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Doc#: 1123154016 Fee: \$44.00 Eugene "Gene" Moore RHSP Fee:\$10.00

Cook County Recorder of Deeds Date: 08/19/2011 11:54 AM Pg: 1 of 5

ILLINOIS STATUTORY

SHORT FORM

Open W AT.
Of County Clark's Office POWER OF ATTORNEY FOR PROPERTY

Prepared by:

J. Michael Collins

55 West Monroe, Suite 600 Chicago, Illinois 60603

312 419 2880

Mail to:

J. Michael Collins

55 West Monroe, Suite 600

Chicago, Illinois 60603

PRAIRIE TITLE 6821 W. NORTH AVE. OAK PARK, IL 60302

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NOTICE TO THE INDIVIDUAL SIGNING THE ILLINOIS

STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY.

PLEASE READ THIS NOTICE CAREFULLY. The form that you will be signing is a legal document. It is governed by the Illinois Power of Attorney Act. If there is anything about this form that you do not understand, you should ask a lawyer to explain it to you.

The purpose of this Power of Attorney is to give your designated "agent" broad powers to handle your financial affairs, which may include the power to pledge, sell, or dispose of any of your real or personal property, even without your consent or any advance notice to you. When using the Statutory Short Form, you may name successor agents, but you may not name co-agents.

This form does not impose a duty upon your agent to handle your financial affairs, so it is important that you select an agent who will agree to do this for you. It is also important to select an agent whom you trust, since you are giving that agent control over your financial assets and property. Any agent who does act for you has a duty to act in good faith for your benefit and to use due care, competence, and diligence. He or she must also act in accordance with the law and with the directions in this form. Your agent must keep a record of all receipts, disbursements, and significant actions taken as your agent.

Unless you specifically limit the period of time that this Power of Attorney will be in effect, your agent may exercise the powers given to him or her throughout your lifetime, both before and after you become incapacitated. A court, however, can take away the powers of your agent if it finds that the agent is not acting properly. You may also revoke this Power of Attorney if you wish.

This Power of Attorney does not authorize your agent to appear in court for you as an attorney-at-law or otherwise to engage in the practice of law unless he or she is a licensed attorney who is authorized to practice law in Illinois.

The powers you give your agent are explained more fully in Section 2-4 of the Illinois Power of Attorney Act. This form is a part of that law. The "NOTE" paragraphs throughout this form are instructions.

You are not required to sign this Power of Attorney, but it will not take effect without your signature. You should not sign this Power of Attorney if you do not understand ever it ing in it, and what your agent will be able to do if you do sign it.

Please place your initials on the following line indicating that you have read this Notice:

Principal's initials

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ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

1. I,Kelley M. Gossler of 3212 74th Place SE, Mercer Island, WA 98040, hereby revoke all prior
powers of attorney for property executed by me and appoint: J. Michael Collins of 55 W. Monroe Street,
Suite 600, Chicago, Illinois 60603, 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 o
or additions to the specified powers inserted in paragraph 2 or 3 below:

- (a) Real estate transactions.
- (b) Finar :ia' institution transactions.
- (c) Tangible personal property transactions.
- (d) Borrowing transactions.
- (e) All other prope ty transactions.
- 2. The powers granted above shall not include the following powers or shall be modified or limited in the following particulars:
 - 3. In addition to the powers granted above, I grant my agent the following powers:

......Full power and authority to execute any documents necessary to purchase the real property commonly known as Unit 2, located at 127 West Marie St., Chicago, Illinois 60610, including, but not limited, to executing documents related to loan number and waiving homestead rights.

- 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.
 - 5. Deleted.
 - 6. () This power of attorney shall become effective on July 28, 2011.
 - 7. () This power of attorney shall terminate on August 31, 2011.
- 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 { ucc)ssor(s) to such agent: None.
- 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. N/A
- 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.
 - 11. The Notice to Agent is incorporated by reference and included as part of this form.

Dated:

Signedl...

