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STATUTORY DURABLE POWER OF ATTORNEY

NOTICE: THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. IF YOU HAVE ANY QUESTIONS ABOUT THESE POWERS, OBTAIN COMPETENT LEGAL ADVICE. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL AND OTHER HEALTH CARE DECISIONS FOR YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

I, Shari L. Johnson, appoint VIRVEY MAE WILSON as my agent (attorney-in-fact) to act for me in any lawful way with respect to all of the following powers except for a power that I have crossed out below.

TO WITHHOLD A POWER, YOU MUST CROSS OUT EACH POWER WITHHELD.

- Real Property Transactions
- ~~Tangible Personal Property Transactions~~
- ~~Stock and Bond Transactions~~
- ~~Commodity and Option Transactions~~
- ~~Business Operating Transactions~~
- ~~Insurance and Annuity Transactions~~
- ~~Estate, Trust and Other Beneficiary Transactions~~
- ~~Claims and Litigation~~
- ~~Personal and Family Maintenance~~
- ~~Benefits From Social Security, Medicare, Medicaid or other Governmental Programs of Civil or Military Service~~
- ~~Retirement Plan Transactions~~
- ~~Tax Matters~~

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IF NO POWER LISTED ABOVE IS CROSSED OUT, THIS DOCUMENT SHALL BE CONSTRUED AND INTERPRETED AS A GENERAL POWER OF ATTORNEY AND MY AGENT (ATTORNEY-IN-FACT) SHALL HAVE THE POWER AND AUTHORITY TO PERFORM OR UNDERTAKE ANY ACTION I COULD PERFORM OR UNDERTAKE IF I WERE PERSONALLY PRESENT.

SPECIAL INSTRUCTIONS

Special instructions applicable to gifts (initial in front of the following sentence to have it apply)

I grant my agent (attorney-in-fact) the power to apply my property to make gifts, except that the amount of a gift to any individual may not exceed the amount of annual exclusions allowed from the federal gift tax for the calendar year of the gift.

ON THE FOLLOWING LINES YOU MAY GIVE SPECIAL INSTRUCTIONS LIMITING OR EXTENDING THE POWERS GRANTED TO YOUR AGENT:

THIS POWER OF ATTORNEY IS TO BE USED FOR THE EXECUTION OF ANY AND ALL DOCUMENTS PERTAINING TO THE REFINANCE OF PROPERTY LOCATED AT 649 NORTH LARAMIE AVENUE, CHICAGO, IL WITH AMERICAN HOME LOANS
THIS POWER OF ATTORNEY EXPIRES ON AUGUST 24, 1999

UNLESS YOU DIRECT OTHERWISE ABOVE, THIS POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY AND WILL CONTINUE UNTIL IT IS REVOKED.

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Cook County Recorder 47.50

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CHOOSE ONE OF THE FOLLOWING ALTERNATIVES BY CROSSING OUT THE ALTERNATIVE NOT CHOSEN:

- (A) This power of attorney is not affected by my subsequent disability or incapacity.
- (B) This power of attorney becomes effective upon by disability or incapacity.

YOU SHOULD CHOOSE ALTERNATIVE (A) IF THIS POWER OF ATTORNEY IS TO BECOME EFFECTIVE ON THE DATE IT IS EXECUTED.

IF NEITHER (A) NOR (B) IS CROSSED OUT, IT WILL BE ASSUMED THAT YOU CHOSE ALTERNATIVE (A).

If Alternative (B) is chosen and a definition of my disability or incapacity is not contained in this power of attorney, I shall be considered disabled or incapacitated for the purposes of this power of attorney if a physician certifies in writing at a date later than the date this power of attorney is executed that, based on the physician's examination of me, I am mentally incapable of managing my financial affairs. I authorize the physician who examines me for this purpose to disclose my physical or mental condition to another person for purpose of this power of attorney. A third party who accepts this power of attorney is fully protected from any action taken under this power of attorney that is based on the determination made by a physician of my disability or incapacity.

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

If any agent named by me dies, becomes legally disabled, resigns or refuses to act, I name the following (each to act alone and successively, in the order named) as successor(s) to that agent:

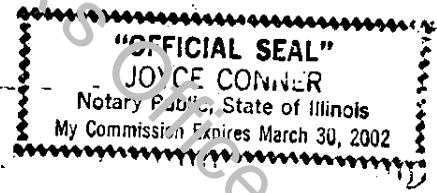
Signed this 18th day of August 19 99
Shari Johnson
(Your Signature)

State of Illinois
County of Cook
This document was acknowledged before me on 18th (date) by August (name of principal)

Joyce Conner
(Signature of Notarial offices)

(Seal, if any of notary) Joyce Conner (printed name)

My commission expires March 30, 2002



THE ATTORNEY-IN-FACT OR AGENT, BY ACCEPTING OF ACTING UNDER THE APPOINTMENT, ASSUMES THE FIDUCIARY AND OTHER LEGAL RESPONSIBILITIES OF ANY AGENT.

PREPARED BY SHARI L. JOHNSON, 649 NORTH LARAMIE AVENUE, CHICAGO, IL 60644
AND RETURN TO: SAME

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LEGAL DESCRIPTION:

LOT 24 AND THE SOUTH 5 FEET OF LOT 25 IN BLOCK 3 IN THE SUBDIVISION OF THE NORTH 16 ACRES OF THE WEST 1/2 OF THE WEST 1/2 OF THE NORTHEAST 1/4 OF SECTION 9, TOWNSHIP 39 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

16-09-208-002

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Property of Cook County Clerk's Office