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POWER OF ATTORNEY

DEPT-01 RECORDING

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"ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY LAW" * - 03 - 025084
COOK COUNTY RECORDER

NOTICE: THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE AND ACT ON YOUR BEHALF IN CONNECTION WITH ANY DEALINGS INVOLVING AND/OR RELATING TO THE REAL ESTATE TRANSACTION DESCRIBED HEREIN, INCLUDING AND NOT LIMITED TO ANY REAL OR PERSONAL PROPERTY, WITHOUT ADVANCE NOTICE TO YOU OR PRIOR 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, UNTIL YOU REVOKE THIS POWER OR A COURT ACTING ON YOUR BEHALF TERMINATES IT, 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 FULL 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 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 6th day of November, 1993.

1. I, PREMLATA J. PATEL of 410 ALCOA LANE, HOFFMAN ESATES, ILLINOIS hereby appoint PEPE J. COLON located at 55 WEST MONROE STREET, SUITE 670 OF THE XEROX CENTRE, CHICAGO, ILLINOIS 60603 (as "my ATTORNEY" in fact) 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:

(NOTICE: 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 FOLLOWING 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. Commonly known as 949 NORTH KEELER AVENUE, Chicago, Illinois 60651. (See attached legal description.)

(NOTICE: LIMITATIONS ON ANY ADDITIONS TO THE ATTORNEY'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 particular stock or real estate or special rules on borrowing by the ATTORNEY):

Not Applicable

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3. In addition to the powers granted above, I grant my ATTORNEY the power, without limitation, to make gifts, exercise powers of appointment, name or change beneficiaries or joint tenants or revoke or amend any trust specifically referred to below):

.....
(NOTICE: YOUR ATTORNEY WILL HAVE AUTHORITY TO EMPLOY OTHER PERSONS AS NECESSARY TO ENABLE THE ATTORNEY TO PROPERLY EXERCISE THE POWERS GRANTED IN THIS FORM, BUT YOUR ATTORNEY WILL HAVE TO MAKE ALL DISCRETIONARY DECISIONS. IF YOU WANT TO GIVE YOUR ATTORNEY THE RIGHT TO DELEGATE DISCRETIONARY DECISION-MAKING POWERS TO OTHERS, YOU SHOULD KEEP THE NEXT SENTENCE, OTHERWISE IT SHOULD BE STRUCK OUT.)

4. My ATTORNEY 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 ATTORNEY 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.

(NOTE: YOUR ATTORNEY 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 YOUR ATTORNEY.)

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

(NOTE: 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 MAY BE AMENDED OR REVOKED BY YOU AT ANY TIME AND IN ANY MANNER. ABSENT AMENDMENT OR REVOCATION, THE AUTHORITY GRANTED IN THIS POWER 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. (X) This power of attorney shall become effective on:

November 6, 1993

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

7. (X) This power of attorney shall terminate on:

December 10, 1993

.....
(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 THE NAME(S) AND ADDRESS(ES) FOR 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:

N/A

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

N/A

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

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

N/A

(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 ATTORNEY.

Signed: *[Signature]*
Principal

Signed:
Principal

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

Specimen signatures of
ATTORNEY (and successor(s))

[Signature]
.....
(ATTORNEY)

.....
(Principal)

.....
(Successor Agent)

.....
(Principal)

.....
(Successor Agent)

.....
(Principal)

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COURTS
CLERK OF SUPERIOR COURT
JUDICIAL DEPARTMENT
STATE HOUSE
JULY 1, 2013

