

A205-10  
R205-04

GENERAL POWER OF ATTORNEY  
(With Durable Provision)



NOTICE: THIS IS AN IMPORTANT DOCUMENT. BEFORE SIGNING THIS DOCUMENT, YOU SHOULD KNOW THESE IMPORTANT FACT. THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON WHOM YOU DESIGNATE (YOUR "AGENT") BROAD POWER 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.

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TO ALL PERSONS, be it known that I *José L. Puente* of *5616 South Trumbull, Chicago, Illinois 60629* the undersigned principal, do hereby make and grant a general power of attorney to *Gisela Ruiz*, of *5616 South Trumbull, Chicago, Illinois 60629* and do thereupon contitute and appoint said individual as 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 OR 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 grantor wants to give the authority. If the lank 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 that 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

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forgoing powers to any person or persons whom my attorney-in-fact shall delegate  
ULP (M) All other matters

**Durable Provision:**  
ULP (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:**

(Revised 9/95)

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 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 FACISIMILE OF THIS INSTRUMENT MAY ACT HEREUNDER, AND THAT REVOCATION OR TERMINATION THEREOF 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 seal this *1st* day of *October of*, 1998

Signed in the presence of:

*Hermilia Puente*  
Witness

*Jose L. Puente*  
Principal

*Martha Puente*  
Witness

*Luisa Khing*  
Attorney -in-Fact

State of Illinois }  
  }SS  
County of Cook }

On *October 1st of 1998* before me *Peter Rodriguez*  
Appeared *Jose L. Puente, SS# 320-48-1530*

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 authored 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 *Peter Rodriguez [Signature]*

Affiant \_\_\_\_\_ Known  Produced ID  
Type of ID *Driver's License # P530 4323 5245*

(Seal) 

. **E-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 you doubt the form's fitness for you purpose and use. E-Z Legal Forms and the retailer make no representation or warranty, express or implied with respect to the merchantability of this form for an intended use or purpose.

# UNOFFICIAL COPY

LOT 42 IN JOHN SHERIDIAN'S RESUBDIVISION OF LOTS 18 TO 27, INCLUSIVE, IN BLOCK 1 AND LOTS 33 TO 46, INCLUSIVE, IN BLOCK 2, AND LOTS 5 TO 24, INCLUSIVE, IN BLOCK 3 AND LOTS 25 TO 48, INCLUSIVE, IN BLOCK 4 IN NASH'S SUBDIVISION OF THE NORTH EAST 1/4 OF THE WEST 1/2 OF THE NORTH EAST 1/4 OF SECTION 14, TOWNSHIP 38 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS.

Pin - 19-14-207-028

5616 South Newhall  
Chicago, Illinois 60629

Jose L Puente



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