

# UNOFFICIAL COPY



Doc#: 1114304007 Fee: \$86.00  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 05/23/2011 08:23 AM Pg: 1 of 9

Property of Cook County Clerk's Office

PLEASE RECORD DOCUMENT

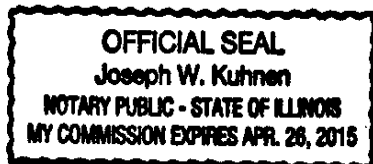
THIS IS TO CERTIFY THAT THE ATTACHED DOCUMENT IS A TRUE AND CORRECT COPY OF THE ORIGINAL.

CHICAGO TITLE INSURANCE COMPANY  
BY: \_\_\_\_\_

I, THE UNDERSIGNED, A NOTARY IN AND FOR THE COUNTY OF COOK, STATE OF ILLINOIS, DO HEREBY CERTIFY THAT MARY ANN BRUNO PERSONALLY KNOWN TO ME TO BE THE SAME PERSON WHOSE NAME IS SUBSCRIBED TO THE FOREGOING INSTRUMENT, APPEARED BEFORE ME THIS DAY IN PERSON, AND ACKNOWLEDGED THAT HE SIGNED THE SAID INSTRUMENT AS A FREE AND VOLUNTARY ACT, FOR THE USED AND PURPOSES THEREIN SET FORTH.

GIVEN UNDER MY HAND AND OFFICIAL SEAL, THIS \_\_\_\_\_ DAY OF 13<sup>th</sup> 5 2011

\_\_\_\_\_  
NOTARY PUBLIC



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**UNOFFICIAL COPY****ILLINOIS POWER OF ATTORNEY FOR PROPERTY  
FOR  
SHEILA FOX TAM**

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. 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.

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This POWER OF ATTORNEY made this 10<sup>th</sup> day of October, 2008.

## ARTICLE 1

I, **Sheila Fox Tam**, of **Chicago, Illinois**, hereby appoint: **Aaron M. Tam**, of **Chicago, 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 Articles 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. 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.
- J. Claims and litigation.
- K. Commodity and option transactions.
- L. 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.)

## ARTICLE 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):

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## ARTICLE 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):

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**A. Gifts to Family Members.** To make such Tax Planning Gifts as in the circumstances my agent considers advisable, and to the extent necessary to make such gifts, I grant my agent the power to revoke any revocable trust of which I am the grantor and to require the trustee of any such trust to pay income or principal of such trust to my agent or directly to the donee of such gift. "Tax Planning Gifts": mean (1) such gifts that qualify for the exclusion allowed for federal gift tax purposes under section 2503(e) of the Code as my agent believes I would make if able and (2) gifts that qualify for the exclusion allowed for federal gift tax purposes under section 2503(b) of the Code, considering all other gifts made by me or for me to the donee during the calendar year.

**B. Charitable Gifts.** To make such charitable donations as I have been in the habit of making and to make such other charitable gifts as in the circumstances my agent shall think that I would make if I were able;

**C. Other Compensation.** To compensate separately any brokers, attorneys, auditors, depositories, real estate managers, investment advisors and other persons (including my agent and any firm with which my agent is associated without reducing the compensation in any capacity);

**D. Funding Trust.** To transfer any part or all of my assets to the Trustee of any revocable trust of which I am the grantor under its terms from time to time in effect.

(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.)

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## ARTICLE 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.)

## ARTICLE 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. 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:)

## ARTICLE 6

           Initialed { This Power of Attorney shall become effective on the earlier of: (a) the date on which the principal physician attending to my care provides to my agent written notice that I am incapacitated, and (b) the date on which I am adjudicated legally disabled. For purposes of this Section, I shall be considered incapacitated if through illness, age, or other cause, I am unable to give reasoned consideration to financial matters.

           Initialed { This Power of Attorney shall become effective on \_\_\_\_\_. (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).

## ARTICLE 7

           Initialed { ~~This Power of Attorney shall terminate on the earliest of the date on which (a) the principal physician attending to my care provides my agent with written notice that I am no longer incapacitated, (b) any adjudication of my disability is terminated, (c) I revoke this instrument in writing or (d) I die. Any termination under (a) or (b) of this Section shall not prevent this Power of Attorney from becoming effective again under the preceding Section.~~

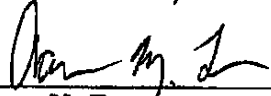


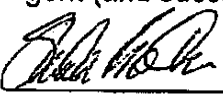
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(YOU MAY, BUT ARE NOT REQUIRED TO, REQUEST YOUR AGENT AND SUCCESSOR AGENTS TO PROVIDE SPECIMEN SIGNATURES BELOW. IF YOU INCLUDE SPECIMEN SIGNATURES IN THIS POWER OF ATTORNEY, YOU MUST COMPLETE THE CERTIFICATION OPPOSITE THE SIGNATURES OF THE AGENTS.)

Specimen Signatures of Agent  
(and successors).

I certify that the signatures of my  
agent (and successors) are correct

  
\_\_\_\_\_  
Aaron M. Tam

  
\_\_\_\_\_  
Sheila Fox Tam

\_\_\_\_\_  
Kathleen Fox

\_\_\_\_\_  
Sheila Fox Tam

\_\_\_\_\_  
Lysa Postula-Stein

\_\_\_\_\_  
Sheila Fox Tam

(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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## CHICAGO TITLE INSURANCE COMPANY

**ORDER NUMBER:** 1409 ST5120809 VNC  
**STREET ADDRESS:** 1324 ELMWOOD  
**CITY:** WILMETTE **COUNTY:** COOK  
**TAX NUMBER:** 05-27-309-021-0000

**LEGAL DESCRIPTION:**

THE EAST 50 FEET OF LOT 13 IN BLOCK 18 IN GAGE'S ADDITION TO WILMETTE IN FRACTIONAL SECTIONS 27 AND 28, TOWNSHIP 42 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

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