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STATUTORY POWER OF ATTORNEY FOR PROPERTY

NOTICE: UNLESS YOU LIMIT THE POWER IN THIS DOCUMENT, THIS DOCUMENT GIVES YOUR AGENT THE POWER TO ACT FOR YOU, WITHOUT YOUR CONSENT, IN ANY WAY THAT YOU COULD ACT FOR YOURSELF. THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THEY ARE EXPLAINED IN THE "UNIFORM STATUTORY FORM POWER OF ATTORNEY ACT", PART 13 OF ARTICLE 1 OF TITLE 15, COLORADO REVISED STATUTES, AND PART 6 OF ARTICLE 14 OF TITLE 15, COLORADO REVISED STATUTES. IF YOU HAVE ANY QUESTIONS ABOUT THESE POWERS, OBTAIN COMPETENT LEGAL ADVICE. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL OR OTHER HEALTH-CARE DECISIONS FOR YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY AND AFFAIRS, 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. THIS FORM DOES NOT IMPOSE A DUTY ON YOUR AGENT TO EXERCISE GRANTED POWERS; BUT WHEN POWERS ARE EXERCISED, YOUR AGENT MUST USE DUE CARE TO ACT FOR YOUR BENEFIT AND IN ACCORDANCE WITH THE PROVISIONS OF THIS FORM AND MUST KEEP A RECORD OF RECEIPTS, DISBURSEMENTS, AND SIGNIFICANT ACTIONS TAKEN AS AGENT. YOU MAY NAME SUCCESSOR AGENTS UNDER THIS FORM BUT NOT CO-AGENTS. UNTIL YOU REVOKE THIS POWER OF ATTORNEY OR A COURT ACTING ON YOUR BEHALF TERMINATES IT, YOUR AGENT MAY EXERCISE THE POWERS GIVEN HERE THROUGHOUT YOUR LIFETIME, EVEN AFTER YOU MAY BECOME DISABLED, UNLESS YOU EXPRESSLY LIMIT THE DURATION OF THIS POWER IN THE MANNER PROVIDED BELOW.

YOU MAY HAVE OTHER RIGHTS OR POWERS UNDER COLORADO LAW NOT SPECIFIED IN THIS FORM.

I, DEBIE M. STOLTZ MOSER

(insert your name and address)

506 W HAVEN DR ARINGTON HEIGHTS IL 60005

appoint SAMUEL J MOSER

(insert the full name and address of the person appointed)

506 W HAVEN DR ARINGTON HEIGHTS IL 60005

as my agent (attorney-in-fact) to act for me in any lawful way with respect to the following initialed subjects:

TO GRANT ONE OR MORE OF THE FOLLOWING POWERS, INITIAL THE LINE IN FRONT OF EACH POWER YOU ARE GRANTING. TO WITHHOLD A POWER, DO NOT INITIAL THE LINE IN FRONT OF IT. YOU MAY, BUT NEED NOT, CROSS OUT EACH POWER WITHHELD.

INITIAL

- | | |
|--|---|
| <input checked="" type="checkbox"/> (A) Real property transactions (when properly recorded). | <input type="checkbox"/> (H) Estate, trust, and other beneficiary transactions. |
| <input type="checkbox"/> (B) Tangible personal property transactions. | <input type="checkbox"/> (I) Claims and litigation. |
| <input type="checkbox"/> (C) Stock and bond transactions. | <input type="checkbox"/> (J) Personal and family maintenance. |
| <input type="checkbox"/> (D) Commodity and option transactions. | <input type="checkbox"/> (K) Benefits from social security, medicare, medicaid, or other governmental programs or military service. |
| <input type="checkbox"/> (E) Banking and other financial institution transactions. | <input type="checkbox"/> (L) Retirement plan transactions. |
| <input type="checkbox"/> (F) Business operating transactions. | <input type="checkbox"/> (M) Tax matters. |
| <input type="checkbox"/> (G) Insurance and annuity transactions. | |

UNLESS YOU DIRECT OTHERWISE, THIS POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY AND WILL CONTINUE UNTIL IT IS REVOKED OR TERMINATED AS SPECIFIED BELOW. STRIKE THROUGH AND WRITE YOUR INITIALS TO THE LEFT OF THE FOLLOWING SENTENCE IF YOU DO NOT WANT THIS POWER OF ATTORNEY TO CONTINUE IF YOU BECOME DISABLED, INCAPACITATED, OR INCOMPETENT.

