

Doc#: 0721944044 Fee: \$32.00 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds

Date: 08/07/2007 12:03 PM Pg: 1 of 5

## ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY DURABLE POWER OF ATTORNEY

(The place above for Recorders use only)

Legal Description: See attached Legal Description

This Power of Attorney is being created for the purpose of refinancing the property located at:

Street Address: 2 East Erie Street #1605

City Chicago, IL 60610

Permanent tax index #: 17-10-107-018-1036 & 17-10-107-016-1315

(The above can be deleted if real estate not subject to the Power of Auorney)

(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 NOT JUDE POWERS TO PLEDGE, SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. THIS FORM DOESNOT 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, DISBURSEMINTS AND SIGNIFICANT ACTIONS TAKEN AS A AGENT. A COURT CAN TAKE AWAY THE POWERS OF YOUP ACENT IF IT FINDS THE AGENT NOT ACTING PROPERLY. YOU MAY NAME SUCCESSORAGENTS UNDER THIS FORM BUT NOT AS COAGNETS. 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 "STARUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY LAW" OF WHICK 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. 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 9th day of July, 2007 (wear)

1. 1, <u>Christine Morgan</u>

(insert name and address of Principal (person needing the POA))

hereby appoint: Michael Grabill

(insert name and address of Agent (person who will be signing on behalf of Principal))

as my attorney-in-fact (my "agent") to act for me 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 specific powers inserted in paragraph 2 or 3 below:

Near North National December 1922 N. LaSalle Chicago, IL 60601

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## **UNOFFICIAL COPY**

(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.
- (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.
- (1) Business transactions.
- (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 SPECIFICIALLY DESCRIBED BELOW.)

The powers granted above shell 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
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):
	Not Applicable

(YOUR AGENT WILL HAVE AUTHORITY TO EMPLOY OTHER PERSONS AS NECESSARY TO FNEBLE 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 SENTENCE IF YOU DO NOT WANT YOUR AGENT TO ALSO BE ENTITLED TO REASONABLE COMPENSATION AS AGENT.)

5. My agent shall be entitled to reasonable compensation for services rendered as agent under this power of attorney.

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(THIS POWER OF ATTORNEY MAY BE AMENDED OR REVOKED BY YOU AT ANY TIME AND IN ANY MANNER. ABSENT AMENDMENT OR REVOKATION, 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 INITIALIZING AND COMPLETING EITHER (OR BOTH) OF THE FOLLOWING:)

6.	(XX) This power of attorney shall become eff	ective on
	07/09/07	
		court determination of your disability, when you want this
7.	(XX) This power of attorney shall terminate or	1
•	<u>u8/19/07</u>	
(insert a date your death)	e or evert such as a court determination of you	ir disability, when you want this power to terminate prior to
	SH TO NAME SUCCESSOR AGENTS, INSERT T LOWING PARAGRAPH.)	HE NAME(S) AND ADDRESS(ES) OF SUCH SUCCESSOR(S)
8.		ncompetent, resign or refuse to accept the office of agent, I tessively, in the order named) as successor(s) to such agent:
	Not Applicable	
adjudicated business ma YOUR ESTA REQUIRED THE COURT PARAGRAP	incompetent or disabled person or the person atters, as certified by a licensed physician. (ATE, IN THE EVENT A COURT DECIDED THAT TO, DO SO BY RETAINING THE FOLLOWING PERIODS THAT SUCH APPOINTMENT WILL SEPTH 9 IF YOU DO NOT WANT YOUR AGENT TO A	be appointed, I nominate the agent acting under this power
10.	•	f this form and understand the full import of this grant of
SPECIMEN	, BUT ARE NOT REQUIRED TO, REQUEST SIGNATURES IN THIS POWER OF ATTORNEY TURES OF THE AGENTS.)	YOUR AGENT AND SUCCESSOR AGENTS TO PROVIDE Y, YOU MUST COMPLETE THE CERTIFICATION OPPOSITE
Specimen si	ignatures of agents (and successors)	I certify that the signatures of my agent (and successors are correct)
XX(ag	gent)	XX(principal)
XX(su	N/A accessor agent)	XX(principal)

