

Doc#: 1013047055 Fee: \$44.00 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds Date: 05/10/2010 01:25 PM Pg: 1 of 5

5-5 ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY
DURABLE POWER OF ATTORNEY
GI
1/3 . \
4400334 243 1
(The place above for Recorders use only)
Legal Description: See attached Legal Description
Degui Description. See an activities Description
This Power of Attorney is being cleated for the purpose of refinance the property located at:
Street & delegan, ECO S. Hamman & O. C.
Street Address: 5621 S. Harper Ave.
City Chicago, IL 60637
Permanent tax index #: 20-14-212-039
remaind tax index #: 20-14-212-039
(The above can be deleted if real estate not subject to the Prwer of Attorney.)
(NOTICE: THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON YOU DESIGNATE (YOUR
"AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY, V HICH 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 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, DISBURSEMENTS AND SIGNIFICANT
ACTIONS TAKEN AS A AGENT. A COURT CAN TAKE AWAY THE POWERS OF YOUR AGENT IF IT FINDS THE
AGENT NOT ACTING PROPERLY. YOU MAY NAME SUCCESSORAGENTS UNDER THIS FORM BUT NOT AS CO-
AGNETS. UNLESS YOU EXPRESSLY LIMIT THE DURATION OF THIS POWER IN 1112 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 3-1 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 COM 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 28th day of 2010
(same day as Effective Date) (month) (year)
1. I, Zeenat A. Khan
(insert name and address of Principal (person needing the POA))
(misert name and address of Finicipal (person needing the FOA))
hereby appoint: David J. Kelly
(insert name and address of Agent (person who will be signing on behalf of Principal))
se my atterney in fact (my "agent") to get for me in my news (in any news 1 and 1 and 1 and 1
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:

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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) Ir surance and annuity transactions.
- (g) Perirement plan transactions.
- (h) Secial Security, employment and military service benefits.
- (i) Tax matters,
- (j) Claims and litigation.
- (k) Commodity and option transactions.
- (1) Business transpositions.
- (m) Borrowing transaction).
- (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.)

	agent):	of real estate of special rules on borrowing by the
	Not Applicable	
3,	 In addition to the powers granted above, I grant my ag other delegable powers including, without limitation appointment, name or change beneficiaries or joint terreferred to below): 	on, power to make gifts, exercise powers of
	Not Applicable	

2. The powers granted above shall not includ; the following powers or shall be modified or limited in the following particulars (here you may include my specific limitations you deem appropriate, such as a

(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 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.

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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.

ARSENT AMENDMENT OR REVOKATION, THE AUTHORITY GRANTED IN THIS POWER OF ATTORNEY WILL.

BECOME EF	FECTIVE AT THE TIME THIS POWER IS SIGNED AND WILL CONTINUE UNTIL YOUR DEATH UNLESS A NON THE BEGINNING DATE OR DURATION IS MADE BY INITIALIZING AND COMPLETING EITHER (OR
	HE FOLLOWING:)
6.	(XX) This power of attorney shall become effective on
	C4/28/10
•	ure date or event during your lifetime, such as court determination of your disability, when you want this
•	t take effect)
7.	(XX) This power of attorney shall terminate on
	05/28/10
(insert a date your death)	e or event, such as a court determination of your disability, when you want this power to terminate prior to
	SH TO NAME SUCCESSOR AGEN'TS, EXSERT THE NAME(S) AND ADDRESS(ES) OF SUCH SUCCESSOR(S) LOWING PARAGRAPH.)
8.	If any agent named by me shall die, becom: incompetent, resign or refuse to accept the office of agent, I name the following (each to act alone and succersively, in the order named) as successor(s) to such agent:
	Not Applicable
adjudicated business ma YOUR ESTA REQUIRED T THE COURT PARAGRAPI	s of this paragraph 8, a person shall be considered to be incompetent if and while the person is a minor or an incompetent or disabled person or the person is unable to give prompt and intelligent consideration to tters, as certified by a licensed physician. (IF YOU WISH TO NAME YOUR AGENT AS GUARDIAN OF TE, IN THE EVENT A COURT DECIDED THAT ONE SHOULD BE APPOINTED, YOU MAY, BUT ARE NOT TO, DO SO BY RETAINING THE FOLLOWING PARAGRAPH. THE COURT WILL APPOINT YOUR AGENT IF FINDS THAT SUCH APPOINTMENT WILL SERVE YOUR BEST INTERESTS AND WELFARE. STRIKE OUT 19 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 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: XX (principal)
(YOU MAY,	BUT ARE NOT REQUIRED TO, REQUEST YOUR AGENT AND SUCCESSOR AGENTS TO PROVIDE

THE SIGNATURES OF THE AGENTS.)

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Specimen signatures of agents (and successors)	I certify that the signatures of my agent (and successors are correct)
XX (agent)	(principal)
XX	(principal)
Witness: Signature	
Witness: Printed Name	
(THIS POWER OF ATTORNEY WILL NOT BE EFFECTIVE	UNLESS IT IS NOTORIZED, USING THE FORM BELOW.)
State of Illinois County of Cook State of Illinois State of Illinois	
I, the undersigned a Notary Public in and for the said Cound of Kelly personally known Principal to the foregoing Power of Attorney, appeared be acknowledged signing and delivering the instrument as the purposes therein set forth. Dated: 4/28/16 OFFICIAL SEAL* Ariene E. Pappalardo Notary Public, State of Bilings My Commission Emires Images 4. 242	to me to be the same person whose name is subscribed as fere me, and the additional witness, this day in person, and
(Space for Notary Seal above)	76
Prepared by and when Recorded mail to: Name: Devid kelly Street Address: 5621 S. Harper City, St., Zip: Auses ll 6063	
City, St, Zip: (Muser W)	· /

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ORDER NO.: 1301 - 004400334 ESCROW NO.: 1301 - 004400334

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STREET ADDRESS: 5621 S. HARPER AVE.

CITY: CHICAGO ZIP CODE: 60637

TAX NUMBER: 20-14-212-039-0000

COUNTY: COOK

LEGAL DESCRIPTION:

THE EAST 20.833 FEET (AS MEASURED ALONG SOUTH LINE THEREOF) OF THAT PART OF LOT 30 DESCRIBED AS FOLLOWS;

COMMENCING AT A POINT 4.00 FEET EAST OF THE WI.ST LINE AND 7.00 FEET SOUTH OF NORTH LINE OF SAID LOT; THENCE SOUTH PARCEL WITH THE WEST LINE OF SAID LOT 69.117 FEET; THENCE EAST PERPENDICULARLY TO WEST LINE OF SAID LOT 61.833 FEET, THENCE NORTH PARALLEL WITH WEST LINE OF SAID LOT TO A POINT 7.0 FELT SOUTH OF NORTH LINE OF SAID LOT; THENCE WEST PARALLEL WITH THE NORTH LINE OF SAID LOT TO PLACE OF BEGINNING ALL IN CHICAGO LAND CLEARANCE COMMISSION NUMBER 1 BEING A CONSOLIDATION OF PARTS OF VARIOUS SUBDIVISIONS AND RESUBDIVISIONS AND VACATED STATES AND ALLEYS IN SOUTHEAST 1/4 OF SECTION 11 AND NORTHEAST 1/4 OF SECTION 14, TOWN'SHIP 38 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED MARCH 6, 1959 AS DOCUMENT 17473437 IN COOK COUNTY, ILLINOIS.