1. This power of attorney will continue to be effective even though I become disabled, incapacitated, or incompetent.

YOU MAY INCLUDE ADDITIONS TO AND LIMITATIONS ON THE AGENT'S POWERS IN THIS POWER OF ATTORNEY IF THEY ARE SPECIFICALLY DESCRIBED BELOW.

2. The powers granted above shall not include the following powers or shall be modified or limited in the following manner (here you may include any specific limitations you deem appropriate, such as a prohibition of or conditions on the sale of particular stock or real estate or special rules regarding borrowing by the agent):

THIS POWER OF ATTORNEY IS SPECIFICALLY FOR AND LIMITED TO THAT TRANSACTIONS FOR THE RE-FINANCING OF THE PROPERTY WITH THE LEGAL DESCRIPTION AND ADDRESS OF:

506 W HAVEN DR ARINGTON HEIGHTS IL 60005
LOT 154 REAL CORP SUBDIVISION, ARINGTON HEIGHTS FIRST
ADDITION, A SUBDIVISION IN SECTION 9, TOWNSHIP 41 NORTH,
RANGE 11, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN
COOK COUNTY, ILLINOIS

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3. In addition to the powers granted above, I grant my agent the following powers (here you may add any other delegable powers, such as the power to make gifts, exercise powers of appointment, name or change beneficiaries or joint tenants, or revoke or amend any trust specifically referred to below):

4. SPECIAL INSTRUCTIONS. ON THE FOLLOWING LINES YOU MAY GIVE SPECIAL INSTRUCTIONS TO YOUR AGENT:

YOUR AGENT WILL BE ENTITLED TO REIMBURSEMENT FOR ALL REASONABLE EXPENSES INCURRED IN ACTING UNDER THIS POWER OF ATTORNEY. STRIKE THROUGH AND INITIAL THE NEXT SENTENCE IF YOU DO NOT WANT YOUR AGENT TO ALSO BE ENTITLED TO REASONABLE COMPENSATION FOR SERVICES AS AGENT.

5. My agent is entitled to reasonable compensation for services rendered as agent under this power of attorney.

THIS POWER OF ATTORNEY MAY BE AMENDED IN ANY MANNER OR REVOKED BY YOU AT ANY TIME. ABSENT AMENDMENT OR REVOCATION, THE AUTHORITY GRANTED IN THIS POWER OF ATTORNEY IS EFFECTIVE WHEN THIS POWER OF ATTORNEY IS SIGNED AND CONTINUES IN EFFECT UNTIL YOUR DEATH, UNLESS YOU MAKE A LIMITATION ON DURATION BY COMPLETING THE FOLLOWING:

6. This power of attorney terminates on _____ . (Insert a future date or event, such as court determination of your disability, when you want this power to terminate prior to your death.)

BY RETAINING THE FOLLOWING PARAGRAPH, YOU MAY, BUT ARE NOT REQUIRED TO, NAME YOUR AGENT AS GUARDIAN OF YOUR PERSON OR CONSERVATOR OF YOUR PROPERTY, OR BOTH, IF A COURT PROCEEDING IS BEGUN TO APPOINT A GUARDIAN OR CONSERVATOR, OR BOTH, FOR YOU. THE COURT WILL APPOINT YOUR AGENT AS GUARDIAN OR CONSERVATOR, OR BOTH, IF THE COURT FINDS THAT SUCH APPOINTMENT WILL SERVE YOUR BEST INTERESTS AND WELFARE. STRIKE THROUGH AND INITIAL PARAGRAPH 7 IF YOU DO NOT WANT YOUR AGENT TO ACT AS GUARDIAN OR CONSERVATOR, OR BOTH.

