## **UNOFFICIAL COPY**

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 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

for wo NoASS is



Doc#: 0634231061 Fee: \$34.00 Eugene "Gene" Moore RHSP Fee: \$10.00 Cook County Recorder of Deeds Date: 12/08/2006 12:18 PM Pg: 1 or 6

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 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 SECOME 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 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 13 day of Nov (month) 2004 (www.)

1. We, Susan and Klaus Voss, 475 2nd Avenue South, Naples, Florida 34102

(insert name and address of principal)

hereby appoint

Dana K. O'Banion, Esq. 123 W. Madison, Suite 1900, Chicago, IL 60602

(insert name and address of agent)

as our attorney-in-fact ("agent') to act for us and in our names (in any way we could act in person) with respect to the following powers, as defined in Section 3-4 of the "Statutory Short Form Power of Attorney

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for Property Law" (including all amendment), 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.
(b)	Financial institution transactions.
 <del>(e) -</del>	→ tock and bond transactions
<del>(d)</del>	Tangible personal property transactions.
(e)	Sufe deposit box transactions.
<del>(f)</del> —	Ins A was and annuity transactions.
(g)	Retirement plan transactions.
( <del>h)</del>	Social Security, employment and military service benefits
(i)	-Tax matters.
<del>(i)</del> —	Claims and litigation
(k)	Commodity and option are reactions.
<del>(1)</del> —	Business operations.
<del>(m)</del> —	Borrowing transactions.

All other property powers and a meactions.

(LIMITATIONS ON AND ADDITIONS TO THE AGENTS 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):

None		
	2	

3. In addition to the powers granted above, we grant our 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):

To execute and acknowledge documents (including, without limitation, loan documents) to purchase property commonly known as 1923 N. Mohawk, Chicago, IL 60614.

To execute and acknowledge documents for the sale of property commonly known as N/A.

(YOUR AGENT WILL HAVE AUTHORITY TO EMPLOY OTHER PERSONS AS NECESSARY TO ENABLE THE AGENT TO PROPERTY 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

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DECISION-MAKING POWERS TO OTHERS, YOU SHOULD KEEP THE NEXT SENTENCE, OTHERWISE IT SHOULD BE STRUCK OUT.)

4. Our 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 she may select, but such delegation may be amended or revoked by any agent (including any successor) named by us 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 THE 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. Our agen will be entitled to reasonable compensation for services rendered as agent under this power of attorney.

(THIS POWER OF ATTOXINEY MAY BE AMENDED OR REVOKED BY YOU AT ANY TIME AND IN ANY MANNER ABSENT AMENDMENT OR REVOCATIONS. 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. (X) This power of attorney shall become effective on signing (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. (X) This power of attorney shall terminate on <u>upon crosing on the purchase of property commonly known as 1913 N. Mohawk, Chicago, IL</u> (insert a future date or event, such as court determination of your disability, when you want this power to termin ite; rior to your death).

(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 us shall die, become incompetent, resign or refuse to accept the office of agent, we name the following (each to act alone and successively, in the order named) as successor(s) to such agent:

N/A

For purposes of this paragraph 8, 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 PARAGRAPH THE COURT WILL APPOINT YOUR AGENT IF THE COURT FINDS THAT SUCH APPOINTMENT WILL SERVICE YOUR BEST INTERESTS AND WELFARE. STRIKE OUT PARAGRAPH 9 IF YOU DO NOT WANT YOUR AGENT TO ACT AS GUARDIAN.)

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9. 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.
10. We are fully informed as to all the contents grant of powers to our agent.	of this form and understand the full import of this
Signed (principal)	Jusan Von
	<i>'</i>
(YOU MAY, BUT ARE NOT REQUIRED TO, AGENTS TO PROVIDE SPECIMEN SIGNATUI SIGNATURES IN THIS POWER OF ATTORNEY, OPPOSITE THE SIGNATURES OF THE AGENTS.	RES BELOW. IF YOU INCLUDE SPECIMEN YOU MUST COMPLETE THE CERTIFICATION
(agent)	(principal)
Or	
(successor agent)	(principal)
(successor agent)	(principal)
THIS POWER OF ATTORNEY WILL NOT BE	EFFECTIVE UNLESS IT IS NOTARIZED AND NESS, USING THE FORM BELOW.)

Power of Attorney

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State of Florida )
County of Courier ) SS.
The undersigned, a notary public in and for the above county and state, certifies that Klaus Voss and Susan Voss, known to me to be the same persons whose names are
subscribed as principals 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 principals, for the uses and purposes therein set forth, and certified to the correctness of the signature(s) of the agent(s).
Dated: 11-12-2006  Kristin K. English  My Commission DD195976
Notary Public Expires March 23, 2007
My commission expires March 23, 2007
The undersigned witness certifies that Kings Voss and Susan Voss, known to me to be the same persons whose names are subscribed as principals 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 principals, for the ones and purposes therein set forth. I believe them to be of sound mind and memory.
Dated: 11-13-2006 Talia Campos
Witness  (THE NAME AND ADDRESS OF THE PERSON PREPARING THIS FORM SHOULD BE INSERTED IF THE AGENT WILL HAVE THE POWER TO CONVEY ANY INTEREST IN REAL ESTATE.)  Mail To
This document was prepared by: <u>Dana K. O'Banion, Esq. 123 W. Madison, Suito 1800, Chicago, IL 60602</u>
The requirement of the signature of an additional witness imposed by the amendatory Act of the 91 <sup>st</sup> General Assembly applies only to instruments executed on or after the effective date of June 9 <sup>th</sup> , 2000.

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# UNOFFICIAL COPY STREET ADDRESS: 1923 N. MOHAWK

CITY: CHICAGO COUNTY: COOK

TAX NUMBER: 14-33-305-015-0000

#### LEGAL DESCRIPTION:

LOT 6 IN SUBDIVISION OF THE SOUTH EAST 1/4 OF BLOCK 41 OF CANAL TRUSTEES' SUBDIVISION OF THE NORTH 1/2 OF THE NORTH 1/2 OF THE SOUTH EAST 1/4 AND THE EAST 1/2 OF THE SOUTHWEST 1/4 OF SECTION 33, TOWNSHIP 40 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.