



DEPT-01 RECORDING \$25.50
T#0000 TRAN 0730 10/15/98 12:28:00
#5603 # CG # -98-927226
COOK COUNTY RECORDER
DEPT-10 PENALTY \$22.00

A240-10
R240-04

LIMITED POWER OF ATTORNEY
(With Durable 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, JOAN AGAPE, of 3741 W. EASTWOOD
CHICAGO IL 60625, as Grantor, do hereby make and grant a limited and
specific power of attorney to ANNMARIE E. MARINSON, fiancee (wife) of
and appoint and constitute said individual as my attorney-in-fact.

My named attorney-in-fact shall have full power and authority to undertake, commit and perform only the following
acts on my behalf to the same extent as if I had done so personally; all with full power of substitution and revocation
in the presence: (Describe specific authority) I authorized her to sign all my
documentation to refinance our building at 3741 W.
EASTWOOD, Chicago IL 60625 with FTM Mortgage Co.
This power of attorney expire when all documentation for
the refinance of our building finalized.

The authority granted shall include such incidental acts as are reasonably required or necessary to carry out and perform the specific authorities and duties stated or contemplated herein.

My attorney-in-fact agrees to accept this appointment subject to its terms, and agrees to act and perform in said fiduciary capacity consistent with my best interests as my attorney-in-fact deems advisable, and I thereupon ratify all acts so carried out.

I agree to reimburse my attorney-in-fact all reasonable costs and expenses incurred in the fulfillment of the duties and responsibilities enumerated herein.

Special durable provisions:

This power of attorney shall not be affected by subsequent incapacity of the Grantor. This power of attorney may be revoked by the Grantor giving written notice of revocation to the attorney-in-fact, provided that any party relying in good faith upon this power of attorney shall be protected unless and until said party has either a) actual or constructive notice of revocation, or b) upon recording of said revocation in the public records where the Grantor resides.

Other terms:

1st AMERICAN TITLE order # 1133046am
103



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98927226

UNOFFICIAL COPY

Signed under seal this

Signed in the presence of:

4/9
29th day of *Sept*

(year) *1998*

Gildo F. Decco

Witness

Joseph M. Mirello

Witness

Edward Starke

Witness

Camelia Craunhone

Witness

Grantor

Ann Marie Johnson
Attorney in Fact



State of *Ill*

County of *Cook*

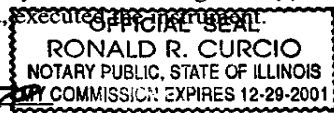
On *Sept 29* 1998

before me,

JOAN AGAPE & Ann Marie Johnson

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 by 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 *[Signature]*

Affiant Known Produced ID
Type of ID _____
(seal)

State of _____

County of _____

On _____

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 by 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 _____

Affiant Known Produced ID
Type of ID _____
(Seal)

98527226

UNOFFICIAL COPY

LEGAL DESCRIPTION

LOT 8 (EXCEPT THE EAST 16 FEET) AND LOT 9 (EXCEPT THE WEST 5 FEET) IN BLOCK 4 IN ROBERT S. DISNEY'S IRVING PARK SUBDIVISION OF THE WEST 25 ACRES OF THE EAST 1/2 OF THE NORTHWEST 1/4 OF SECTION 14, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN (EXCEPT THE EAST 12 RODS OF THE SOUTH 40 RODS THEREOF) IN COOK COUNTY, ILLINOIS.

P. I. N. # 13-14-111-025



Property of Cook County
Joan Agape
2741 W. Eastwood Ave.
Chicago, IL 60625

Recorder's Office

18521226