#### **UNOFFICIAL COPY**

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 OF A PROVAL BY YOU OF A PROVAL BY YOU OF A PORTON OF A PORTON



Doc#: 1109049034 Fee: \$44.00 Eugene "Gene" Moore RHSP Fee: \$10.00

Cook County Recorder of Deeds Date: 03/31/2011 03:45 PM Pg: 1 of 5

DOES NOT IMPOSE A DUTY ON YOUR AGENT TO EXERCISE GRANTED POWERS; BUT WHEN POWERS ARE EXERCISED, YOUR YOUR AGENT TO EXERCISE GRANTED POWERS; BUT WHEN POWERS ARE EXERCISED, YOUR AGENT WILL HAVE TO USL 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 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 20th day of MARCH (mon.h) 2011 (year)

I,ELIZABETH KIRK, of the County of ST. JOSEPH and State of Indiana hereby appoint

#### WILLIAM KIRK, 1126 E. IRVINGTON, SOUTH BEND, IN 46614

(insert name and address of agent)

as our attorney-in-fact (our "agent") to act for me and in our 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 Preperty 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.



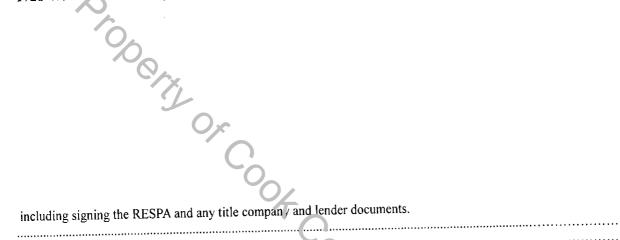
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(LIMITATIONS ON AND ADDITIONS TO THE AGENT'S POWERS MAY BE INCLUDED IN THIS POWER OF ATTORNEY IF THEY ARE SPECIFICALLY DESCRIBED BELOW.)

- 2. The powers granted above shall not include the following powers or shall be modified or limited 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):
- 3. In addition to the powers granted above, I grant our 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:

1728 W. RIDGEWOOD, GLENVIEW, IL 60025



(YOUR AGENT WILL HAVE AUTHORITY TO EMPLOY CIHER 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. AF 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. Our agent shall have the right by written instrument to delegate any or all crethe foregoing powers involving discretionary decision-making to any person or persons whom our agent may select out 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. Our 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 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 INITIALING AND COMPLETING EITHER (OR BOTH) OF THE FOLLOWING:)

6. (X) This power of attorney shall become effective MARCH 17, 2011 (insert a future date or event during your lifetime, such as court determination of your disability, when you want this power to first take effect)

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7. (X) This power of attorney shall terminate on APRIL 30, 2011 (insert a future date or event, such as 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: 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 DECIDES THAT ONE SHOULD BE APPOINTED, YOU MAY, BUT ARE NOT REQUIRED TO, DO SO BY RETAINING THE YOUR OWING PARAGRAPH. THE COURT WILL APPOINT YOUR AGENT IF THE COURT FINDS THAT SUCH A PO'NTMENT WILL SERVE YOUR BEST INTERESTS AND ILFARE. STRIKE OUT PARAGRAPH 9 IF YOU DO N'OT WANT YOUR AGENT TO ACT AS GUARDIAN.) 9. If a guardian of our estate (our 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 our agent. OUNTY C/O Signed BETH KIRK Signed (YOU MAY, BUT ARE NOT REQUIRED TO, REQUEST YOUR AGENT AND SUCCESSOR AGENTS TO PROVIDE SPECIMEN SIGNATURES BELOW. IF YOU INCLUDE SPECIMEN SIGNATURES IN THIS

POWER OF ATTORNEY, YOU MUST COMPLETE THE CERTIFICATION OPPOSITE 7 HE SIGNATURES OF THE AGENTS.)

| Specimen signatures of agent (and successors) | I certify that the signatures of our agent (and successors) are correct. |
|---|--|
| (agent)                                       | <b>→</b>   |
| (successor agent)                             | <b>→</b>   |

(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 Indiana | )          |
|------------------|------------|
|                  | <u>)SS</u> |
| County of St.    | _)         |
| JOSEPH           |            |

The undersigned, a notary public in and for the above county and state, certifies that, **ELIZABETH KIRK**, known to me to be the same person(s) whose name(s) is/are subscribed as principal(s) 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(s), for the uses and purposes therein set forth, and certified to the correctness of the signature(s) of the agent(s).

| Dated: MARC     | 11 20 20   | 11              |         |
|-----------------|------------|-----------------|---------|
|                 | Dine       | $\int_{\Omega}$ |         |
| Villar ?        | P. J. W. P | II ALL TO       |         |
| Notary Public A | 11 St _103 | eph County      | INPIANA |
| My commission   | expires    | and the         | P.      |

The undersigned witness certifies that, **ELIZABETH KIRK**, known to me to be the person(s) whose name(s) is/are subscribed as principal(s) to the foregoing po wer 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(s), for the uses and purposes therein set forth. I believe them or has to be of sound mind and memory.

Dated: 3/20/ 2011

Dated: Chair
Witness David C. J. Craig

(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 FS FATE.)

This document was prepared by: a & vetin to.

LAWRENCE M. LUSK, McCormick Braun Friman, 2 N. LASALLE, SUITE 1250, Ch cago. IL 60602

The requirement of the signature of an additional witness imposed by the amendatory Act of are 91st General Assembly applies only to instruments executed on or after the effective date of September 9th, 250%. (P.A. 86-736.)

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#### FIDELITY NATIONAL TITLE INSURANCE COMPANY

900 SKOKIE BLVD #112, NORTHBROOK, ILLINOIS 60062

PHONE: (847) 480-1212 FAX:

(847) 480-1943

ORDER NUMBER:2010

013013845

**SCF** 

STREET ADDRESS: 1728 RIDGEWOOD

COUNTY: COOK COUNTY

CITY: GLENVIEW TAX NUMBER: 04-25-300-040-0000

LEGAL DESCRIPTION:

LOT 2 IN BINNEBOSE SUBDIVISION, BEING A SUBDIVISION OF PART OF LOT 26 IN GLEN OAK ACRES BEING A SUBDIVISION IN THE WEST 1/2 OF THE WEST 1/2 OF SECTION 25, TOWNSHIP 42 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF AN OF COUNTY CONTINUES OFFICE RECORDED OF SAID GLEN OAK ACRES, RECORDED JANUARY 10, 1924 AS DOCUMENT 8247051 IN BOOK 184, PAGE 6, IN COOK COUNTY, ILLINOIS.

LEGALD 5/10 wlp

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