged by me and recorded among the Land Records for Cook County, State of Illinois. This Power of Attorney shall be binding on me, my heirs, successors, assigns, executors, administrators and personal representatives, and any person receiving this Power of Attorney shall be entitled to rely on the authority herein given until and unless a document expressly revo city the powers herein given is recorded among the aforesaid Land Records.

NOTWITHSTANDING anything herein contained to the contrary, this Power of Attorney shall not terminate or be affected or impaired by my disability, it being my express intention that this Power of Attorney shall survive my disability.

WITNESS the following signature and seal this 28th day of August, 1996.

Michael Ingram

SUBSCRIBED and SWORN TO before me this 28th day of August, 1996.

Notary Public

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My Commission Expires 09/02/99 Devicesessessessesses

BOX 333-CT

Prepared by and mail to Sherein Ross Ingram 1908 Huntington Blud. Hoffman Estates, 11 60195

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COCK COUNTY RECORDER 🛴

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