ILLINOIS STATE TO THOSE FOR POWAR OF ACTION PYFOR PROPERTY



(Notice: the purpose of this power of attorney is to give the person you designate (your "agent) broad powers to handle your prope 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 will have to use due care to act for your benefit and in accordance with this form and keep a record of receipts, disbursements and significant actions taken as agent. A court can take away the powers of your agent if it finds the agent is not acting property. You may name successor agents under this form but not co-agents unless you expressly limit the duration of the power in the manner provided below. Until you revoke this power or a court acting on your behalf terminates it, your agent may exercise the power given here throughout your lifetime. Even after you become disabled. The powers you give your agent are explained more fully in section 3-4 of the Illinois "statutory short form power of attorney for property law" of which this form is a part (see the back of this form). That law expressly permits the use of any different form of per of attorney you may desire. If there is anything about this form that you do not understand. You should ask a lawyer to explain it to you.)

POWER OF ATTORNEY made this 28th day of November 1998

1. I, Leonard Mayfield hereby appoint: Fredrick Barder and Associates as my attorney in fact (my "agent" to act for me and in my name (in any way I could act in person) with respect to the following powers, as defined in Section3-4 of the "statutory short Form Power of attorney form Property Law including all amendments)., but subject to any limitations on or additions to the specified powers instruct in paragraph 2 or 3 below: Real Estate transactions (Limitations on and additions to the aper's lowers may be included 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 particulars (here you may include any specific limitations you deem appropriate, such as a prohibition or conditions on the sale of particular stock or real estate or special rules on borrowing by the agent): 3. In addition to the powers granted above. I grant my agent the following powers (here you may add any other delegable powers including, without limitation, power to make lifts, exercise powers of appointment, name or change beneficiaries or joint tenants or revoke or amend any true, specifically referred to below): (Your agent will have authority to employ other persons as necessary to enable the agent to property exercise the low as granted in this form, but your agent will have to make all discretionary decisions. If you want to give your agent the right to delege. discretionary decision-making powers to others, you should keep the next sentence, otherwise it should be struck out.) 4. My agent shall have the right by written instrument to delegate any or all the foregoing powers involving discretionary decision-making to any person or persons whom my agent may select, but such delegation may be amended or revoked by any agent (including any successor) named by me who is acting

> Repared by & mare to Drederica Barder 55 W. 22nd St # 104 Lombard & 6048

under this power of attorney at the time of reference.

Lawyers Title Insurance Corporation

99068791

9185/0126 18 001 Page 1 of 4 1999-01-22 09:46:55 Cook County Recorder 51.50

UNOFFICIAL COPY

99068791

RIDER - LEGAL DESCRIPTION

LOTS 21 AND 22 IN BLOCK 258 IN THE SUBDIVISION OF THE NORTH 10 ACRES OF THE SOUTHWEST 1/4 OF THE NORTHWEST 1/4 SOUTH OF THE INDIAN BOUNDARY LINE OF SECTION 7, TOWNSHIP 36 NORTH, RANGE 14, LYING SOUTH OF THE INDIAN BOUNDARY LINE, LYING EAST OF WESTERN AVENUE AND SOUTH OF CENTER OF 145TH STREET RECORDED ON FEBRUARY 11, 1897 AS BOOK OF COOK COUNTY CLOTH'S OFFICE DOCUMENT 2497632 BOOK OF PLATS PAGE 14, IN COOK COUNTY, ILLINOIS.

29-07-128-001-0000 29-07-128-002-0000 (Your agent will be entitled to reinch uncernent for all reasonable expenses in curred it acting under this power of attorney. Strike out the next sentence if you do not want your agent to also be entitled to reasonable compensation for services as agent of the compensation for services and the compensation for services are compensation for services and the compensation for services are compensation for services and the compensation for services are compensation for services and the compensation for services are compensation for services and the compensation for services are compensation for services and the compensation for services are compensation for services and the compensation for services are compensation for services and the compensation for services are compensation for services and the compensation for services are compensation for services and compensation for services are compensation for services and compensation for services are compensation for services and compensa

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

(This power of attorney may be amended or revoked by you at any time, in any manner. Absent amendment or revocation, the authority granted in this power of attorney will become effective at the time this power is signed and will continue until your death unless a limitation on the beginning date or duration is made by initialing and completing either (or both) of the following): 6. () This power of attorney shall become effective on Nov 28 1998 Jan 31, 1999 7. () This power of attorney shall terminate on (If you wish to name successor agents, insert the name(s) and address of such successor(s) n the following paragraph.) 8. If any agent named by me shall die, become incompetent, 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 agent: For purposes of this paragraph 8, 1 person shall be considered to be incompetent if and while the person is a minor or an adjudicated incompetent or disabled person the person is unable to give prompt and intelligent consideration to business natters, a certified by a licensed physician. (If you wish to name your agent as guardian of your estate, in the event a court decides that one should be appointed, you may, but are not required to. Do so by retaining the following particular. The court will appoint your agent if the court finds that such appointment will serve your best interest and welfare, strike out paragarin 9 if you do not want your agent to act a s guardian.) 9. If a guardian of my estate (my property) is to be appointed, I nominate the agent acting under this power of attorney as such guardian, to serve without bond or security. I am fully informed as to all the contents of this form and understand the full import of this grant of power of attorney to my agent. Signed: THIS POWER OF ATTORNEY WILL NOT BE EFFECTIVE UNLESS IT IS NOT ARIZED, USING THE FORM BELOW: State of Illingis County of Cook The undersigned, a notary public in and for the above county and state, certifies that _ Leonard Mayfield Known to me to be the same person(s) whose name is subscribed as principal to the foregoing power of attorney, appeared before me in person and acknowledged signing and delivering the instrument as the free and voluntary act of the principal, for the use and purpose therein set forth and certified to the correctness of the signatures of the agents . OFFICIAL SEAL MARIAN L MOORE NOTARY PUBLIC STATE OF ILLINOIS MY COMMISSION EXP. JUNE 23,2002 Notary Public

