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Durable Power of Attorney

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I (We Rob	ert f	4 . Tao	œ.			4435						60402
do make, con	titute an	d appoint	Elizabell	Taska	···········							n IL 6040
my (our) true stead as my (and law! (our) act	ful attorne and deed	ey, to act in, mana d, either to do ut llowing acts, dead	ige, and condi of execute, or	ict all my r to conci							
To borro	w mone	y on such	terms as my (our).\ttomey may	y choose.							,
personal prop	erty in w	hich I (we	convey, assign, p e) may have an in iding, but not limi	terest, for car	i purpose	s and upo	n such i	terms an	d in such			y or all real of
			County, State of	·				, desc	ribed as:			,
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•	THE LA	nd refi	erred to in ti	HIS COMMIT	Ment is	DESC'	CED A	FÖLL	:2WC			•
Commonly kn	DESCRIP FRET AND THE OF THE HEST IN EAST OF ATTACH! NUMBER BECORD! INTERES OWN 85:	MED REAL SE WEST 26 WE	STA MARIA CORU L ESTATE: LOTS SOUTH 10 FRET 277.6 PEET OF S THE MORTHEAST STAD PEINCIAPL CHIBIT "A", T LS, AND AMEDED 3, 1996 AS DO RE COMMON ELEM	OF THE EAS LOT 2 (EXC MAID LOT 2) QUARTER OF MERIDIAN, TO THE DECL BY FIRST COMERT NUM DENTS.	3 IN ON T 54.1 EPT THE OF JAM BECTION IN COOK ARATION AMENDME	NER'S S FEET OF SOUTH ES H. S N 7, TO K COUNT OF CON NT TO D 19417,	UBD: VI THE 'I 115 FE COVILL HNSHIP Y, ILL DOMINI ECKARA TOGETE	SION OF EN 27 A' OF EN 3'S 39 KJ INOIS; VM REC TION O	F THE U 7.6 PZE THE EAS JIVIETO TH, RA HEICH DRUED A F COND A R THE P	est 27 T of 1, T 81.6 N OF T NGE 13 SURVEY T DOCU MIN (UM	J.5 VP J VEST HE LS MENT	
Tax Identificat appurtenant to	ion Nun land ow	10er:	umed by me (us).		ot specific	ally descr	uding a ribed ab	ili land: ove.	and into	ērests ti	herein	contiguous or
deed, assign statement, tax promise, recei appointment,	ment, form, a pt, ackno power o	piedge, ffidavit, c owiedgme f attorney	ledge and deliver security agrees disclosure, consecut, instruction, or stipulation, disc isbursement authorists	ment, powe nt, amendmer rder form, cor claimer, accor	r, guara nt, election nmitment nd and sa	nty, app n, vote, v account disfaction	licatio waiver, ing, not , settler	n for escrow ification nent sta	eredit, a agreemen , letter, ri tement, s	ipplica it, endo der, add ettleme	tion for reement lendum, nt agree	or insurançe, t, certification, , authorization, ement, closing

proprietary certificate, request, document, form required by any federal, state or local law, regulation or ordinance, or other instruments

NBD 4561 Rev. 6/96

which said attorney may deem necessary;

BOX 333-CTI

UNOFFICIAL CORY

To make, draw, sign, endorse, accept or otherwise place my (our) name or signature upon any checks, notes, drafts or other instruments; And to receive and collect and to give acquitances for all sums of money at any time due me (us).

Giving and Granting unto my (our) named attorney full power and authority to do and perform all and every act, deed, matter and thing whatsoever, in and about my (our) estate, property, and affairs as fully and effectually to all intents and purposes as I (we) might or could do in my (our) own proper person if personally present, the above specifically enumerated powers being in aid and exemplification of the full, complete, and general power herein granted and not in limitation or definition thereof; and hereby ratifying all that my (our) said attorney shall lawfully do or cause to be done by virtue of this document.

And I (we) hereby declare that any act or thing lawfully done hereunder by my (our) said attorney shall be binding on me (us) and my (our) heirs, conservators, guardians, trustees, legal and personal representative, and assigns, whether the same shall have been done before or after my (our) death, or other revocations of this instrument, unless and until reliable intelligence or notice thereof shall have been received by my (our) said attorney.

This appointment wing executed by me (us) shall cover my (our) jointly and severally owned property, property owned by me (us) in the entireties or as community property, and property owned by a trustee for my (our) benefit. This power of attorney shall be affected by my disability (or the disability of either or both of us). In Witness Whereof, I (we) have but my (our) hand and seal this Signers: Witnesses: OUNTY C/O, County of The foregoing instrument was acknowledged before me this day of Notary Public OFFICIAL SEAL DALE O HEMMINGS NOTARY PUBLIC, STATE OF ILLINOIS County of MY COMMISSION EXPIRES: 11/19/02 My Commission Expires: This instrument drafted by: Thomas J. Tate (P21275) P.O. Box 331789 Detroit, Michigan 48232-7789 (Blank lines completed by: Please Type