Ancipal)

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whose name is subscribed as principal, for the uses and purporthe undersigned witness also conservice provider or a relative of the operator of a health care facility descendant, or any spouse of subscribes adoption; or (d) an agent or successor	es that Kelley M. Gossler, known to me to be the same person rincipal to the foregoing power of attorney, appeared before me and the I signing and delivering the instrument as the free and voluntary act of the eses therein set forth. I believe him or her to be of sound mind and memory. Pertifies that the witness is not: (a) the attending physician or mental health the physician or provider; (b) an owner, operator, or relative of an owner or in which the principal is a patient or resident; (c) a parent, sibling, such parent, sibling, or descendant of either the principal or any agent or poing power of attorney, whether such relationship is by blood, marriage, or descend agent under the foregoing power of attorney.
Dated: \$11/2011	1701-1/1m
Dated	Kill
100 A	Witness
	ned witness certifies certifies that Kelley M. Gossler, known to me
before me and the notary public voluntary act of the principal, for mind and memory. The undersign	ame is subscribed as principal to the foregoing power of attorney, appeared ar. I acknowledged signing and delivering the instrument as the free and the lasts and purposes therein set forth. I believe him or her to be of sound gned witness also certifies that the witness is not: (a) the attending physiciar
or mental health service provide	r or a relative of the physician or provider; (b) an owner, operator, or relative
	ulth care facility in which the principal is a patient or resident; (c) a parent, use of such parent, sibling, or descendant of either the principal or any agen
or successor agent under the fo	regoing power of atto ney, whether such relationship is by blood, marriage, uccessor agent under the foregoing power of attorney.
Dated:	
DaleuD	Bluce
	Witness
State of .Co.lorado)	C)
) SS.	
	CVA.
County of J.C. (F.C	4/4/
County of Action () SS.	blic in and for the above county and state, certifies that Kelley M. Gossler,
The undersigned, a notary pu known to me to be the same per	blic in and for the above county and state, certifies that Kelley M. Gossler, rson whose name is subscribed as principal to the fore joing power of
The undersigned, a notary pu known to me to be the same per attorney, appeared before me a	blic in and for the above county and state, certifies that Kelley M. Gossler, rson whose name is subscribed as principal to the rore joing power of and the witness(es)
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The undersigned, a notary purknown to me to be the same per attorney, appeared before me and Brissa Garciac free and voluntary act of the princorrectness of the signature(s) of Dated: Sample	blic in and for the above county and state, certifies that Kelley M. Gossler, rson whose name is subscribed as principal to the ore joing power of and the witness(es) and and acknowledged signing and delivering the instrument as the ncipal, for the uses and purposes therein set forth (, and cartified to the of the agent(s)). Notary Public I certify that the signatures of my agent (and successors)
The undersigned, a notary purknown to me to be the same per attorney, appeared before me and solution of the princorrectness of the signature(s) of Dated: My commission expires (a).7,0 Specimen signatures of	blic in and for the above county and state, certifies that Kelley M. Gossler, rson whose name is subscribed as principal to the fore joing power of and the witness(es)

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FROM:

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A POLICY ISSUING AGENT OF FIDELITY NATIONAL TITLE INSURANCE COMPANY

FILE NO. 1105-43844 COMMITMENT NO. 1105-43844

(continued)

LEGAL DESCRIPTION

UNIT NO. 127-2 IN THE LASALLE MANOR CONDOMINIUM, AS DELINEATED ON A SURVEY OF 1116 POLLOWING DESCRIBED REAL ESTATE: LOTS 1 TO 3 (EXCEPT THAT PART OF SAID LOTS LYING BETWEEN THE EAST LINE OF NORTH LASALLE STREET AND A LINE 14 FEFT EAST OF AND PARALLEL WITH THE EAST LINE OF NORTH LASALLE STREET) IN PAY'S SUBDIVISION OF BLOCK 14 IN BUSHNELL'S ADDITION TO CHICAGO IN THE EAST 1/2 OF THE SOUTHEAST 1/4 OF SECTION 4, TOWNSHIP 39 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS, WHICH SURVEY IS A FTACHED AS EXHIBIT "A" TO THE DECLARATION OF CONDOMINIUM RECORDED AS DOCUMENT 25281463, AS AMENDED FROM TIME TO TIME, TOGETHER WITH ITS UNLIFTED PERCENTAGE INTEREST IN THE COMMON ELEMENTS.

PERMANENT INDEX NUMSEP: 17-04-422-031-1002

COMMONLY KNOWN AS: 127 W. Maple S., Unit 2, Chicago, Illinois 60610