NORTH AMERICA UNOFFICIAL COPY TITLE CO.

1582011 32681

ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

	1. I, Richard Fulghum (insert name and address of principal)							
hereby revoke all prior powers of attorney f	or property executed by me and appoint:							
Melanie Sirois								
•	nd address of agent)							
•								
(NOTa: You may not name co-agents u								
as my attorney in-fact (my "agent") to act for	or me and in my name (in any way I could act in							
	rs, as defined in Section 3-4 of the "Statutory							
	Law" (including all amendments), but subject							
to any limitations on or additions to the spe	cified powers inserted in paragraph 2 or 3							
below:								
9/-								
(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	e title of any category will cause the powers							
described in that category to be granted to the	he agent. To strike out a category you must draw							
a line through the title of that category.)	THE RESIDENCE OF THE PROPERTY							
(a) Real estate transactions.	170122-4032							
(b) Financial institution transactions	Doc#: 1201229032 Fee: \$86.00 Eugene "Gene" Moore RHSP Fee:\$10.00							
(c) Stock and bond transactions.	Cook County Recorder of Deeds Date: 01/12/2012 07:52 AM Pg: 1 of 9							
(d) Tangible personal property trans	sactions.							
(e) Safe deposit box transactions.								
(f) Insurance and annuity transactio	ns.							
(g) Retirement plan transactions .	0.							
(h) Social Security, employment and	military service benefits .							
(i) Tax matter s.								
(j) Claims and litigation .	C.O							
(k) Commodity and option transacti	ons.							
(I) Business operation s.								
(m) Borrowing transactions.								
(n) Estate transactions :								
(ii) Louico d'allouctions.								

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

(o) All other property transactions.

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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.)
For the refinance of JPMorgan Cb se Bank NA Loan Number 13553157676 located at 233 East
Erie Street, Chicago, Illinois 60611
(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 paragraph //, 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

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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 one or both of paragraphs 6 and 7:)

6. () This power of attorney shall become effective on
12.19.2011
(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, whe
you want this power to first take effect.)
- Communication on
7. () This power of attorney shall terminate on
01.03.2012
(NOTE: Insert a future date or event, 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,
you want this power to terminat a prior to your death.)
(NOTE: If you wish to name one or more successor agents, insert the name and address of
each successor agent in paragraph 8.)
8. If any agent named by me shall die, recome 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:
N/A
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 disable a 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, you may name your agent as guardian of your estate if a court decide that one should be appointed. To do this, retain paragraph 9, and the court will appoint you
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.)
Stille due paragraphie in you do was trained, and the
9. If a guardian of my estate (my property) is to be appointed, I nominate the agen
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 my agent.

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(NOTE: This form does not authorize your agent to appear in court for you as an attorney-atlaw 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.)

11. The Notice to Agent is incorporated	by reference and included as part of this
form. Dated:12 . 15 . 11	Signed
	(principal)
(NOTE: This power of attorney will not be effect	tive unless it is signed by at least one witness
and your signature is notarized, using the form witness.)	below. The notary may not also sign as a
The undersigned witness certifies that he had be the same person whose name is subscribed attorney, appeared before me and the notary purposes therein set forth. I believe him or he undersigned witness also certifies that the witness also certifies that the witness also certifies that the witness apatient or resident; (c) a parent sibling, desibling, or descendant of either the principal of foregoing power of attorney, whether such relative or (d) an agent or successor agent under the formula to the successor agent under the succ	d as principal to the foregoing power of public and acknowledged signing and intary act of the principal, for the uses and in to be of sound mind and memory. The triess is not: (a) the attending physician or fitte physician or provider; (b) an owner, of a hearth care facility in which the principal descendant, or any spouse of such parent, or any agent or successor agent under the elationship is by abod, marriage, or adoption; foregoing power of actorney.
Dated.	Signed Dil & Witness)
(NOTE: Illinois requires only one witness, but of witness. If you wish to have a second witness,	
	untary act of the principal, for the uses and er to be of sound mind and memory. The

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mental health service provider or a relative of the physician or provider; (b) an owner, operator, or relative of an owner or operator of a health care facility in which the principal 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: (Witness) State of County of heart (The undersigned, a notary public in and for the above county and state, 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 witness(es) David E Kals C (and MA) 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: 12-15 201/ **Notary Public** My commission expires. (NOTE: 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.) I certify that the signatures Specimen signatures of of my agent (and successors) agent (and successors) are genuine. (principal) (agent) (successor agent) (principal)

(successor agent)

(principal)

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(NOTE: The name, address, and phone number of the person preparing this form or who assisted the principal in completing this form should be inserted below.)

Name:	RICHI	200	Fu	13 hum	1
Address:					
21441 COO!	APT				
1957488884888714-484	Chica		N	6061	J
Phone:	(308)	57	J-6.	500	

NOTICE TO AGENT

When you accept the authority granted under this power of attorney a special legal relationship, known as agency, is created between you and the principal. Agency imposes upon you duties that continue until you resign or the power of attorney is terminated or revoked.

