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Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 02/21/2007 11:37 AM Pg: 1 of 7

ILLINOIS SHORT FORM  
POWER OF ATTORNEY FOR PROPERTY

REPUBLIC TITLE CO.

OF

Jung Sun Im

(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 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", A COPY OF WHICH IS ATTACHED HERETO AS EXHIBIT "A" AND MADE A PART HEREOF BY REFERENCE. 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 4<sup>th</sup> day of Dec., 2006.

1. I, Jung Sun Im, whose address is 4204 W. Thorndale Chicago IL, hereby appoint Jessica E. Kim whose address is 4204 W. Thorndale Chicago IL, 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 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:

(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.
- (c) Stock and bond transactions.
- (d) Tangible personal property transactions.

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- (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.
- (j) Claims and litigation.
- (k) Commodity and option transactions.
- (l) 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.)**

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):

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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 trust specifically referred to below):

(a) To the extent my agent thinks I might have done, to make, unconditionally or upon such terms and conditions as my agent shall think fit, such gifts to any one or more of those persons consisting of my descendants and the spouses of my descendants in my agent's sole discretion and for any reason my agent determines, except that in no event shall my agent make such gifts to him/herself. Notwithstanding this limitation on the power of my agent to make gifts to him/herself, my agent may delegate the power to make gifts to one or more of my successor agents referenced hereinbelow solely for the purpose of determining whether any gift shall be made hereunder to my agent.

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(b) To transfer assets to the Revocable Trust executed by me as Settlor and Trustee dated \_\_\_\_\_.

(c) To act in my stead regarding the \_\_\_\_\_ REVOCABLE TRUST DATED \_\_\_\_\_, including all powers reserved to me thereunder (except the power to amend the terms thereof) and including specifically the right to withdraw income or principal from said trust or transfer assets thereto.

**(YOUR 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 agents or agent shall have the right by written instrument to delegate any or all of the foregoing powers, including those involving discretionary decision making, to the other agent acting hereunder or to one or more of the successor agents referenced hereinbelow.

**(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 agents 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 upon my agent receiving written notice that I am incapacitated. I shall be deemed incapacitated when a physician familiar with my condition certifies that I am unable to transact ordinary business, and my agent may rely on that certification. Any person dealing with my agent shall be fully protected in assuming that my agent has received written notice that I am incapacitated in compliance with this paragraph.

When in the process of determining my incapacity, all individual identifiable health information and medical records may be released to the person who is nominated as successor agent, including any written opinion relating to my incapacity that the person so nominated may have requested. This release authority is governed by the Health Insurance Portability and Accountability Act of 1996 (aka HIPAA), 42 USC 1320d and

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45 CFT 160-164, and applies even if that person has not yet been appointed successor agent.

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

\_\_\_\_\_  
**(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) OF SUCH SUCCESSOR(S) IN THE FOLLOWING PARAGRAPH.)**

8. If any agent named by me shall die, become incompetent, resign or refuse to accept the office of agent, I name the following (in the order named) as successor to such agent:

OR

9. If either \_\_\_\_\_ or \_\_\_\_\_ shall die, become incompetent, resign or refuse to accept the office of agent, I name the other of them to act as sole successor. If both \_\_\_\_\_ and \_\_\_\_\_ die, become incompetent, resign or refuse to accept the office of agent, I name \_\_\_\_\_ as sole successor to such agents.

**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 SERVE YOUR BEST INTERESTS AND WELFARE. (STRIKE OUT PARAGRAPH 9 IF YOU DO NOT WANT YOUR AGENT TO ACT AS GUARDIAN.)**

10. If a guardian of my estate (my property) is to be appointed, I nominate the agents, or agent if only one is then serving, acting under this power of attorney as such guardian, to serve without bond or security.

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 agent.



(Principal)

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

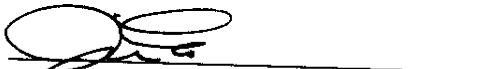
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Specimen signatures of agent  
(and successors)  
correct.

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

  
\_\_\_\_\_  
(Agent)

  
\_\_\_\_\_  
(Principal)

  
\_\_\_\_\_  
(Successor Agent)

\_\_\_\_\_  
(Principal)

\_\_\_\_\_  
(Successor Agent)

\_\_\_\_\_  
(Principal)

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

STATE OF ILLINOIS )

COUNTY OF \_\_\_\_\_ )

ss

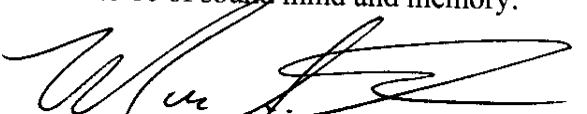
The undersigned, a notary public in and for the above county and state, certifies that \_\_\_\_\_ known to me to be the same person whose name is subscribed as principal to the foregoing power of attorney, appeared before me and the additional witness in person and acknowledged signing and delivering the instrument as the free and voluntary act of the principal, for the uses and purposes therein set forth.

Dated: 12/4/06

  
\_\_\_\_\_  
Notary Public  
 "OFFICIAL SEAL"  
Kyan Kim  
Notary Public, State of Illinois  
My Commission Exp. 01/20/2010

The undersigned witness certifies that Jung Sun Im 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.

Dated: 12/4/06

  
\_\_\_\_\_  
Witness

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(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 was prepared by:

Ryan Kim, Attorney at Law  
350 N. LaSalle Dr. Suite 2700  
Chicago, IL 60610

mail to:

Jung S. Im  
4204 W Thorndale  
Chicago, IL 60646

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## PROPERTY LEGAL DESCRIPTION:

### PARCEL 1:

LOT 3 IN BLOCK 7 IN SAUGANASH VILLAGE, BEING A RESUBDIVISION OF PART OF LOT 1 IN OGDEN AND JONES SUBDIVISION OF BRONSON'S PART OF CALDWELL'S RESERVE IN SOUTH EAST 1/4 OF SECTION 3, TOWNSHIP 40 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

### PARCEL 2:

EASEMENT FOR THE BENEFIT OF PARCEL 1 OVER OUTLOT "A" IN AFORESAID SAUGANASH VILLAGE AS STATED ON PLAT OF RESUBDIVISION RECORDED JANUARY 12, 1989 AS DOCUMENT 89017108 AND CREATED BY DEED RECORDED AS DOCUMENT 89482018, IN COOK COUNTY, ILLINOIS

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