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Doc#: 0835029064 Fee: \$46.00 Eugene "Gene" Moore RHSP Fee:\$10.00

Cook County Recorder of Deeds Date: 12/15/2008 02:46 PM Pg: 1 of 6

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St. Paul, MN 55117

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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 OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. THIS FORM DOES NOT IMPOSE DUTY ON YOUR AGENT TO EXERCISE GRANTED POWERS. BUT WHEN A POWER IS EXERCISED, YOUR AGENT WILL HAVE TO USE DUE CARE TO ACT FOR YOUR BENEFIT AND IN ACCORDANCE WITH THIS FORM. 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" OF WHICH THIS FORM IS A PART. 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	10_thd	ay of
April	, 20_08		•
1.	Client Riti Address		Oakbrook,lil 60523

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hereby appoint:

Agent

Neelam Dwivedi

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 power, 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) Retirement of

(g) Retirement plan transactions

(I) Business operations.
(b) Financial institution transactions.

(h) Social Security, employment and

(m) Borrowing transactions.

Military service benefits.

(n)

(c) Stock and bond transactions. Estate transactions.

(d) Tangible personal property transactions.

(I) Tax matters.

(o) All

other property powers

(e) Safe deposit box transactions.

sit box transactions. and transactions. (j) Claims and litigation.

(f) Insurance and annuity transactions.

(i) Commodity and option 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 to 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): Executing, acknowledging and delivering all contracts, decus, notes, trust deeds, mortgages, assignments of rent, waivers of homestead rights. affidavits, bill of sale and other instruments necessary to purchase: Address
- 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):

(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,

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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.)

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

(THIS POWER OF A TORNEY 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 OF 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 Date4/10/08 , 20
want this powe	(insert a future date or event, such as court determination of your disability, when you er to first take effect)
7.	This power of attorney shall terminate on ບັລເຂ_4/10/09 , 20
want this powe	(insert a future date or event, such as court determination of your disability, when you er to first take effect)
(IF YOU W ADDRESS PARAGRA	ISH TO NAME SUCCESSOR AGENTS, INSERT THE NAME(S) AND [ES] OF SUCH SUCCESSOR(S) IN THE FOLLOWING PH.)

8. If any agent named by me shall die, become legally disabled resign or refuse to act, I name the following (each to act alone and successively, in the order named) as successor to such agent: 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.

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(IF YOU WISH TO NAME A GUARDIAN OF YOUR PERSON OR A GUARDIAN OF YOUR ESTATE, OR BOTH, IN THE EVENT A COURT DECIDES THAT ONE SHOULD BE APPOINTED, YOU MAY, BUT ARE NOT REQUIRED TO, DO SO BY INSERTING THE NAME[S] OF SUCH GUARDIAN[S] IN THE FOLLOWING PARAGRAPHS. THE COURT WILL APPOINT THE PERSON NOMINATED BY YOU IF THE COURT FINDS THAT SUCH APPOINTMENT WILL SERVE YOUR BEST INTERESTS AND WELFARE. YOU MAY, BUT ARE NOT REQUIRED TO, NOMINATE AS YOUR GUARDIAN[S] THE SAME PERSON NAMED IN THIS FORM AS YOUR AGENT.)

WILL SERVE YOUR BEST INTERESTS AND WELFA NOT REQUIRED TO, NOMINATE AS YOUR GUARDI PERSON NAMED IN THIS FORM AS YOUR AGENT.	ANIST THE SAME
If a guardian of my estate (my property) is nominate the agent acting under this power of attorney serve without bond or security.	s to be appointed, I as such guardian, to
10. an fully informed as to all the contents of understand the full import of this grant of powers to my	of this form and agent.
Signed Rutha Singh	
Ritika Singh	(Principal)
Signed	(Principal)
(YOU MAY, BUT ARE NOT REQUIRED TO, REQUES' SUCCESSOR AGENTS TO PROVIDE SPECIMEN SIGNATURES IN THIS POYOU MUST COMPLETE THIS CERTIFICATION OF POSIGNATURES OF THE AGENTS.)	T YOUR AGENT AND SNATURES BELOW. IF
Specimen signature of agent. signature agent) are	
Nee am Dwived; (Agent)	Principal)
(successor agent)	(principal)

(THIS POWER OF ATTORNEY WILL NOT BE EFFECTIVE UNLESS IT IS NOTARIZED, USING THE FORM BELOW)

(principal)

(successor agent)

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STATE OF ILLINOIS)) SS
COUNTY OF DU PAGE)
The undersigned, a notary public in and for the above county and state, certifies that $\frac{RITIKR}{SINGH}$, known to me to be the same person whose name is subscribed as principal to the foregoing power of attorney, appeared before me in person and acknowledged signing and delivering the instrument as the free and voluntary act of the principal, for the uses and purposes the ein set forth (and certifies to the correctness of the signature(s) of the agent(s). Dated: $4-10-88$
"OFFICIAL SEAL" MARGARET M. BRUNI Notary Public, State of Illinois My Commission Expires 02/26/09 Notary Public
The undersigned witness certifies that <u>Francisco</u> known to me to be the same person whose name is subscriber as principal to the foregoing power of attorney, appeared before me and the note; 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. Delieve him or her to be of sound mind and memory.
Dated: 4-10-08 Jaya Shila
Witness
This document prepared by Kerry Prisock 2001 North Dallas Ptwy Ste 100 Puro TX, 75093 Legal Description: To be inserted. SEE ATTACHED.
Legal Description: To be inserted. SEE ATTACHED.

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Exhibit "A"

The land referred to herein is situated in the State of Illinois, County of Cook described as follows:

LOT 15 IN BLOCK 6 IN FIRST ADDITION TO HINKAMP AND COMPANY'S WESTERN AVENUE SUBDIVISION BEING A SUBDIVISION OF THE NORTHEAST QUARTER OF THE NORTHWEST QUARTER OF SECTION 36, TOWNSHIP 38 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, (EXCEPT THE WEST 33 FEET THEREOF BEING FOR RAILROAD AND EXCEPT THAT PART TAKEN FOR WIDENING WESTERN AVENUE AND WEST 79TH STREET) IN COOK COUNTY, ILLINOIS.

SOURCE OF TITLE INSTRUMENT 0723326051 (RECORDED 08/21/2007)

APN: 19-36-213-034

PL US K

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