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Witness: Signature	
Sara Shaheen Witness: Printed Name	
	E UNLESS IT IS NOTORIZED, USING THE FORM BELOW.)
State of Illinois ) County of COOK )ss.	
I, the undersigned a Notary Public in and for the said Co  CHRAGTINE LIFEGI MORGEN personally know  Principal to the foregoing Power of Attorney, appeared by	unty in the State of aforesaid, Do Hereby Certify that in to me to be the same person whose name is subscribed as perfore me, and the additional witness, this day in person, and the free and voluntary act of the principal, for the uses and
Dated: JULY 1341, 2007	Bleveline Quento Exproson 3 Notary Signature
Contraction	Commission Expires
(Space for Notary Seal above)  Prepared by and when Recorded mail to:  Name: Michael Grabill	Siesserma G. Lupisan Notary Public, State of Illinois Cook County My Commission Expires July 7, 2010
Street Address: 707 SKOKie Blvd. City Stzip: Northbrook IL 6006	
No.	SZ Z CONTE

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## **UNOFFICIAL COPY**

#### Exhibit B

#### PARCEL 1:

UNIT 1605 AND PROPOSED GARAGE UNIT G-309A, TOGETHER WITH THE EXCLUSIVE RIGHT TO USE STORAGE SPACE S-166, A LIMITED COMMON ELEMENT, IN THE 2 EAST ERIE CONDOMINIUM AS DELINEATED AND DEFINED ON THE PLAT OF SURVEY OF THE FOLLOWING DESCRIBED PARCELS OF REAL ESTATE:

PARTS OF LOTS 7 AND 8 TOGETHER WITH THE WEST 30 FEET OF LOT 9 IN BLOCK 39 OF ASSESSOR'S DIVISION OF PARTS OF BLOCKS 33 AND 53, AND BLOCKS 39, 46 AND 47 IN KINZIE'S ADDITION TO CHICAGO, BEING A SUBDIVISION OF THE NORTH FRACTION OF SECTION 10, TOWNSHIP 39 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF, RECORDED JULY 28, 1860, ALL IN COOK COUNTY, ILLINO'S.

WHICH SURVEY IS ATTACHED AS FXHIBIT B TO THE DECLARATION OF CONDOMINIUM RECORDED MAY 10, 2005 AS DOCUMENT NUMBER #513022149, AS AMENDED FROM TIME TO TIME, TOGETHER WITH THEIR UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS.

#### PARCEL 2:

NON-EXCLUSIVE EASEMENTS AS CREATED BY RECIPROCAL EASEMENT AGREEMENT MADE BY AND BETWEEN STATE AND ERIE LEVEL PARTNERS LLC. AN ILLINOIS LIMITED LIABILITY COMPANY AND THE CHICAGO AND NORTHEAST ILLINOIS COUNCIL OF CARPENTERS DATED MARCH 27, 2000 AND RECORDED APRIL 7, 2000 AS DOCUMENT NUMBER 00246970, AS AMENDED FROM TIME TO TIME, OVER THE LAND DESCRIBED THEREIN, AND SUBJECT TO ITS TERMS, INCLUDING THOSE PURSUANT TO SECTIONS 3.2 THROUGH 3.9, AND 21.3 BY SAID AGREEMENT.

#### PARCEL 3:

EASEMENT FOR THE BENEFIT OF PARCEL I AS CREATED BY SUB-RECIFROCAL EASEMENT AGREEMENT PERTAINING TO THE RESIDENTIAL, RETAIL AND GARAGE PORTIONS OF THE PROPERTY COMMONLY KNOWN AS 2 EAST ERIE, CHICAGO, ILLINOIS MADE BY STATE & ERIE LEVEL PARTIMERS LLC, AN ILLINOIS LIMITED LIABILITY COMPANY DATED AS OF MAY 9, 2005 AND RECORDED MAY 9, 2005 AS DOCUMENT NUMBER 0512904178 FOR STRUCTURAL MEMBERS, FOOTINGS, CAISSON, FOUNDATIONS, COLUMNS AND BEAMS AND ANY OTHER SUPPORTING COMPONENTS, UTILITIES OR OTHER SERVICES FICROACHMENTS, AND MAINTENANCE OF FACILITIES.

Pin: 17-10-107-018-1036 and 17-10-107-018-1315