



Doc#: 1200942008 Fee: \$70.00
Eugene "Gene" Moore RHSP Fee:\$10.00
Cook County Recorder of Deeds
Date: 01/09/2012 10:38 AM Pg: 1 of 5

**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 under this form, 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 statements 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 3-4 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 it if you do not understand everything in it, and what your agent will be able to do if you do sign it.

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

[Handwritten signature]

(Principal's initials)

S
P
S
SC
INT

[Handwritten initials]

WSA 447-124
UP BK notes
C77

[Handwritten initials]

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ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

Prepared By and after Recording
Return to:

Steven K. Norgaard, P.C.
493 Duane Street, #400
Glen Ellyn, IL 60137

1. I, ALESSANDRA SATRAPE, 3180 N. Lake Shore Drive, Unit #5H, Chicago, IL 60657 hereby appoint:

CHRISTOPHER SATRAPE, 3180 N. Lake Shore Drive, Unit #5H, Chicago, Illinois 60657

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 paragraph 2 or 3 below:

NOTE: 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. | (f) Insurance and annuity transactions. | (k) Commodity and option transactions. |
| (b) Financial institution transactions. | (g) Retirement plan transactions. | (l) Business operations. |
| (c) Stock and bond transactions. | (h) Social security, employment and military service benefits. | (m) Borrowing transactions. |
| (d) Tangible personal property transactions. | (i) Tax matters. | (n) Estate transactions. |
| (e) Safe deposit box transactions. | (j) Claims and litigation. | (o) All other property powers and transactions. |

NOTE: Limitations on and additions to the agent's powers may be included in this power of attorney if they are specifically described below.

Note: 2. The powers granted above shall not include the following powers or shall be modified or limited in the following particulars (**NOTE:** 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 my agent the following powers*

NOTE: 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:

My agent shall have all powers necessary to close the purchase transaction for the residential real estate commonly known as 3152 N. Hudson, Unit #1, Chicago, IL 60657, legally described on the exhibit attached

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hereto including the power to sign any and all closing documents, including the HUD-1 Settlement Statement on my behalf.

NOTE: 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.

NOTE: Your agent will be entitled to reimbursement for all reasonable expenses incurred in acting under this power of attorney. Strike out Paragraph 5 if you do not want your agent to also be entitled to reasonable compensation for services as agent.

5. My agent shall be entitled to reasonable compensation for services rendered as agent under this power of attorney.

NOTE: 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 Paragraphs 6 and 7.

6. (JS) This power of attorney shall become effective: immediately

NOTE: Insert a future date or event during your lifetime, such as a court determination of your disability or a written determination by your physician that you are incapacitated, when you want this power to first take effect.

7. (JS) This power of attorney shall terminate: January 31, 2012

NOTE: Insert a future date or event during your lifetime, such as a court determination that you are not under a legal disability or a written determination by your physician that you are not incapacitated, if you want this power to terminate prior to your death.

NOTE: If you wish to name successor agents, insert the name and address of each successor agent in the following Paragraph 8.

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:

None

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.

NOTE: If you wish to name your agent as guardian of your estate, in the event a court decides that one should be appointed. To do this, retain Paragraph 9, and the court will appoint your agent if the court finds that this appointment will serve your best interests and welfare. Strike out paragraph 9 if you do not want your agent to act as guardian.

9. 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.

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

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10. The Notice to Agent is incorporated by reference and included as part of this form.

Signed:

[Signature] 12/05/11
ALESSANDRA SATRAPE

NOTE: This power of attorney will not be effective unless it is signed by at least one witness and your signature is notarized, using the form below. The notary may not also sign as a witness.

The undersigned witness certifies that ALESSANDRA BEZEIRA SATRAPE known to me to be the same person whose name is subscribed 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 undersigned witness also certifies that the witness is not: (a) the attending physician or mental health service provider or a relative of the physician or mental health service provider; (b) an owner, operator, or relative of an owner or operator or a health care facility in which the patient is a patient or resident; (c) a parent, sibling, descendant or any spouse of such parent, sibling or descendant of either the principal or any agent or successor agent under the foregoing power of attorney, whether such relationship is by blood, marriage or adoption; or (d) an agent or successor agent under the foregoing power of attorney.

Dated: 12-5, 2011

[Signature]
Witness

NOTE: Illinois requires only one witness, but other jurisdictions may require more than one witness. If you wish to have a second witness, have him or her certify and sign here:

(Second Witness) The undersigned witness certifies that _____ known to me to be the same person whose name is subscribed 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 undersigned witness also certifies that the witness is not: (a) the attending physician or mental health service provider or a relative of the physician or mental health service provider; (b) an owner, operator, or relative of an owner or operator or a health care facility in which the patient is a patient or resident; (c) a parent, sibling, descendant or any spouse of such parent, sibling or descendant of either the principal or any agent or successor agent under the foregoing power of attorney, whether such relationship is by blood, marriage or adoption; or (d) an agent or successor agent under the foregoing power of attorney.

Dated: _____, 2011

Witness

State of Illinois)
County of Cook) SS.

The undersigned, a notary public in and for the above county and state, certifies that ALESSANDRA BEZEIRA SATRAPE known to me to be the same person whose name is subscribed as principal to the foregoing power of attorney, appeared before me and the witness(es) Jewel Dyer and _____ 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)).

Dated: 12/5/2011, 2011
(SEAL)

[Signature]
Notary Public

My commission expires 7/26/2015

This document was prepared by:
Steven K. Norgaard
493 Duane Street, Suite 400
Glen Ellyn, Illinois 60137
Tel. 630.545.1005, Fax 630.545.1051



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STREET ADDRESS: 3152 NORTH HUDSON AVENUE

UNIT 1

CITY: CHICAGO

COUNTY: COOK

TAX NUMBER: 14-28-103-054-1001

LEGAL DESCRIPTION:

UNIT 3152-1 IN HUDSON AVENUE CONDOMINIUM AS DELINEATED ON SURVEY OF THE FOLLOWING DESCRIBED PARCEL OF REAL ESTATE (HEREINAFTER REFERRED TO AS 'PARCEL'):

LOTS 14 AND 15 IN BLOCK 2 IN KIMBELL YOUNG'S SUBDIVISION OF THE NORTH 10 ACRES OF THE EAST 1/2 OF THE NORTHWEST 1/4 OF SECTION 28, TOWNSHIP 40 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN WHICH SURVEY IS ATTACHED AS EXHIBIT 'A' TO DECLARATION OF CONDOMINIUM MADE BY BEVERLY BANK, AN ILLINOIS BANKING CORPORATION, AS TRUSTEE UNDER TRUST AGREEMENT DATED APRIL 27, 1973 AND KNOWN AS TRUST NUMBER 8-4298 RECORDED IN THE OFFICE OF THE RECORDER OF COOK COUNTY, ILLINOIS ON MARCH 13, 1974 AS DOCUMENT NUMBER 22653323; TOGETHER WITH AN UNDIVIDED PERCENTAGE INTEREST IN SAID PARCEL (EXCEPTING FROM SAID PARCEL ALL THE PROPERTY AND SPACE COMPRISING ALL THE UNITS THEREOF AS DEFINED AND SET FORTH IN SAID DECLARATION AND SURVEY) ALL IN COOK COUNTY, ILLINOIS.

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