



# UNOFFICIAL COPY

6. ( ) This power of attorney shall become effective on 8/10/97

agent I name shall begin my estate, such as my administration of my estate, when you have the power to act on my behalf.

7. ( ) This power of attorney shall terminate on 8/29/97

agent I name shall end, such as my administration of my estate, when you have the power to administer your estate.

(IF YOU WISH TO NAME SUCCESSOR AGENTS, INSERT THE NAME(S) OF SUCH SUCCESSOR(S) IN THE FOLLOWING PARAGRAPH.)

8. If any agent named by me should die, become incompetent, resign or refuse to accept the office of agent, I name the following (name in the same and successively, as the order named) as successor(s) to such agent:

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.

(IF YOU WISH TO NAME YOUR AGENT AS GUARDIAN OF YOUR ESTATE IN THE EVENT A COURT DECIDES THAT ONE SHOULD BE APPOINTED, YOU MAY, BUT ARE NOT REQUIRED TO, DO SO BY RETAINING THE FOLLOWING PARAGRAPH. THE COURT WILL APPPOINT YOUR AGENT IF THE COURT FINDS THAT SUCH APPOINTMENT WILL SERVE YOUR BEST INTERESTS AND WELFARE. STRIKE OUT PARAGRAPH 9 IF YOU DO NOT WANT YOUR AGENT TO ACT AS GUARDIAN.)

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

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

Signed Lisa R. Harris

(YOU MAY, BUT ARE NOT REQUIRED TO, REQUEST YOUR AGENT AND SUCCESSOR AGENTS TO PROVIDE SPECIMEN SIGNATURES BELOW. IF YOU INCLUDE SPECIMEN SIGNATURES IN THIS POWER OF ATTORNEY, YOU MUST COMPLETELY CERTIFY OPPOSITE THE SIGNATURES OF THE AGENTS.)

Specimen signature of \_\_\_\_\_ (not notarized)

I certify that the signatures of my agent (and successors) are correct.

Specimen Agent	Specimen Agent
Specimen Agent	Specimen Agent

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

Date of 7/1/97

County of Cook

LISA R. HARRIS

The undersigned, a notary public in and for the above county and state, certifies that the above agent, LISA R. HARRIS, is known to me to be the same person whose name is subscribed as principal to the foregoing power of attorney, appeared before me in person and acknowledged signing and delivering the instrument on the free and voluntary act of the principal, for the uses and purposes aforesaid set forth, and certified to the correctness of the signature(s) of the agent(s).

Notary Seal 7/2/97

ALLAN M. HARRIS  
NOTARY PUBLIC, STATE OF ILLINOIS  
MY COMMISSION EXPIRES 4/9/98

Lisa R. Harris  
My commission expires 4/9/98

(THE NAME AND ADDRESS OF THE PERSON PREPARING THIS FORM SHOULD BE INSERTED IF THE AGENT WILL HAVE POWER TO CONVEY ANY INTEREST IN REAL ESTATE.)

This document was prepared by \_\_\_\_\_

NAME ADDRESS CITY STATE ZIP	_____
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OR RECORDANT'S OFFICE BOX NO. \_\_\_\_\_

(The Above Space for Recorder's Use Only)

PUBLIC RECORDANT  
ILLINOIS

97657545

# UNOFFICIAL COPY

STREET ADDRESS: 1525 GREENWOOD AVENUE

CITY: WILMETTE

COUNTY: COOK

TAX NUMBER: 05-28-411-004-0000

## LEGAL DESCRIPTION:

LOT 38 IN KENILWORTH PARK ADDITION TO WILMETTE, A SUBDIVISION IN THE SOUTH 25 ACRES OF THE NORTHEAST 1/4 OF THE SOUTH EAST 1/4 OF SECTION 28, TOWNSHIP 42 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED AUGUST 22, 1924 IN BOOK 179 OF PLATS, PAGE 16, AS DOCUMENT 8073933, IN COOK COUNTY, ILLINOIS

Property of Cook County Clerk's Office

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