My commission expires:

99068791

STATEMENT OF INFOR MATION Chilago The Insurance Compan Odor#: 109 ST5004165 NWA						
Interrogatories Re: Estate of Velan Mayfield , deceased						
Leonard Mayfield Harvey, 14 6424						
RELATIONSHIP OF AFFIANT TO THE DECEASED: OCCUPATION OF THE DECEASED: CETICAL						
RESIDENCES OF DECEASED FOR THE TEN YEARS PRECEEDING DATE OF	FROM (DATE)	TO (DATE)	STREET NUMBER		CITY	STATE
	1994	1998	19821	orchard Ave	Lynwood	11
	1970	1994	15733 H	toyne Ave.	Harvey	1
DEATH						
IS THE ESTATE OF THE DECE JEN I BEING PROBATED? YES NO IF YES, STATE CASE NUMBER, COUNTY AND STATE: HAVE THE ADMINISTRATION PROCESSINGS BEEN COMPLETED? YES NO PLACE NO PLA						
IF YES, HAS IT BEEN ADMITTED TO PROBATE? UF YES NO IF NO, HAS IT BEEN FILED WITH THE CIRCUIT COURT IN THE UNPROVEN WILL BOX? YES NO NO						
WHAT WAS THE TOTAL VALUE OF THE ESTATE OF THE DEFEDENT, INCLUDING THE PROPERTY DESCRIBED IN THE ABOVE TITLE INSURANCE COMMITMENT, AS WELL AS ALL PERSONAL PROPERTY AND OTHER REAL ESTATE IN ILLINOIS OR ELSEWHERE IN THE U.S., PROCEEDS OF THE INSURANCE ON THE LIFE OF THE DECEDENT, CASH, SECURITIES, BANK DEPOSITS AND THE INTEREST OF THE DECEDENT IN REAL, OR PERSONAL PROPERTY, IF ANY, HELD AND OTHER REAL ESTATE IN ILLINOIS OR ELSEWHERE IN THE U.S., PROCEEDS OF THE INSURANCE ON THE LIFE OF THE DECEDENT TENANCY? IS THE ESTATE OF SUFFICIENT SIZE TO BE SUBJECT TO FEDERAL ESTATE FAY? HAVE ALL EXPENSES OF THE LAST ILLNESS AND BURIAL OF THE DECEDENT OR MISSON, HER ESTATE BEEN FULLY PAID AND DISCHARGED? WES NO HAVE ALL EXPENSES OF THE LAST ILLNESS AND BURIAL OF THE DECEDENT OF MISSON, HER ESTATE BEEN FULLY PAID AND DISCHARGED? NO IS THE ESTATE LUBBLE TO OR SUBJECT TO A CLAIM ON THE PART OF ANYONE FOR PERSONAL OR NURSING SERVICES RENDERED OR ROOM AND YES NO BOARD FURNISHED TO THE DECEDENT? IF YES, DESCRIBE TO WHOM AND FOR HOW MUCH ON REVERSE SIDE. HAVE ALL DEBTS OF THE DECEASED, INCLUDING PARTNERSHIP OBLIGATIONS, IF ANY, AND CLAIMS AGAINST THE ESTAT. NO IF NO, DESCRIBE ALL UNPAID ITEMS IN DETAIL ON REVERSE SIDE.						
OTHER OBLIGATIONS? IF YES, DESCRIBE FULLY ON REVERSE SIDE.						
AFFIANT STATES THAT THE FOREGOING ANSWERS TO INTERROGATORIES ARE TRUE AND MAKES THIS AFFIDA. AND ANSWERS TO INTERROGATORIES TO INDUCE CHICAGO TITLE INSURANCE COMPANY TO ISSUE ITS COMMITMENT AND ITS TITLE INSURANCE POLICY ON THE ABOVE-REFERENCED ORDER NUMBER FREE AND CLEAR OF CLAIMS, ADMINISTRATION EXPENSES, TAXES AND OTHER EXCEPTIONS, IF ANY, RELATING TO THE ESTATE OF SAID DECEDENT.						
STATE OF ILLINOIS PRESENTED TO						
SS COUNTY OF CHICAGO TITLE INSURANCE COMPANY						
SUBSCRIBED AND SWORN TO BEFORE ME BY THE SAID						
THIS	DAY OF		19	ADDRESS _		· · · · · · · · · · · · · · · · · · ·
		NOTAF	RY PUBUÇ			