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Doc#: 0624926111 Fee: \$34.00 Eugene "Gene" Moore RHSP Fee: \$10.00 Cook County Recorder of Deeds Date: 09/06/2006 04:15 PM Pg: 1 of 6

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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 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 SECEIPTS, 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 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 COULT ACTING ON YOUR BEHALF TERMINATES IT, YOUR AGENT MAY EXERCISE THE POWERS GIVEN VIFRE 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 SHOR!" FORM POWER OF ATTORNEY FOR PROPERTY LAW" OF WHICH THIS FORM IS A PART (SEE THE DACK OF THIS FORM). THAT LAW EXPRESSLY PERMITS THE USE OF ANY DIFFERENT FORM OF PO'GR 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 day of	<u> August</u>	, 2006		W
	(22)	Train Ch		
1. I, AGUSTINA VILLA, who reside at _				
Chicago, County of Cook	, State of	Illinois	, have m	nade,
constituted and appointed, and BY TI-	HESE PRESENTS	do make, const	itute and app	oint
ENRIQUE VILLA, who resides at 833	31 SOUTH TROY	STREET, CHI	CAGO, IL 60	<u>0623</u>
in the City of <u>CHICAGO</u> , County of	Cook, State of I	linois, as my att	orney-in-fact	(my
"agent") to act for me and in my name	(in any way I could	ł act in person) w	rith respect to	the
following powers, as defined in §3.4 or	f the "Statutory S	hort Form Powe	r of Attorney	for
Property Law" (including all amendment	nts), but subject to	any limitations of	on or addition	is to
the specified powers inserted in paragra	ph 2 or 3 below:	•		

(YOU MUST STRIKE OUT ANY ONE OR MORE OF THE FOLLOWING CATEFORIES 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.)

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(a) Real Estate transactions in connection with the real estate situated in Cook County, Illinois, commonly known as 2816 WEST 23RD STREET, CHICAGO, IL 60623, legally described as:

PIN No. 16-25-105-952-0000

LOT 30 IN BLOCK 2 PY LINGLE AND BARNETT'S SUBDIVISION OF LOT 1 IN THE PARTITION OF THE EAST 48 ACRES OF THE NORTH 96 ACRES OF THE NORTHWEST 14 OF SECTION 25, TOWNSHIP 39 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, LLINOIS.

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.

Tansactions.

- (n) Estate transactions.
- (o) All other property powers and transactions relating to the sale of 2816 WEST 23RD STREET, CHICAGO, IL 60623.

(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): NOT APPLICABLE

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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 gifts, exercise powers of appointment, name or change beneficiaries or joint tenants or revoke or amend any true specifically referred to below): NOT APPLICABLE

(YOUR AGENT WILL HAV! 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 DISCPETIONARY DECISIONS. IF YOU WANT TO GIVE YOUR AGENT THE RIGHT TO DELEGATE DISCREATIONARY 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 aniended 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 AN Y 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 <u>UPON ME SIGNING OF THE SAME</u> (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).
- 7. (*) This power of attorney shall terminate on <u>UPON THE COMPLETION OF THE CLOSING</u> (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(ES) OF SUCH SUCCESSOR(S) IN THE FOLLOWING PARAGRAPH.)

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8. If any gent 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(s) to such agent: NOT APPLICABLE

For purposes of this para raph, a person shall be considered to be incompetent if and while the person is a minor or an adjudicated incompetent or disabled person or the person is unable to give prompt and intelligent 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 PARAGKAPH. THE COURT WILL APPOINT YOUR AGENT IF THE COURT FINDS THAT SUCH APPOINTMEN F WILL SERVE YOUR BEST INTERESTS AND WELFARE. STRIKE OUT PARAGRAPHS IF YOU DO NOT WAN'I YOUR AGENT TO ACT AS GUARDIAN.)

- 9. If a guardian of my estate (my property) is 13 be appointed, I nominate the agent acting under this power of attorney as such guardian, to serve without bond or surety.
- 10. 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.

✓Agustina Villa, (Principal)

(YOU MAY, BUT ARE NOT REQUIRED TO, REQUEST YOUR AGENT AND SUCCESSOF 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.)

Specimen signatures of Agents (and successors)

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

✓Agustina Villa, Principal

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

The undersigned witness(es) certifies that <u>AGUSTINA VILLA</u>, 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.

√	C	1 Quintero	Marieling
	Witness		Witness
State of)	2	
County ofCool) SS)	Unx.	
The undersigned, a notary public <u>VILLA</u> known to me to be the sa power of attorney, appeared befinstrument as the free and volumentified to the corrections of the	ame person who fore me in per ntary principal,	ose name is subscribed a son and acknowledged for the uses and purpo	s principal to the foregoing signing and delivering the
Dated this 25 day of Augus	<u>5</u> +, 2006	· Castera	Bahena.
OFFICIAL SEAL CRISTINA BAHENA NOTARY PUBLIC - STATE OF IL MY COMMISSION EXPIRES:07.	LINOIS	y Commission expires	Notary Public
THE NAME AND ADDRESS OF THAGENT WILL HAVE POWER TO CO			
This Document was prepared by/		OUARDO X LARA TORNEY AT LAW	

2553 S RIDGEWAY AVENUE CHICAGO IL 60623-3831

773.521.9111

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Exhibit A

H62304

LOT 30 IN BLOCK 2 IN LINGLE AND BARNETT'S SUBDIVISION OF LOT 1 IN THE PARTITION OF THE EAST 48 ACRES OF THE NORTH 96 ACRES OF THE NORTHWEST 1/4 OF SECTION 25, TOWNSHIP 39 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

P.I.N 16-25-106-052-0000

CHICA.

COOK COUNTY CLOTH'S OFFICE C/K/A 2816 W. 23RD STP EFT, CHICAGO, ILLINOIS 60623-3522