7. If a guardian of my person or a conservator for my property, or both, are to be appointed, I nominate the agent acting under this power of attorney as such guardian or conservator, or both, to serve without bond or security.

IF YOU WISH TO NAME SUCCESSOR AGENTS, INSERT THE NAME AND ADDRESS OF ANY SUCCESSOR AGENT IN THE FOLLOWING PARAGRAPH:

8. If any agent named by me shall die, become incapacitated, resign, or refuse to accept the office of agent, I name the following each to act alone and successively, in the order named, as successor to such agent:

NONE

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For purposes of this paragraph 8, a person is considered to be incapacitated if and while the person is a minor or a person adjudicated incapacitated or if the person is unable to give prompt and intelligent consideration to business matters, as certified by a licensed physician.

I agree that any third party who receives a copy of this document may act under it. Revocation of the power of attorney is not effective as to a third party until the third party learns of the revocation. I agree to indemnify the third party for any claims that arise against the third party because of reliance on this power of attorney.

Signed on June 10, 1998.

IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, IT MAY BE IN YOUR BEST INTEREST TO CONSULT A COLORADO LAWYER RATHER THAN SIGN THIS FORM.

Dennis M. Mozer
Your Signature

339-46-4679
Your Social Security Number

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 COMPLETE THE CERTIFICATION OPPOSITE THE SIGNATURES OF THE AGENTS.

NOTICE TO AGENTS: BY EXERCISING POWERS UNDER THIS DOCUMENT, THE AGENT ASSUMES THE FIDUCIARY AND OTHER LEGAL RESPONSIBILITIES OF AN AGENT UNDER COLORADO LAW.

Specimen signatures of agent (and successors)

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

_____	Agent	_____	Principal
_____	Successor Agent	_____	Principal
_____	Successor Agent	_____	Principal

STATE OF CO COLORADO

COUNTY OF COU } SS.

This document was acknowledged before me on June 10 1998 Date

by Dennis M. Mozer Name of Principal

[, who certifies the correctness of the signature(s) of the agent(s)].

(Seal)

[Signature]
Notary Public

My commission expires: _____

OFFICIAL SEAL
LINDA M. RUDOLPH
Notary Public, State of Illinois
Commission Expires 02-17-00

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COLORADO AGENT'S AFFIDAVIT REGARDING POWER OF ATTORNEY

STATE OF COLORADO

COUNTY OF _____) ss.

I, _____, whose address is

_____ of lawful age, pursuant to sections 15-1-1302, 15-14-501, and 15-14-502, Colorado Revised Statutes, state upon my oath that I am the attorney-in-fact and agent for _____ principal, under the power of attorney dated _____, a copy of which is attached hereto and incorporated herein by this reference, that as of this date I have no actual knowledge of the [revocation or*] termination of the power of attorney by any act of the principal, or by the death, [disability, or incompetence*] of the principal, that my authority has not been terminated by a decree of dissolution of marriage or legal separation, and that to the best of my knowledge the power of attorney has not been so terminated and remains valid, in full force and effect.

Dated: _____ Attorney-in-Fact

The foregoing Affidavit was subscribed and sworn to before me on _____, 19____, by _____, Agent.

Witness my hand and official seal.

My commission expires: _____

(SEAL)

Notary Public

*Strike "revocation or" and "disability or incompetence" if the power of attorney is durable and the principal is disabled or incompetent.

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CHICAGO TITLE INSURANCE COMPANY

ORDER NUMBER: 2410 007729576 HL
STREET ADDRESS: 506 W. HAVEN DRIVE
CITY: ARLINGTON HEIGHTS COUNTY: COOK
TAX NUMBER: 08-09-415-016-C300

LEGAL DESCRIPTION:

LOT 134 IN REALCOA SUBDIVISION IN ARLINGTON HEIGHTS FIRST ADDITION, BEING A
SUBDIVISION IN SECTION 9, TOWNSHIP 41 NORTH, RANGE 11, EAST OF THE THIRD
PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

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Reply Samuel Morse,
Minto National City, Ill.
3232 Newmark Dr.
Hammoburg OH 45342

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