As agent you must:

- (1) do what you know the principal reasonably expects you to do with the principal's property;
- (2) act in good faith for the best interest of the principal, using due care, competence, and diligence;
- (3) keep a complete and detailed record of all receipts, disbursements, and significant actions conducted for the principal;
- (4) attempt to preserve the principal's estate plan, to the extent actually known by the agent, if preserving the plan is consistent with the principal's best interest; and
- (5) cooperate with a person who has authority to make health care decisions for the principal to carry out the principal's reasonable expectations to the extent actually in the principal's best interest.

As agent you must not do any of the following:

- (1) act so as to create a conflict of interest that is inconsistenc with the other principles in this Notice to Agent;
 - (2) do any act beyond the authority granted in this power of attorney;
 - (3) commingle the principal's funds with your funds;
- (4) borrow funds or other property from the principal, unless otherwise authorized;
- (5) continue acting on behalf of the principal if you learn of any event that terminates this power of attorney or your authority under this power of attorney, such as the death of the principal, your legal separation from the principal, or the dissolution of your marriage to the principal.

If you have special skills or expertise, you must use those special skills and expertise when acting for the principal. You must disclose your identity as an agent whenever you act

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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, scal, 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 sne 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 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 this Power of Attorney if you do not understand everything 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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for the principal by writing or printing the name of the principal and signing your own name "as Agent" in the following manner:

"(Principal's Name) by (Your Name) as Agent"

The meaning of the powers granted to you is contained in Section 3-4 of the Illinois Power of Attorney Act, which is incorporated by reference into the body of the power of attorney for property document. If you violate your duties as agent or act outside the authority granted to you, you may be liable for any damages, including attorney's fees and costs, caused by your violation.

If there is anything about this document or your duties that you do not understand, is a sek legal Operation of Cook County Clerk's Office you should seek legal advice from an attorney.

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15820-11-02681

Property Address: 233 E ERIE ST APT 1402

CHICAGO, IL 60611

Parcel I.D: 17-10-208-027-1052

PARCEL 1:

UNIT 1402 IN THE STREETERVILLE CENTER CONDOMINIUM, AS DELINEATED ON A SURVEY OF THE FOLLOWING DESCRIBED REAL ESTATE: ALL OF THE PROPERTY AND SPACE LYING ABOVE AND EXTENDING UPWARD FROM A HORIZONTAL PLANE HAVING AN ELEVATION OF 119.30 FEET ABOVE CHICAGO CITY DATUM (AND WHICH IS ALSO THE LOWER SURFACE OF THE FLOOR SLAB OF THE NINTH FLOOR, IN THE 26 STORY BUILDING SITUATED ON THE PARCEL OF LAND HEREINAFTER DESCRIBED) AND LYING WITHIN THE BOUNDARIES PROJECTED VERTICALLY UPWARD OF A PARCEL OF LAND COMPRISED OF LOTS 20 TO 24 AND LOT 25 (EXCEPT THAT PART OF LOT 25 1 YING WEST OF THE CENTER OF THE PARTY WALL OF THE BUILDING NOW STANDING THE DIVIDING LINE BETWEEN LOTS 25 AND 26), TOGETHER WITH THE PROPERTY AND SPACE LYING PLLOW SAID HORIZONTAL PLANE HAVING AN ELEVATION OF 119.30 FEET ABOVE CHICAGO CITY DATUM AND LYING ABOVE A HORIZONTAL PLANE HAVING AN ELEVATION OF 118.13 FEET ABOVE CHICAGO CITY DATUM (AND WHICH PLANE COINCIDES WITH THE LOWEST SURFACE OF THE ROOF SLAB OF THE 8 STORY BUILDING SITUATED ON SAID PARCEL OF LAND) AND LYING WITHIN THE POUNDARIES PROJECTED VERTICALLY UPWARD OF THE SOUTH 17.96 FEET OF AFORESAID PARCEL/OF LAND, ALL IN THE SUBDIVISION OF THE WEST 394 FEET OF BLOCK 32, (EXCEPT THE EAST 14 FEET OF THE NORTH 80 FEET THEREOF), IN KINZIE'S ADDITION TO CHICAGO IN SECTION 10, TOWNSHIP 39 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS; WHICH SURVEY IS ATTACHED AS EXHIBIT "A" TO THE DECLARATION OF COMDOMINIUM RECORDED AS DOCUMENT NUMBER 26017897 TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS.

PARCEL 2:

EASEMENT FOR THE BENEFIT OF LOT 25 OF THE RIGHL TO MAINTAIN PARTY WALL AS ESTABLISHED BY AGREEMENT BETWEEN EDWIN B. SHELL ON AND HEATON OWSLEY RECORDED AUGUST 11, 1892 AS DOCUMENT 1715549 ON THAT PART OF LOTS 25 AND 26 IN KINZIE'S ADDITION AFORESAID OCCUPIED BY THE WEST 1/2 OF THE PARTY WALL, IN COOK COUNTY, ILLINOIS.

PARCEL 3:

EASEMENT FOR INGRESS AND EGRESS FOR THE BENEFIT OF PARCEL : AS SET FORTH IN THE DECLARATION OF COVENANTS, CONDITIONS, RESTRICTIONS AND EASEMENTS DATED OCTOBER 1, 1981 AND RECORDED OCTOBER 2, 1981 AS DOCUMENT 26017894 AND AS CREATED BY DEED RECORDED AS DOCUMENT 26017895.

Print Date: 12/27/11

(15820-11-02681.PFD/15820-11-02681/15)