



444579

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, JOSEPH M. ROTH, of 1475 NOTTINGHAM LANE, HOFFMAN ESTATES, IL 60195, as Grantor, do hereby make and grant a limited and specific power of attorney to JANE M. ROTH, of HOFFMAN ESTATES 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)

EXECUTE ANY AND ALL DOCUMENTS RELATED TO THE REFINANCING OF THE PROPERTY KNOWN AS 1475 NOTTINGHAM LANE, LOT 10 IN BLOCK 216 IN THE HIGHLANDS WEST AT HOFFMAN ESTATES X XV.

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:**

Prepared by a mail to: Joseph M Roth  
1475 Nottingham Lane  
Hoffman Estates IL 60195

TICOR TITLE



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R*

# UNOFFICIAL COPY

Signed under seal this 24th day of October, 19 98

Signed in the presence of:  
Jeffrey H. Wood  
Witness

Laura Shah  
Witness

Joseph M Roth Jr  
Grantor

Attorney in Fact

Witness

Witness

State of Illinois  
County of Cook

On October 24, 1998 before me, appeared Joseph M Roth Jr 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 Laura Fanelle



Produced ID  
(seal)

31111001

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)

# UNOFFICIAL COPY



## TICOR TITLE INSURANCE COMPANY

ORDER NUMBER: 2000 000444579 CH  
STREET ADDRESS: 1475 N. HINGHAM LANE  
CITY: HOFFMAN ESTATES COUNTY: COOK COUNTY  
TAX NUMBER: 07-05-208-010-0000

**LEGAL DESCRIPTION:**

LOT 10 IN BLOCK 216 IN THE HIGHLANDS WEST AT HOFFMAN ESTATES XXV, BEING A SUBDIVISION OF PART OF FRACTIONAL SECTION 5 AND PART OF THE WEST 1/2 IN THE NORTHEAST 1/4 IN SECTION 8, TOWNSHIP 41 NORTH, RANGE 10, 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 MAY 9, 1967 AS DOCUMENT NO. 2323530.

Property of Cook County Clerk's Office