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R205-04

### GENERAL POWER OF ATTORNEY

(With Durable Provision)

MENT, YOU SHOULD KNOW THESE IMPORTANT FACTS. THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON WHOM YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO PLEDGE, SELL JR OTHERWISE DISPOSE OF ANY REAL OR PERSONDAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. YOU MAY SPECIFY THAT THESE POWERS WILL EXIST EVEN AFTER YOU BECOME DISABLED, INCAPACITATED OR INCOMPETENT. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL OR OTHER HEALTH CARE DECISIONS FOR YOU. IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

TO ALL PERSONS, be it known that I, ANN M. CLEARY

of 1955 W. 9157 5T. CHICAGO, IL 60623

the undersigned Grantor, do hereby make and grant a general power of altorney I. WILLIAM C. SANTINO, of 1955 W. 9157. ST., CHICHGO IL 60620

and do thereupon constitute and appoint said individual as my attorney-in-fact.

My attorney-in-fact shall act in my name, place and stead in any way which I myself coeld do, if I were personally present, with respect to the following matters, to the extent that I am permitted by law to act brough an agent:

(NOTICE: The grantor must write his or her initials in the corresponding blank space of a box before with respect to each of the subdivisions (A) through (O) below for which the Grantor wants to give the agent authority if the blank space within a box for any particular subdivision is NOT initialed, NO AUTHORITY WILL BE GRANTED for matters that are included in that subdivision. Cross out each power withheld.)

[ Ar	nc <sub>j</sub>	(A)	Real estate transactions 35 BM
[	]	(B)	Tangible personal property transactions
[	]	(C)	Bond, share and commodity transactions
[	1	(D)	Banking transactions
[	J	(E)	Business operating transactions
[	1	(F)	Insurance transactions
1	1	(G)	Gifts to charities and individuals other than Attorney-in-Fact (If trust distributions are involved or tax consequences are anticipated, consult an attorney.)
[	}	(H)	Claims and litigation
[	]	(I)	Personal relationships and affairs
[	1	(J)	Benefits from military service
[	ì	(K)	Records, reports and statements  ATHE  (Revised 297)

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1,47				
9e 2 af		]	(L)	Full and unqualified authority to my attorney-in-fact to delegate any or all of the foregoing powers to any person or persons whom my attorney-in-fact shall select
m Lu	1	3	(M)	Access to safe deposit box(es)
立	[	]	(N)	All other matters
7.		* .	Dur	able Provision:
7	ĺ	}	<b>(O</b> )	If the blank space in the block to the left is initialed by the Grantor, this power of attorney shall not be affected by the subsequent disability or incompetence of the Grantor.
-			Oth	er Terms:
7.				
	٠.			
				9.
				~~,
.* *		· .	4	t hereby accepts this appointment subject to its terms and agrees to act and uciary capacity consistent with my best interests as he/she in his/her best dis-
	-	2.85 A. H. L.		sable, and I affirm and ratify all acts so undertaken.
				THIRD PARTY TO ACT HEREUNDER, I HEREBY AGREE THAT ANY

THIRD PARTY RECEIVING A DULY EXECUTED COPY OR FACSIMILE OF THIS INSTRUMENT MAY ACT HEREUNDE AND THAT REVOCATION OR TERMINATION HEREOF SHALL BE INEFFECTIVE AS TO SUCH THIRD PARTY UNLESS AND UNTIL ACTUAL NOTICE OR KNOWLEDGE OF SUCH REVOCATION OR TERMINATION SHALL HAVE BEEN RECEIVED BY SUCH THIRD PARTY, AND I FOR MYSELF AND FOR MY HEIRS, EXECUTORS, LEGAL REPRESENTATIVES AND ASSIGNS, HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS ANY SUCH THIRD PARTY FROM AND AGAINST ANY AND ALL CLAIMS THAT MAY ARISE AGAINST SUCH THIRD

PARTY BY REASON OF SUCH THIRD PART OF THIS INSTRUMENT.	Y HAVING RECIED ON THE PROVISIONS
Signed under seal this 1974 day of NOV	EMBER , 1997.
Signed in the presence of:	$O_{\mathcal{C}_{\alpha}}$
Roberta Horicen (in	m. Clean
Witness Grant	OF .
Junes Wast W.	Clean C. Lantino
Witness Attorr	ey-in-Fact
State of Himos County of Cyrac  On Nov 19 th before me, Many 3  to me (or proved to me on the basis of satisfactory evidence the within instrument and acknowledged to me that he/she/lt ty(ies), and that by his/her/their signature(s) on the instrument person(s) acted, executed the instrument.  WITNESS my hand and official seal.  Signature May Jan Way	ley executed the same in his/her/their authorized capaci-
(Sepl)	Affiant Known Produced ID Type of ID

STREET ADDRESS: 1955 W. 91 STREET

COUNTY: COOK CITY: CHICAGO

TAX NUMBER: 25-06-400-027-0000

### LEGAL DESCRIPTION:

THE WEST 10 FEET OF LOT 1 AND THE EAST 60 FEET OF LOTS 23 AND 24 IN BLOCK 24 IN BEVERLY HILLS, BEING A SUBDIVISION OF BLOCKS 22 TO 25, 31 AND 32 IN HILLIARD AND DOBBINS SUBDIVISION AND BLOCKS 1 TO 5 OF A. BOOTH'S SUBDIVISION OF BLOCKS 10 TO 12 OF HILLIARDS AND DOBBINS SUBDIVISION IN SECTION 6, TOWNSHIP 37 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Property of Cook County Clerk's Office

Heil To: Kingsland Financia L 610 E. Rosswelt RD Wheelon. IL 60187

BOX 333-611

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