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Doc#: 0632420038 Fee: \$36.00 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds Date: 11/20/2006 09:00 AM Pg: 1 of 7

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 ITAPOSE A DUTY ON YOUR AGENT TO EXERCISE GRANTED POWERS; BUT WHEN "POWERS ARE EXERCISED, YOUR AGENT WILL HAVE TO USE DUE CARE TO ACT TO RYOUR BENEFIT AND IN ACCORDANCE WITH THIS FORM AND KEEP A RECOFD OF RECEIPTS, 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 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 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 THE BACK
OF THIS FORM). THAT LAW EXPRESSLY PERMITS THE USE OF ANY DIFFERENT
FORM OF POWER OF ATTORNEY YOU MAY DESIRE.

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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 24th day of October 2006. I, Julianne Smith of Cedar Rapids, Iowa, (principal) hereby appoint Thomas J. Anderson of Cedar Rapids, Iowa 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 - 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 or 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 1 H'L TITLE OF THAT CATEGORY.)

- (a) Real estate transactions.
- (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.
- FOUNTY CORTS OFFICE (h) Social Security, employment and military service benefits
- (i) Tax matters.
- (i) Claims and litigation.
- (k) Commodity and option transactions.
- (1) 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.)

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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):

None				
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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 most specifically referred to below):

to execute and deliver Deeds, Bills of Sale, Affidavits of Title, "ALTA" Statements, Closing Statements, Set tement Statements, and all other papers and documents in connection with the sale of the property commonly known as 401 E. Ontario, Unit #1006, Chicago, Illinois 60611 and legally described herein.

(YOUR AGENT WILL HAVE AUTHORITY TO EMT LOY 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.)

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 way 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.)

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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):

(X) This power of attorney shall become effective on

October 24, 2006 (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).

(X) This power of attorney shall term in the on

November 24, 2006 (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, INSELT THE NAME(S) AND ADDRESS(ES) OF SUCH SUCCESSOR(S) IN THE FOLLOWING PARACKAPH.)

If any agent 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:

None	7/5
<u></u>	C ₀
	For purposes of this
paragraph, a person shall be considered to	he incompetent if and while the person is a minor or an
adjudicated incompetent or disabled person	n or the person is unable to give prompt and intelligent
consideration to business matters, as certif	ied 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

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COURT WILL APPOINT YOUR AGENT IF THE COURT FINDS THAT SUCH
APPOINTMENT WILL SERVE YOUR BEST INTERESTS AND WELFARE. STRIKE OUT
PARAGRAPH IF YOU DO NOT WANT YOUR AGENT TO ACT AS GUARDIAN.)

If a guardian of my estate (my property) is to be appointed, I nominate the agent acting under this power of attorney as such guardian, to serve without bond or security. 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 Julianne Smith

Julianne Smith (Principal)

(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 YOWER OF ATTORNEY, YOU MUST COMPLETE
THE CERTIFICATION OPPOSITE THE SIGNATURES OF THE AGENTS.)

Specimen signatures of		I certify that the signatures of my		
agent (and successors)		ent (and successor	s) are correct.	
	(agent)	<u> </u>	(principal)	
	(successor agent)		(principal)	
	(successor agent)		(principal)	

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

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State of Illinus)

The undersigned, a notary public in and for the above county and state, certifies that Julianne Smith, 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).

(SEAL)

Notafy Public

OFFICIAL SEAL

GILDA AMINI NOTARY PUBLIC, STATE OF ILLINOIS MY COMMISSION EXPIRES 5-4-2008

My commission expires

The undersigned witness certifies that Julianre Smith 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 sat forth. I believe her to be of sound mind and memory.

Dated:

(SEAL)

Witness

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

This document was prepared by:

AND Mail to:

Gilda Amini, Esq. Attorney at Law 477 N. Canal Street Chicago, IL 60610

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EXHIBIT A

LEGAL DESCRIPTION

Legal Description: PARCEL 1:

UNIT 1006 IN THE 401 EAST, ONTARIO CONDOMINIUMS AS DELINEATED ON A SURVEY OF THE FOLLOWING DESCRIBED REAL ESTATE: PARTS OF LOTS 19 AND 20 (EXCEPTING THEREFROM THE WESTERLY 4 FEET THEREOF) IN THE CIRCUIT COURT PARTITION OF THE OGDEN ESTATE SUBDIVISION OF PARTS OF BLOCKS 20, 31 AND 32, IN KINZIE'S ADDITION TO CHICAGO IN THE NORTHEAST FRACTIONAL 1/4 OF SECTION 10, TOWNSHIP 39 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN.

PARCEL 2:

THE EXCLUSIVE RIGHT TO THE USE OF PARKING SPACE P2-049A, LIMITED COMMON ELEMENTS AS DELINEATED ON THE SURVEY ATTACHED TO THE DECLARATION AFORESAID RECORDED AS DOCUMENT NUMBER 99310979.

PARCEL 3:

EASEMEINTS FOR THE BENEFIT OF PARCELS 1 AND 2 FOR STRUCTURAL SUPPORT, ENCLOSURE, INGRESS, AND EASEMENTS.
EGRESS, UTILITY SERVICES.
CONDITIONS, RESTRICTIONS AND RECIPION

Permanent Index #'s: 17-10-208-017-1321 Vol. 0501

Property Address: 401 East Ontario Street, Unit 1006, Chicago, Illinois 60611-7167 EGRESS, UTILITY SERVICES AND OTHER FACILITIES AS SET FOR 131 J. THE DECLARATION OF COVENANTS, CONDITIONS, RESTRICTIONS AND RECIPROCAL EASEMENTS RECORDED AS DOCUMENT NUMBER 99310979.