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(YOUR AGENT WILL HAVE AUTHORITY TO EMPLOY OTHER PERSONS AS NECESSARY TO ENABLE THE AGENT TO PROPERLY EXERCISE THE POWERS GRANTED IN THIS FORM, BUT YOUR AGENT WILL HAVE TO MAKE ALL DISCRETIONARY DECISIONS. IF YOU WANT TO GIVE YOUR AGENT THE RIGHT TO DELEGATE 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 of 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 under this power of attorney at the time of reference.

(YOUR AGENT WILL BE ENTITLED TO REIMBURSEMENT FOR ALL REASONABLE EXPENSES INCURRED IN 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.)

5. 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 AND 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 _____

(insert a future date or event during you lifetime, such as court determination of your disability, when you want this power to first take effect).

7. () This power of attorney shall terminate on _____

(insert a future date or event, such as court determination of your disability, when you want this power to terminate prior to your death).

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(IF YOU WISH TO NAME SUCCESSOR AGENTS, INSERT NAME(S) AND ADDRESS(ES) OF SUCH SUCCESSOR(S) IN THE FOLLOWING PARAGRAPH).

8. If any agent named by me shall die, become legally disabled, resign or refuse to act, I name the following (each to act alone and successively, in the order named) as successor(s) to such agent:

(IF YOU WISH TO NAME A GUARDIAN OF YOUR PERSON OR A GUARDIAN OF YOUR ESTATE, OR BOTH, IN THE EVENT A COURT DECIDES THAT ONE SHOULD BE APPOINTED, YOU MAY, BUT ARE NOT REQUIRED TO, DO SO BY INSERTING THE NAME(S) OF SUCH GUARDIAN(S) IN THE FOLLOWING PARAGRAPHS. THE COURT WILL APPOINT THE PERSON NOMINATED BY YOU IF THE COURT FINDS THAT SUCH APPOINTMENT WILL SERVE YOUR BEST INTERESTS AND WELFARE. YOU MAY, BUT ARE NOT REQUIRED TO, NOMINATE AS YOUR GUARDIAN(S) THE SAME PERSON NAMED IN THIS FORM AS YOUR AGENT).

9. If a guardian of my person is to be appointed, I nominate the following to serve as such guardian:

(insert name and address of nominated guardian of the person).

10. If a guardian of my estate (my property) is to be appointed, I nominate the following to serve as such guardian:

(insert name and address of nominated guardian of the estate).

11. I am fully informed as to all the contents of this form and understand the full import of this grant of powers to my agent.

Signed Harriet Janyis

(YOU MAY, BUT ARE NOT REQUIRED TO, REQUEST YOUR AGENT AND SUCCESSOR AGENTS TO PROVIDE SPECIMEN SIGNATURES BELOW. IF YOU INCLUDE SPECIMEN SIGNATURES IN THIS POWER OF ATTORNEY, YOU MUST COMPLETE THE CERTIFICATION OPPOSITE THE SIGNATURES OF THE AGENTS).

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10/26/98

11:20

1100

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Specimen signatures of agent (and successors)

I certify that the signatures of my agent and successors) are correct.

Richard Janzic
(Agent)

Harriet Janzic
(Principal)

(Successor Agent)

(Principal)

(Successor Agent)

(Principal)

Property of Cook County Clerk's Office

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(THIS POWER OF ATTORNEY WILL NOT BE EFFECTIVE UNLESS IT IS NOTARIZED, USING THE FORM BELOW.)

State of Illinois)
County of Cook) ss.

The undersigned, a notary public in and for the above county and state, certifies that Richard and Harriet Janyia known to me to be the same person 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 uses and purposes therein set forth, (and certified to the correctness of the signature(s) of the agent(s)).

Dated: 10/30/90

(SEAL)

Alan D'Alba
Notary Public

My Commission expires: _____

" OFFICIAL SEAL "
ALAN D'ALBA
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 9/13/93

(THE NAME AND ADDRESS OF THE PERSON PREPARING THIS FORM SHOULD BE INSERTED IF THE AGENT WILL HAVE POWER TO CONVEY ANY INTEREST IN REAL ESTATE.)

