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Doc#: 0928633059 Fee: \$46.00 Eugene "Gene" Moore RHSP Fee:\$10.00

Cook County Recorder of Deeds Date: 10/13/2009 01:04 PM Pg: 1 of 6

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WHEN RECORDED MAIL TO:

Service Link
4000 Industrial Blvc
Aliquippa, PA 1500
1-800-439-54:
17839:

LIMITED POWER OF ATTORNEY

Grantor:

JIN PING LIANG

Grantee:

MIN JEN HOHL

9285-0033

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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 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" OF WHICH THIS FORM IS A PART (SEE THE BACK OF THIS FORM). THAT LAW EXPRESSLY PERMITS THE USE OF ANY DIFFERENT FORM OF POWER OF ATTORN' Y DU 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 A) TORNEY made this 5th day of October (month) 2009 (year)

1.) I, Jin-Ping Liang of 2202 Grouse Lane (street address), City/Village of Rolling Meadows, County of Cook, State of Illinois, hereby appoints:

Min-Jen Hohl, of 2202 Groune Lane (street address), City/Village of Rolling Meadows, County of Cook, State of Illinois,

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 CATEGO LY WILL CAUSE THE POWERS DESCRIBED RY.
SOFFICE 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.
- (i) Claims and litigation.
- (k) Commodity and option transactions.
- (1) 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.)

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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):

The powers given in paragraph (1.) above shall be used solely for the purpose of purchasing, borrowing money for the purchase, and otherwise consummating

	Lane, Unit 318, City/Village of Rolling Meadows, County of Cook, State of Illinois, which property is more particularly described in the Legal Description attached hereto and incorporated via reference herein.
3.)	In audition to the powers granted above, I grant my agent the following powers (here you may and 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):
	None
PROF DISC	JR AGENT WILL HAVE AUTHORITY TO EMP'.OY OTHER PERSONS AS NECESSARY TO ENABLE THE AGENT TO PERLY EXERCISE THE POWERS GRANTED IN TH'S FORM, BUT YOUR AGENT WILL HAVE TO MAKE ALL RETIONARY DECISIONS. IF YOU WANT TO GIVE YOUR AGENT THE RIGHT TO DELEGATE DISCRETIONARY (SION-MAKING POWERS TO OTHERS, YOU SHOULD KEEP THE NEXT SENTENCE, OTHERWISE IT SHOULD BE STRUCK)
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.
	and they are the controlled.
THIS	OR AGENT WILL BE ENTITLED TO REIMBURSEMENT FOR ALL REASONABLE EXPENSES INCURRED IN ACTING UNDER POWER OF ATTORNEY. STRIKE OUT THE NEXT SENTENCE IF YOU DO NOT WANT YOUR ACE IT TO ALSO BE TLED TO REASONABLE COMPENSATION FOR SERVICES AS AGENT.)
54	My agent shall be entitled to reasonable compensation for services rendered as agent
	under this power of attorney.
(THIS AME THE	S POWER OF ATTORNEY MAY BE AMENDED OR REVOKED BY YOU AT ANY TIME AND IN ANY MANNER. ABSENT NDMENT OR REVOCATION, THE AUTHORITY GRANTED IN THIS POWER OF ATTORNEY WILL BECOME EFFECTIVE ATTIME THIS POWER IS SIGNED AND WILL CONTINUE UNTIL YOUR DEATH UNLESS A LIMITATION ON THE BEGINNING E OR DURATION IS MADE BY INITIALING AND COMPLETING EITHER (OR BOTH) OF THE FOLLOWING:)
	This power of attorney shall become effective on September 30, 2009
	This power of attorney shall terminate on October 31, 2009

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(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:
-NONE-
-1(01(12
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 TVENT 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 AF POINTMENT WILL SERVE YOUR BEST INTERESTS AND WELFARE. STRIKE OUT PARAGRAPH 9 IF YOU DO NOT WANT TOUR 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 Jin-Ping Liang (Principal) (YOU MAY, BUT ARE NOT REQUIRED TO, REQUEST YOUR AGENT AND SUCCLSSOR AGENTS TO PROVIDE SPECIMEN SIGNATURES BELOW. IF YOU INCLUDE SPECIMEN SIGNATURES IN THIS FOWER OF ATTORNEY, YOU MUST COMPLETE
THE CERTIFICATION OPPOSITE THE SIGNATURES OF THE AGENTS.)
Specimen signatures of agent (and successors) I certify that the signatures of my agent
(and successors) are correct
(agent) (principal)
(agent) (principal)
(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.)

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State of)
County of Cook SS.
The undersigned, a notary public in and for the above county and state, certifies that TipPingiang, 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 (, and certified to the correctness of the signature(s) of the agent(s)).
Dated: 10/05/2009 (SEAL) OFFICIAL SEAL ELLA SEGAL NOTARY PUBLIC, STATE OF ILLINOIS MY COMMISSION EXPIRES 8-23-2010
My commission expires OP/43/2019
The undersigned witness certifies that Jin Jing Liang, 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: (9/5/2009 (SEAL)
2 nd Witness
(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:

Roger Galer

The Galer Firm, P.C.

225 W. Washington St., Suite 2200

Chicago, Illinois 60606 Phone: (312) 498-2409 Fax: (312) 604-0816

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Exhibit "A" **Legal Description**

All that certain condominium situate in the County of Cook and State of Illinois being known as Unit 318 at 5550 N Astor in Saratoga Condominium, together with its undivided percentage interest in the common elements and parking parcel 289 and 290, as defined and delineated in the Declaration of the Condominium which survey is attached as Exhibit "A" to the Declaration recorded as Document 0334539143 in the West ½ of Southeast ¼ of Section 8, Township 41 North, Range 11 East of the Third Principal Meridian. 1202
Of Coot County Clark's Office

Tax ID: 08-08-402-0+0-1202