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Illinois Power of Attorney for Illinois Property Eff. 7/1/11



Doc#: 1206811038 Fee: \$76.00 Eugene "Gene" Moore RHSP Fee: \$10.00

Cook County Recorder of Deeds
Date: 03/08/2012 09:49 AM Pg: 1 of 6

1. 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 his 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 fue 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 3 4 of the Illinois Power of Attorney Act. This form is a part of that law. The "NOTE" paragraphs throughout this for n 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 (Borrower(s))

Attorneys' Title Guaranty Fund, Inc. 1 S. Wacker Dr., STE 2400 Chicago, IL 60006-4650

Attn:Search Department

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2. ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

The space above for Recorders Use Only			
This Power of Attorney is being created for the purpose of Purchase (drop down choice) of the property located at: Street address: 9715 Woods Drive, Unit 811 City Skokie State IL Zip 60077 Permanent Tay ID# 10-09-304-035-1058//////////			
l, Timothy E. simpson,			
Street Address: 97% Woods Drive, Unit 811			
City: Skokie State: IL Zip: 65077			
(insert name and address of principal above) hereby revoke all prior powers of attorney for property executed by	y		
me and appoint: SREERAN NATARAJAN			
Street Address: 40 E. DELAWARE, PLACE, UNIT 604 CHICAGO, IL			
CHICAGO II			
CHICAGO, /L City: State: Zip: 606//			
(NOTE: You may not name co-agents using this form.) (issert name and address of agent) 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	o		
agent. To strike out a category you must draw a line through the title of th it ca.egory.)	•		
agent. 10 strike out a category you must araw a line through the title of the category.)			
agent. To strike out a category you must draw a line through the title of th it ca.egory.) (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.			
(b) Financial institution transactions.			
(c) Stock and bond transactions.			
(d) Tangible personal property transactions.			
(a) Safe deposit have transpations			
(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.			
() Claims and heightion.			
(k) Commodity and option transactions.			
(l) Business operations.			
(m) Borrowing transactions.			
(n) Estate transactions.			
(o) All other property 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.)			
2. The powers granted above shall not include the following powers or shall be modified or limited in the following	ıg		
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.)

Not Applicable

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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.)
Not Applicable
(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 4, otherwise it should be struck out.) 4. My agent shall not e the right by written instrument to delegate any or all of the foregoing powers involving
discretionary decisic 1-r aking 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 sow r of attorney will become effective at the time this power is signed and will continue until your death, unless of initiation on the beginning date or duration is made by
initialing and completing one or both of paragraphs 6 and 7.3
6. (XX) This power of attorney shall become effective on (Monin/Date/Year): 1/20/12.
(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. (XX) This power of attorney shall terminate on (Month/Date/Year): 1/2/13
(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, if you want this power to terminate 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, 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:
Not Applicable
For purposes of this paragraph 8,42 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, you may name your agent as guardian of your estate if 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. If a guardian of my estate (my property) is to be appointed, I nominate the agent acting under this power of

(NOTE: This form does not authorize your agent to appear in court for you as an attorney-at-law or otherwise to

10. I am fully informed as to all the contents of this form and understand the full import of this grant of powers to

attorney as such guardian, to serve without bond or security.

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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: 1. 20, 12
Signed (Principal)
(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
Dated: 1-20-12 Signed (Witness)
(NOTE: Illinois requires only one witness, but other jurisai nons 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
Signed(Witness)

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State of ILLINOTS		
State of ILLINOTS County of COOK		
The undersigned, a notary pub that TIMO THY E. SIM	ic in and for the above county and state, certifies So N, known to me to be the same person whose name is subscribed a	95
principal to the foregoing pow	r of attorney, appeared before me and the witness(es) <u>CAPL BRODARIC</u>	us K
(and) in person and acknowledged signing and delivering the instrume	
	principal, for the uses and purposes therein set forth (, and certified to the	
correctness of the signature(s)		
Spage helpy for Network Al	Dated. 1/20/12_	
Space below for Notary Sect	Notary Public	
RICHARD A BRO	My commission expires: 8-18-20	13
MY COMMISSION EXPIRE	(NOTE: You may, but are not required to, request your of	
	and successor agents to provide specimen signatures bel	
	you include specimen signatures in this power of attorne must complete the certification opposite the signatures o	
	a; ents.)	y ine
	of Division	
	Specimer, signatures of	
I certify that the signatures age	at (and successors) of my agent (and successors) are genuine.	
(agent)	(principal)	
(successor agent)	(principal)	
(successor agent)	(principal)	
(NOTE: The name, address, ar	l phone number of the person <u>prepar</u> ing this form or who assisted the principal	l in
completing this form should be	inserted heles 1	
Name: Richard A.	KANIK 10.	
Address: 6282 T	mberview Or.	
	ate: TZ zip: 60532	
Phone: 630-428		

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ATTORNEYS' TITLE GUARANTY FUND, INC.

LEGAL DESCRIPTION

Legal Description:

UNIT 811 AND PARKING SPACE P-26 AD P-28 IN OPTIMA OLD ORCHARD WOODS ELM CONDOMINIUM, AS DELINEATED ON A PLAT OF SURVEY OF THE FOLLOWING DESCRIBED TRACT OF LAND: THAT PART OF LOT 2 (EXCEPT THAT PART DEDICATED FOR WOODS DRIVE) I OLD ORCHARD WOODS SUBDIVISION OF PART OF THE EAST HALF OF THE SOUTHWEST QUARTER OF SECTION 9, TOWNSHIP 41 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED AUGUST 12, 2004 AS DOCUMENT NUMBER 0422518103, WHICH FOAT OF SURVEY IS ATTACHED AS "EXHIBIT C" TO DECLARATION OF CONDOMINIUM Johns Clerks Office RECORDED SEPTEMBEP. 22, 2006 AS DOCUMENT NO. 0626531058. AS AMENDED FROM TIME TO TIME, TOGETHER WITH ITS UNDIVIDED PLACENTAGE INTEREST IN THE COMMON ELEMENTS, ALL IN COOK COUNTY, ILLINOIS.

Permanent Index Number:

Property ID: 10-09-304-035-1058 Property ID: 10-09-304-035-1114 Property ID: 10-09-304-035-1116

Property Address:

9715 WOODS DRIVE, #811 SKOKIE, IL 60077