4737/0037 30 001 1997-12-17 08:54:1 Cook County Recorder 47.00

A205-10 R205-04

GENERAL POWER OF ATTORNEY

(With Durnble Provision)

NOTICE: THIS IS AN IMPORTANT DOCUMENT. BEFORE SIGNING THIS DOCUMENT, 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 OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL 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, EDNA SWIDERSKI of 3113 W SYTH STREET, CHICAGO, IL. 60652 the undersigned Principal, do hereby make and grant a general power of attorney to CAROL L. MART OF 85.28 S. NATCHEZ, BURBANK, IL. GINST

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 could do, if I were personally present, with respect to the following matters, to the extent that I am permitted by law to act through an agent:

(NOTICE: The principal must write his c. her initials in the corresponding blank space of a box below with respect to each of the subdivisions (A) through (N) below for which the granter 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.)

(A) Real estate transactions

(B) Tangible personal property transactions

(C) Bond, share and commodity transactions

(D) Banking transactions

(E) Business operating transactions

(F) Insurance transactions

(G) Gifts to charities and individuals other than Attorney-in-Fact (H) Claims and litigation

(I) Personal relationships and affairs
(J) Benefits from military service
(K) Records, reports and statements

(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) All other matters

Durable Provision:

(N) 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.

Other Terms: See Schodule Attached



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BOX 333-CTI

(Revised 9/95)

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My attorney-in-fact hereby accepts this appointment subject to its terms and agrees to act and perform in said fiduciary capacity consistent with my best interests as he/she in his/her best discretion deems advisable, and I affirm and ratify all acts so undertaken.

TO INDUCE ANY THIRD PARTY TO ACT HEREUNDER, I HEREBY AGREE THAT ANY THIRD PARTY RECEIVING A DULY EXECUTED COPY OR FACSIMILE OF THIS INSTRUMENT MAY ACT HEREUNDER, 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 PARTY HAVING RELIED ON THE PROVISIONS OF THIS INSTRUMENT.

Signed	under	scal	this	Friday
D				•

3/st day of may

Signed in the presence of:

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Wilness			0
A		()	
O m	un Ma	-	<u>e.l</u>

Principal

Witness

State of Pelingia County of Conk On May 31, 1996

before me,

appeared

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 on 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.

Signature

Type of ID

(Seal)

OFFICIAL M PATERI DE OLIMBIA NOTÁRY PUB. MY COMMISSION (1949) ·

O R.Z Legal Forms. Before you use this form, read it, fill in all blanks, and make whatever changes are necessary to your particular transaction. Consult a lawyer if warranty, express or implied, with respect to the you doubt the form's filness for your purpose and use, E-Z Legal Forms and the retailer make no representation or

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97947375 Page 3 of 3

Legal Description for 3113 W. 84th Street, Chicago, IL 60652

Lot 9 (except the East five-tenths (6 inches) thereof) in First Addition to Mullen's Beverly Heights Resubdivision, being a Resubdivision of parts of Blocks 3, 4, 5, 6 and part of vacated South Troy Street, in Robert L. Taylor's Subdivision of the West 11.85 chains of the Southwest 1/4 of Section 36, Township 38 North, Range 13 East of the Third Principal Meridian, according to the Plat thereof registered in the Office of the Registrar of Titles of Cook County, Illinois, as Document No. 1497430

Also:

The East (va-tenths (6 inches) of Lot 6 in Second Addition to Mullen's Bayerly Heights Resubdivision, being a Resubdivision of parts of Lots 5 and 6 in Block 3, parts of Lots 1 and 2 in Block 4, all of South Troy Street, and the 16 foot public alley vacated by Ordinance passed January 25, 1954, all in Rubert L. Taylor's Subdivision of the Nest 11.85 chains of the Southwest 1/4 of Section 36, Township 30 North, Range 13, East of the Third Principal Meridian, according to the Plat thereof registered in the Office of the Registrar of Titles of Cook County, Illinois on March 25, 1955 as Document No. 1583638. B. County Clarks Office

PIN #: 19-36-303-033-0000

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