This document was prepared by:

illstat.ars

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YOU MUST DRAW A LINE
limited to those properties whose legal
real estate transactions, (including but not
limited to those properties whose legal

0 3 9 2 3 0 2 4

10/26/90

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(THIS POWER OF ATTORNEY WILL NOT BE EFFECTIVE UNLESS IT IS NOTARIZED, USING THE FORM BELOW.)

State of Illinois)
County of Cook) SS.

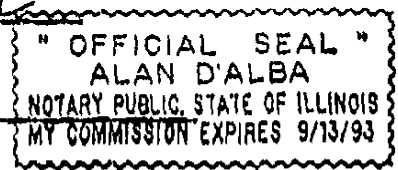
The undersigned, a notary public in and for the above county and state, certifies that Richard and HARVEY JANVIA known to me to be the same person whose name is subscribed as principal to the foregoing power of attorney, appeared before me in person and acknowledged signing and delivering the instrument as the free and voluntary act of the principal, for the uses and purposes therein set forth, (and certified to the correctness of the signature(s) of the agent(s)).

Dated: 10/20/90

(SEAL)

Alan D'Alba
Notary Public

My Commission expires: _____



(THE NAME AND ADDRESS OF THE PERSON PREPARING THIS FORM SHOULD BE INSERTED IF THE AGENT WILL HAVE POWER TO CONVEY ANY INTEREST IN REAL ESTATE.)

This document was prepared by:

illstat.ore

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ILLINOIS STATUTORY SHORT FORM
POWER OF ATTORNEY FOR PROPERTY

(NOTICE: THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON 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. THIS FORM DOES NOT IMPOSE A DUTY ON YOUR AGENT TO EXERCISE GRANTED POWERS; BUT WHEN A POWER IS EXERCISED, YOUR AGENT WILL HAVE TO USE DUE CARE TO ACT FOR YOUR BENEFIT AND IN ACCORDANCE WITH THIS FORM. A COURT CAN TAKE AWAY THE POWERS OF YOUR AGENT IF IT FINDS THE AGENT IS NOT ACTING PROPERLY. YOU MAY NAME SUCCESSOR AGENTS UNDER THIS FORM BUT NOT CO-AGENTS. UNLESS YOU EXPRESSLY LIMIT THE DURATION OF THIS POWER IN THE MANNER PROVIDED BELOW YOUR AGENT MAY EXERCISE THE POWERS 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 EXHIBIT A ATTACHED HERETO). THAT LAW EXPRESSLY PERMITS THE USE OF ANY DIFFERENT FORM OF POWER 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 26TH day of OCTOBER,
1990.

1. I, HARRIET JANNA 8827 OSCOLA MARTIN GROVE IL hereby
(name and address of principal)

appoint: RICHARD JANNA 8827 OSCOLA MARTIN GROVE IL 60053
(name and address of agent)

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 Section 3-4 of the "Statutory Short Form Power of Attorney for Property Law" (including all amendments), but subject to any limitations on or additions to the specified powers inserted in Paragraph 2 or 3 below:

(YOU MUST STRIKE OUT ANY ONE OR MORE OF THE FOLLOWING CATEGORIES OF POWERS YOU DO NOT WANT YOUR AGENT TO HAVE. FAILURE TO STRIKE THE TITLE OF ANY CATEGORY WILL CAUSE THE POWERS DESCRIBED IN THAT CATEGORY TO BE GRANTED TO THE AGENT. TO STRIKE OUT A CATEGORY YOU MUST DRAW A LINE THROUGH THE TITLE OF THAT CATEGORY.)

- (a) Real estate transactions, (including but not limited to those properties whose legal

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descriptions are set forth in Exhibit B attached hereto.)

- (b) Financial institution transactions.
- (c) Stock and bond transactions.
- (d) Tangible personal property transactions.
- (e) Safe deposit box transactions.
- (f) Insurance and annuity transactions.
- (g) Retirement plan transactions.
- (h) Social Security, employment and military service benefits.
- (i) Tax matters.
- (j) Claims and litigation.
- (k) Commodity and option transactions.
- (l) Business operations.
- (m) Borrowing transactions.
- (n) Estate transactions.
- (o) All other property powers and transactions.

