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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 NAME (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE THE RIGHT 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 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 OF ATTORNEY IN THE MANNER PROVIDED BELOW, UNTIL YOU REVOKE THIS POWER OR A COURT ACTS TO TAKE IT BEHALF TERMINATES IT. YOUR AGENT MAY EXERCISE THE POWERS GIVEN HEREIN THROUGHOUT YOUR LIFETIME, EVEN AFTER YOU BECOME DISABLED. THE POWERS YOU GIVE TO 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 SECTION 3-4 OF THIS FORM). 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 9th day of September, 2002.

1. I, CYNTHIA SCHUFELDT, 33219 N. 47th St. Cave Creek, AZ, (insert name and address of principal) hereby appoint MICHAEL B. SHIFFLEIN, N. 6722 West Rascher, Chicago, IL (insert name and address of agent) as my attorney-in-fact (my "agent") to act for me and in my name (in all my capacities as a 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 conditions on the specified powers inserted in paragraph 2 or 3 below:

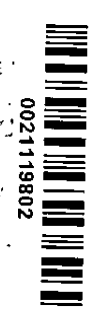
2. (YOU MUST STRIKE OUT ANY ONE OR MORE OF THE FOLLOWING CATEGORIES OF POWERS YOU DO NOT WANT YOUR AGENT TO HAVE. FAILURE TO STRIKE THE TITLE OF ANY CATEGORY WILL CAUSE THE POWERS DESCRIBED IN THAT CATEGORY TO BE GRANTED TO THE AGENT. TO STRIKE OUT A CATEGORY YOU MUST DRAW A LINE THROUGH THE TITLE OF THAT CATEGORY.) (a) Real estate transactions (ONLY). (All other powers are deleted.)

(LIMITATIONS ON AND ADDITIONS TO THE AGENT'S POWERS MAY BE INCLUDED IN THIS POWER OF ATTORNEY IF THEY ARE SPECIFICALLY DESCRIBED BELOW.)

3. The powers granted above shall not include the following powers or shall be modified by the following particulars (here you may include any specific limitations you deem appropriate on the use of or conditions on the sale of particular stock or real estate or special rules on borrowing money): **POWER IS EXPRESSLY LIMITED TO EXECUTING ON MY BEHALF ALL NECESSARY DOCUMENTS AND UNDERTAKING ALL NECESSARY MINISTERIAL INCIDENTS TO EFFECTUATE THE PURCHASE AND CLOSING ON THE REAL PROPERTY COMMONLY KNOWN AS 1600 QUEEN STREET, UNIT A-1, WHEELING, ILLINOIS.**

4. In addition to the powers granted above, I grant my agent the following powers (here you may include delegable powers including, without limitation, power to make gifts, exercise powers of appointment, change beneficiaries or joint tenants or revoke or amend any trust specifically referred to above):

(YOUR AGENT WILL HAVE AUTHORITY TO EMPLOY OTHER PERSONS AS NECESSARY TO ENABLE THE AGENT TO PROPERLY EXERCISE THE POWERS GRANTED IN THIS FORM. YOUR AGENT WILL HAVE TO MAKE ALL DISCRETIONARY DECISIONS AT YOUR AGENT'S RISK.)



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YOUR AGENT THE RIGHT TO DELEGATE DISCRETIONARY DECISION-MAKING POWERS TO OTHERS, YOU SHOULD KEEP THE NEXT SENTENCE, OTHERWISE IT SHOULD BE STRUCK OUT.

- 5. My agent shall have the right by written instrument to delegate any or all of the foregoing powers by giving discretionary decision-making to any person or persons whom my agent may select, but such delegation shall be amended or revoked by any agent (including a 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.)

- 6. 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 EXECUTED AND WILL CONTINUE UNTIL YOUR DEATH UNLESS A LIMITATION ON THE BEGINNING DATE OR DURATION IS MADE BY INITIATING AND COMPLETING EITHER (OR BOTH) OF THE FOLLOWING:)

- 7. This power of attorney shall become effective on THE DATE OF THE EXECUTION OF THIS POWER OF ATTORNEY (insert a future date or event during your lifetime, such as court determination of your disability, when you want this power to first take effect)
- 8. This power of attorney shall terminate on September 30, 2002 (insert a future date or event, such as court determination of your disability, when you want this power to terminate prior to your death)

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

- 9. If any agent named by me shall die, become incompetent, resign or refuse to accept the office of agent named in the following (each to act alone and successively, in the order named) as successor(s) to such agent, and for purposes of this paragraph 8, a person shall be considered to be incompetent if and while the person named or an adjudicated incompetent or disabled person or the person is unable to give prompt and independent consideration to business matters, as 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 PARAGRAPH. THE COURT WILL APPOINT YOUR AGENT IF THE COURT FINDS THAT SUCH APPOINTMENT WILL SERVE YOUR BEST INTERESTS AND WELFARE. STRIKE OUT PARAGRAPH 9 IF YOU DO NOT WANT YOUR AGENT TO BE APPOINTED AS GUARDIAN.)

- 10. DELETED.

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

12. Signed Cynthia R. Schufeldt (principal)

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

(THIS POWER OF ATTORNEY WILL NOT BE EFFECTIVE UNLESS IT IS NOTARIZED AND SIGNED BY AT LEAST ONE ADDITIONAL WITNESS, USING THE FORM BELOW.)

State of Arizona

County of Maricopa

The undersigned, a notary public in and for the above county and state, certifies that CYNTHIA SCHUFELDT known to me to be the same person whose name is subscribed as principal to the foregoing power of attorney, appeared before me and the additional witness 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: SEPTEMBER 4th, 2002
(SEAL) Carol Ann Anfuso Notary Public
My commission expires 7-22-2006



The undersigned witness certifies that CYNTHIA SCHUFELDT, known to me to be the same person whose name is subscribed as principal to the foregoing power of attorney, appeared before me and the notary public and acknowledged signing and delivering the instrument as the free and voluntary act of the principal for the uses and purposes therein set forth. I believe him or her to be of sound mind and memory.

Dated: SEPTEMBER 4, 2002
(SEAL) [Signature] Witness

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

This document was prepared by: Scott K. Summers, Attorney at Law, P.O. Box 436, Havasu, AZ 86427
708-829-9672

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CHICAGO TITLE INSURANCE COMPANY

ORDER NUMBER: 1409 008051235 PK
STREET ADDRESS: 1600 QUEENS COURT, #A-1
CITY: WHEELING COUNTY: COOK
TAX NUMBER: 03-04-302-037-1077

LEGAL DESCRIPTION:

UNIT 1-4-44-L-A-1 IN THE ARLINGTON CLUB CONDOMINIUM AS DELINEATED ON A SURVEY OF THE FOLLOWING DESCRIBED REAL ESTATE:

THAT PART OF THE EAST 1/2 OF THE EAST 1/2 OF THE SOUTHWEST 1/4 AND PART OF THE SOUTH EAST 1/4 OF SECTION 4, TOWNSHIP 42 NORTH, RANGE 11 EAST OF THE THIRD PRINCIPAL MERIDIAN, WHICH SURVEY IS ATTACHED AS EXHIBIT "A" TO THE DECLARATION OF CONDOMINIUM RECORDED AS DOCUMENT NUMBER 86245994 AND AS AMENDED FROM TIME TO TIME TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS IN COOK COUNTY, ILLINOIS.

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