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Doc#: 1105312240 Fee: \$48.00 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds Date: 02/22/2011 02:40 PM Pg: 1 of 7

ICLINOIS 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") PROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO I LYDGE, 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 TECEIPTS, 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 ATTORNEY YOU MAY DESIRE.

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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 1st day of FEBRUARY (month) 2011 (year). I, KAREN KIRKLAND, (insert name and address of principal) hereby appoint: CURTIS KIRKLAND, (insert name and address of agent) as my attorney-in-fact (my "agent") to act for n e and in my name (in any way I could act in person) with respect to the following powers, as defined in Section - 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 or below:

(YOU MUST STRIKE OUT A) Y ONE OR MORE OF THE FOLLOWING CATEGORIES OF POWERS YOU DO NOT WAN I 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 ACENT. TO STRIKE OUT A CATEGORY YOU HA.

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OR MUST DRAW A LINE THROUGH THE TITLE OF THAT CATEGORY.)

- (a) Real estate transactions.
- (b) Financial institution transactions.
- (e) 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 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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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):

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):

to execute and deliver mortgages, notes, HUD Settlement Statements, and all other mortgage loan and other page is and documents all in connection with the acquisition and mortgage financial of the real estate which is legally described, and which common address and property and a number, is set forth on Exhibit "A" attached hereto.

(YOUR AGENT WILL HAVE AUTHORITY TO EMPLOY OFF, FR PERSONS AS
NECESSARY TO ENABLE THE AGENT TO PROPERLY EXERC SE 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?

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.)

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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. ABSENT AMENDMENT OR REVOCATION, THE
AUTHO STY GRANTED IN THIS POWER OF ATTORNEY WILL BECOME EFFECTIVE AT
THE TIME THIS POWER IS SIGNED AND WILL CONTINUE UNTIL YOUR DEATH
UNLESS A LIFATATION ON THE BEGINNING DATE OR DURATION IS MADE BY
INITIALING AND COMPLETING EITHER (OR BOTH) OF THE FOLLOWING:)

(X) This power of attorney halt become effective on

FEBRUARY 4, 2011 (insert a further tate or event during your lifetime, such as court determination of your disability, when you want this power to first take effect).

(X) This power of attorney shall terminate on

MARCH 4, 2011 (insert a future date or event, such as court determination of your disability,

when you want this power to terminate prior to your deach;

(IF YOU WISH TO NAME SUCCESSOR AGENTS, INSERT THE NAME (S) AND ADDRESS(ES)
OF SUCH SUCCESSOR(S) IN THE FOLLOWING PARAGRAPH.)

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:

For purposes of this paragraph, a person shall be considered to he 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 DECIDES THAT ONE SHOULD BE APPOINTED, YOU MAY, BUT ARE NOT REQUIRED TO, DO SO BY RETAINING THE FOLLOWING PARAGRAPH. THE

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COURT WILL APPOINT YOUR AGENT IF THE COURT FINDS THAT SUCH APPOINTMENT WILL SERVE YOUR BEST INTERESTS AND WELFARE. STRIKE OUT PARAGRAPH IF YOU DO NOT WANT YOUR AGENT TO ACT AS GUARDIAN.)

If a guardian of my estate (my property) is to be appointed, I nominate the agent acting under this

power of attorney as such	n guardian, to serve with	hout bond or security. I am fully informed as
all the concents of this for	rm and understand the i	full import of this grant of powers to my age
Signed X Julia	Killene	<u> </u>
(principal) KALFN	KIRKLAND	
(YOU MAY, BUT ARE N	OT REQUIRED TO, RE	EQUEST YOUR AGENT AND SUCCESSOR
		RES BELOW. IF YOU INCLUDE
SPECIMEN SIGNATUR	ES IN THIS POWE'S OF	F ATTORNEY, YOU MUST COMPLETE
THE CERTIFICATION O	OPPOSITE THE SIGN.	TURES OF THE AGENTS.)
Specimen signatures of		I certify that the signatures of my agent
agent (and successors)		(and successors) are correct.
	(agent)	(principa
	(successor agent)	(principa
	(successor agent)	(principa
		0,
(THIS POWER OF ATTO	ORNEY WILL NOT BE	EFFECTIVE UNLESS IT IS NOTARIZED
AND SIGNED BY AT LE	AST ONE ADDITIONA	L WITNESS, USING THE FORM
BELOW.)		
State of MICHIGAN)	

County of Wayne The undersigned, a notary public in and for the above county and state, certifies that

)SS.

KAREN KIRKLAND, known to me to be the same person whose name is subscribed as

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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).

My commission expires

The undersigned witness certifies that KAREN KIRKLAND known to me to be the same person whose name is subscriced 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.

(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.)

MAIL TO: This document was prepared by:

> Neal M. Ross Neal M. Ross & Associates 670 N. Clark St., Suite #300-W Chicago, IL 60654

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EXHIBIT "A"

PARCEL 1:

UNIT NUMBER 2307, IN THE RIVER PLAZA CONDOMINIUM, AS DELINEATED ON A SURVEY OF THE FOLLOWING DESCRIBED REAL ESTATE:

LOTS 3, 5, 8, 15, 16, 17, 19, 20, 22, 31 TO 39, BOTH INCLUSIVE, 41, AND 44 TO 48, BOTH INCLUSIVE, IN RIVER PLAZA RESUBDIVISION OF LAND, PROPERTY AND SPACE OF LOTS 1 TO 12 AND VACATED ALLEY IN BLOCK 5 IN KINZIE'S ADDN TO CHICAGO IN THE NORTHWEST 1/4 OF SECTION 10, TOWNSHIP 39 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS. WHICH SURVEY IS ATTACHED AS EXHIBIT "B" TO THE DECLARATION OF CONDOMINIUM RECORDED AS DOCUMENT NUMBER 94758753 TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS.

PARCEL 2.

EASEMENT FOR THE BENEFIT OF PARCEL 1 FOR INGRESS, EGRESS, USE AND ENJOYMENT OF THE PROPERTY AS SET FORTH IN THE RIVER PLAZA DECLARATION OF COVENANTS, CUNDITIONS, RESTRICTIONS, AND EASEMENTS RECORDED AS DOCUMENT NUMBER 94) 58750.

Property Address:

405 North Wabash Avenue, Unit 2307 OUNTY CORTS OFFICE Chicago, IL 60611

PIN #: 17-10-132-037-1330