(LIMITATIONS ON AND ADDITIONS TO THE AGENT'S POWERS 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 power granted above, I grant my agent the following powers (here you may add any other delegable powers including, without limitation, power to make gifts, exercise powers of appointment, name or change beneficiaries or joint tenants or revoke or amend any trust specifically referred to below):

4 3 0 3 2 6 2 0

WARRANT DEED
Statutory (ILLINOIS)
(Individual to Individual)

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3923021

CAUTION: Consult a lawyer before using or acting under this form. Neither the publisher nor the seller of this form makes any warranty with respect thereto, including any warranty of merchantability or fitness for a particular purpose.

THE GRANTORS, THOMAS R. ROTHACKER & EILEEN B. ROTHACKER, his wife
5151 North Shore

of the Village of Lincolnwood County of Cook
State of IL for and in consideration of
Ten and 00/100 (\$10.00)

_____ DOLLARS,
& other good & valuable consideration in hand paid,
CONVEY and WARRANT to Michael Khadivar and
Mel-Ling Cheung, a/k/a
Melinda Cheung, his wife
6236 N. Forest Glen, Chicago, IL 60646
(NAME AND ADDRESS OF GRANTEE)

(The Above Space For Recorder's Use Only)

the following described Real Estate situated in the County of Cook in the
State of Illinois, to wit:

Lot 1 in Block 8 in Lincolnwood Towers Third Addition, being a subdivision
of part of the Southeast Fractional 1/4 of fractional Section 33, Township
41 North, Range 13, East of the Third Principal Meridian, in Cook County, IL

SUBJECT TO: Covenants, conditions and restrictions of record; private, public
and utility easements; road and highways; party wall rights and agreements;
existing leases and tenancies; general taxes for the year 1989 and subsequent
years; the mortgage or trust deed set forth

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hereby releasing and waiving all rights under and by virtue of the Homestead Exemption Laws of the State of
Illinois.

Permanent Real Estate Index Number(s): 10-33-408-006

Address(es) of Real Estate: 5151 North Shore, Lincolnwood, IL 60646

DATED this 30th day of OCTOBER 19 90

PLEASE PRINT OR TYPE NAME(S) BELOW SIGNATURE(S)
Thomas R. Rothacker (SEAL) Eileen B. Rothacker (SEAL)
Thomas R. Rothacker Eileen B. Rothacker
(SEAL) (SEAL)

State of Illinois, County of Cook ss. I, the undersigned, a Notary Public in and for
said County, in the State aforesaid, DO HEREBY CERTIFY that

Thomas R. Rothacker and Eileen B. Rothacker, his wife
personally known to me to be the same person whose names are subscribed
to the foregoing instrument, appeared before me this day in person, and acknowl-
edged to me that they signed, sealed and delivered the said instrument as their
free and voluntary act, for the uses and purposes therein set forth, including the
waiver of the right of homestead.

Given under my hand and official seal, this 30th day of OCTOBER 19 90

Commission expires 19 _____
Therese B. Goldberg
NOTARY PUBLIC

This instrument was prepared by Carl N. Graf, Jr., 6201 Dempster, Morton Grove, IL
(NAME AND ADDRESS) 60053

MAIL TO: FROM GOLDBERG
Altheimer & Gray
10 S. Wacker Suite 3800
Chicago, IL 60606
(City, State and Zip)

SEND SUBSEQUENT TAX BILLS TO:
Michael Khadivar
5151 North Shore
Lincolnwood, IL 60646
(City, State and Zip)

OR RECORDER'S OFFICE BOX NO. _____

STATE OF ILLINOIS
36507
91-90

2564

REAL ESTATE TRANSACTION TAX
18250
90-90

25903

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Warranty Deed
INDIVIDUAL TO INDIVIDUAL

TO

145-3792
INDUPLICATE
3923024

Age of Grantor _____
Address _____

Delaney

Husband *Delaney*
Wife *Delaney*

Submitted by _____

Address *3923024*

Deliver New copy to _____

Remains to _____

Sig. Clerk _____

ITIL/PLVEY

INTERCOUNTY TITLE CO. OF ILLINOIS
129 WEST MADISON
SPRINGFIELD, ILLINOIS 62702

GEORGE E. COLE
LEGAL FORMS

Stadler B

REAL ESTATE TRANSFER TAX
DEPARTMENT OF REVENUE

REVENUE STAMP

REVENUE STAMP