10:07AM

## FROM-OUNOFFICIAL COPYRIDADE

Doc#: 0634557072 Fee: \$32.00 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds Date: 12/11/2006 09:38 AM Pg: 1 of 5

4373603 2015

# GIT FOR PROPERTY Willinois Power of Attorney Act 755 ILCS 45/3-3)

#### Explanation:

The following form provides what is known as "statutory property power" and may be used to grant an agent powers with respect to property and financial medicins. When a power of attorney in substantially the following form is used, including the "notice" paragraph at the beginning is capital letters and the notarized form of acknowledgment at the end, it shall have the legally binding effect intended under the statute. The validity of a power of attorney as meeting the requirements of a statutory property power shall not be affected by the fact that one or more of the categories of optional powers listed in the form are struck out or the form includes specific limitations on or additions to the agent's powers, as permitted by the form.

Using the form below will not invalidate or bar use by the principal of any other or different form of power of attorney for property. Nonstatutory property powers must be executed by the principal and designate the agent and the agent's powers, but they need not be acknowledged or conform in any other respect to the statutory property power.

NOTICE: THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY, W'11CH 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 RECLIPTS 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 MANNEY 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 FIND OF THIS FORM). THAT LAW EXPRESSLY PERMITS THE USE OF ANY DIFFERENT FORM OF POWER OF ATTORN'S 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>.    </u> .
1. 1. Kelly Michelle Heroman	name of principal) hereby appoint: name of agent) as my attorney-in-fact pect to the following powers, as defined in

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 AUG-31-06

10:07AM

#### NOFFICIAL COPY<sup>329</sup>

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.
Þ.	Einancial institution transactions.
Ç.	Stock and bond transactions.
<b>d</b> .	— Tangible personal property transactions.
٠.	Safe deposit box transactions.
ŧ.	- Insurance and annuity transactions:
g.	— Retirement plan transactions:
h.	Social Security, employment and military service benefits.
Ť.	Tax matters.
j.	— <del>Claims and lit</del> tgat"∍п.
ķ	— Commodity and ερθος transactions.
+	— Business operations
m.	
n.	Estate transactions.
ο.	All other property powers and immsaction.
	MITATIONS ON AND ADDITIONS TO THE AGENT'S POWERS MAY BE INCLUDED IN THIS POWER OF ATTORNEY IF MEY ARE SPECIFICALLY DESCRIBED #2LOW.)  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 porrowing by the agent):
	<u> </u>
	4
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 a pointment, name or change beneficiaries or joint tenants or revoke or amend any trust specifically referred to below).
	1
///	OUD ACENT WILL BAVE ALITHORITY TO EMPLOY OTHER RESPOND AS NECESSARY TO SUMPLE THE ACENT TO
-	DUR AGENT WILL HAVE 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 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.)

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 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).

AUG-31-06

10:07AM

### FROM-00 UNOFFICIAL COPY 329 P.003/004 F-678

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 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:)
6. ( ) This power of attorney shall become effective on NOVIMON IV JUDE (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 or attorney shall terminate on <u>DICLIM EMPORT 16, 200 V</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 PARACERSH.)
8. If any agent named by me shall dir., 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:
4
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 unablate 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 SERVE YOUR BEST INTERESTS AND WELFARE. STRIKE OUT PARAGRAPH 9 IF YOU DO NOT WANT YOUR AGENT TO ACT AS GUARDIAN.)
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. 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: WWW (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 POWER OF ATTORNEY, YOU MUST COMPLETE THE CERTIFICATION OPPOSITE THE SIGNATURES OF THE AGENTS.)
Specimen signature of agent (and successors)
(AGENT)
certify that the above signature of my agent is correct:
Celle fut come (PRINCIPAL)
\ )

AUG-31-06

10:08AV

## FROM-00 UNOFFICIAL COPY329 P.004/004 F-678

Specimen signature of successor agent:
(SUCCESSOR AGENT)
certify that the above signature of my successor agent is correct:
(PRINCIPAL)
THIS POWER OF ATTORNEY WILL NOT BECOME EFFECTIVE UNLESS IT IS NOTARIZED AND SIGNED BY AT LEAST ONE ADDITIONAL WITNESS, USING THE FORM BELOW.)
State of
County of
The undersigned, a notary public in and for the above county and state, certifies that KELLY RERD make (PRINCIPAL), known to me to be the came 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: 11-11-06 July WKe ,
My Commission Expires:    Notary Public   LINDA WADE
The undersigned witness certifies that KECY A EGAM (PRINCIPAL), 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 insmory.
Dated: 11-11-06
Dated:
(THE NAME AND ADDRESS OF THE PERSON PREPARING THIS FORM SHOULD BE INSERTED IF THE AGENT WILL HAVE POWER TO CONVEY ANY INTEREST IN REAL ESTATE.)
This document prepared by:  Nou + + 0.
Mark Vanorra, Attachiau Jason Purncent
Chicaco II GOGOS
Chicaco, 11 woll

0634557072 Page: 5 of 5

#### **UNOFFICIAL CO**

ORDER NO.: 1301 - 004373603 ESCROW NO.: 1301 \_ 004373603

1

STREET ADDRESS: 2047 WEST BELMONT AVENUE UNIT 2

CITY: CHICAGO **ZIP CODE:** 60618

TAX NUMBER: 14-30-106-098-1002

COUNTY: COOK

#### LEGAL DESCRIPTION:

DOOR THE COL PARCEL 1: UNIT 2 TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS IN 2047 WEST BELMONT CONDOMINIUM AS DELINEATED AND DEFINED IN THE DECLARATION RECORDED AS DOCUMENT NO. 002072(01). AS AMENDED, IN THE NORTHWEST 1/4 OF SECTION 30, TOWNSHIP 40 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PARCEL 2: EXCLUSIVE USE FOR PARKING PURPOSES IN AND TO PARKING SPACE NO. P-3, A LIMITED COMMON ELEMENT, AS SET FORTH AND DEFINED IN SAID DECLARATION OF CONDOMINIUM AND SURVEY ATTACHED THERETO, IN COOK COUNTY, ILLINOIS.

PAYLEGAL 12/99 DG