

Doc#: 0729141019 Fee: \$34.00 Eugene "Gene" Moore RHSP Fee:\$10.00

Cook County Recorder of Deeds
Date: 10/18/2007 09:38 AM Pg: 1 of 6

COOK COUNTY RECORDING

OxDEED
MORTGAGE
ASSIGNMENT
POWER OF ATTORNEY
RELEASE
SUBORDINATION AGREEMENT
OTHER

RETURN TO:

REPORTED FOR THE COMPANY LLC.

UNOFFICIAL COPY

Andrea Griffin 3075438 2473

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 purchase the property located at:

Street Address: . 1720 5. MICHIGAN AVE UNIT 1814

City 41CAGO, IL

Permanent tax index #:

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

(NOTICE: THE PURPOSE OF THIS POWER OF ATTOP NEY IS TO GIVE THE PERSON YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY. ""HICH MAY INCLUDE POWERS TO PLEDGE, SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PLOTFRTY 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 PLOSIPTS, DISBURSEMENTS AND SIGNIFICANT ACTIONS TAKEN AS A AGENT. A COURT CAN TAKE AWAY THE LOWERS OF YOUR AGENT IF IT FINDS THE AGENT NOT ACTING PROPERLY. YOU MAY NAME SUCCESSORAGENT! UNDER THIS FORM BUT NOT AS COAGNETS. UNLESS YOU EXPRESSLY LIMIT THE DURATION OF THIS POWE! IN THE MANNER PROVIDED BELOW, UNTIL YOU REVOKE THIS POWER OR A COURT ACTING ON YOUR BEHALF ILLINATES IT, YOUR AGENT MAY EXERCISE THE POWERS GIVEN HERE THROUGHOUT YOUR LIFETIME, EVEN AFTEL 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 THE 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 day of Oct., 2007
(same day as Effective Date) (month) (year)

1. I, DHRVMAL BHATT
(insert name and address of Principal (person needing the POA))

NEHAL BHATT
(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:

0729141019 Page: 3 of 6

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(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) True matters.
- (j) Cair s and litigation.
- (k) Commodity and option transactions.
- (1) Business treasactions.
- (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 FELTOW.)

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):

This power of attorney shall be specific to the refinance of 1641 S 56th Ct, Ciccro, IL in August of 2007.

3. In addition to the powers granted above, I grant my agent the tollowing 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 cramend any trust specifically referred to below):

Not Applicable		
	3	
	- 4	~
		X '4

(YOUR AGENT WILL HAVE AUTHORITY TO EMPLOY OTHER PERSONS AS NECESSARY TO ENABLE IN 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.

0729141019 Page: 4 of 6

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(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.
(THIS POWER OF ATTORNEY MAY BE AMENDED OR REVOKED BY YOU AT ANY TIME AND IN ANY MANNER.

(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)	Γhis	power	of	attorney	shall	become	effective on	ì
----	------	------	-------	----	----------	-------	--------	--------------	---

(insert a future tate or event during your lifetime, such as court determination of your disability, when you want this power to first trace effect)

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

(insert a date or event, such as a 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 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 (each to act alone and successively, in the order named) as successor(s) to such agent:

		A.		
Not Applicable	(

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 DECIDED THAT ONE SHOULD I.E ALPOINTED, 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 egent 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: XX Uhumal Olink

(principa

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

0729141019 Page: 5 of 6

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Specimen signatures of agents (and successors)	I certify that the signatures of my agent (and successors are correct)
XX New Bham (agent)	XX Dhund Ohad (principal)
XX N/A (successor agent)	XX(principal)
Witness: Signature	
Witness: Printed No. 110 SIMPS OF Y	
(THIS POWER OF ATTCRNEY WILL NOT BE EFFECTIVE UN	LESS IT IS NOTORIZED, USING THE FORM BELOW.)
State of Illinois	
County of Cook ss.	
Principal to the foregoing Power of Attorney, appeared before acknowledged signing and delivering the instrument as the fipurposes therein set forth.	me to be the same person whose name is subscribed as e me, and the additional witness, this day in person, and
Dated: October 16, 2007	Notary Signature
OFFICIAL SEAL JOHN M. JOHNSON NOTARY PUBLIC, STATE OF ILLINOIS MY COMMISSION EXPIRES 11-30-2010 (Space for Notary Sear above)	Commission Expires
Prepared by and when Recorded mail to: Name:	15
Street Address: 900 E. Northwest Ho	O _{xx}
City, St, Zip: Mt. Prospect, 16 6	

0729141019 Page: 6 of 6

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UNITS 1814 AND P-267 IN THE 1720 S. MICHIGAN CONDOMINIUM, AS DELINEATED ON A SURVEY OF CERTAIN PARTS OF THE FOLLOWING DESCRIBED PARCELS;

PARCEL 1:

LOTS 14, 15, 18, 19, 23, AND 26 (EXCEPT THE NORTH 1.50 FEET THEREOF), IN S.N. DEXTER'S SUBDIVISION OF BLOCK 4 OF ASSESSOR'S DIVISION, BEING A SUBDIVISION IN THE SOUTHWEST 1/4 OF SECTION 22, TOWNSHIP 39 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PARCEL 2:

LOT 1 IN COUNTY CLERK'S DIVISION OF LOTS 6, 7, 10 AND 11 OF S.N. DEXTER'S SUBDIVISION OF BLOCK 4 OF ASSESSOR'S DIVISION, BEING A SUBDIVISION IN THE SOUTHWEST 1/4 OF SECTION 22, TOWNSHIP 39 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PARCEL 3:

LOT 22 IN DEXTER'S SUBDIVISION OF BLOCK 4 OF ASSESSOR'S DIVISION, BEING A SUBDIVISION IN THE SOUTHWEST 1/4 OF SECTION 22, TOWNSHIP 39 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COCK COUNTY, ILLINOIS.

WHICH SURVEY IS ATTACHED TO THE DECLARATION OF CONDOMINIUM RECORDED AS DOCUMENT 0723915003, AS AMENDED FROM TIME 70 TIME, TOGETHER WITH AN UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS. John's Clark's Office

PIN#

17-22-301-034-0000

17-22-301-035-0000

17-22-301-038-0000

17-22-301-039-0000

17-22-301-040-0000

17-22-301-048-0000

17-22-301-053-0000

AFFECTS UNDERLYING LAND