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Doc#: 1212942025 Fee: \$80.00  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 05/08/2012 09:34 AM Pg: 1 of 7

This instrument was prepared by  
and is to be mailed to:

**John E. Lovestrand, Esq.**  
JOHN E. LOVETRAN PC  
30 Green Bay Road  
Winnetka, Illinois 60093

Permanent Index Number:

**05-21-407-021-0000**

Legal Description:

To be attached as the last page hereto

**RECORDER'S STAMP**

## ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

PROPERTY ADDRESS:

**362 Hawthorn Lane  
Winnetka, Illinois 60093**

**BOX 333-CT**

S Y  
P 1  
S N  
SC Y  
INT Y

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## ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

### **NOTICE TO THE INDIVIDUAL SIGNING THE ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY:**

**PLEASE READ THIS FORM 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 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.**

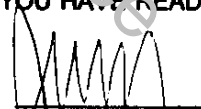
**THIS FORM DOES NOT IMPOSE A DUTY ON YOUR AGENT TO EXERCISE GRANTED POWERS; BUT WHEN POWERS ARE EXERCISED, YOUR AGENT WILL HAVE TO USE DUE CARE TO ACT FOR YOUR BENEFIT AND IN ACCORDANCE WITH THIS FORM AND KEEP A RECORD OF RECEIPTS, DISBURSEMENTS AND SIGNIFICANT ACTIONS TAKEN AS AGENT. A COURT CAN TAKE 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 (SEE THE BACK OF THIS FORM). THAT LAW EXPRESSLY PERMITS THE USE OF ANY DIFFERENT FORM OF POWER OF ATTORNEY YOU MAY DESIRE.)**

**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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POWER OF ATTORNEY made on or about this 25 day of April, 2012.

1. I, **Anne H. Magi Weidemanis**, hereby appoint: **Joakim P. Weidemanis**, my husband, as my attorney-in-fact ("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) <del>Real estate transactions</del>           | (g) Retirement plan transactions                              | (l) Business Operations                        |
| (b) <del>Financial institution transactions</del> | (h) Social Security, Employment and military service benefits | (m) <del>Borrowing transactions</del>          |
| (c) Stock and bond transactions                   | (i) Tax matters   | (n) Estate transactions                        |
| (d) Tangible personal property transactions       | (j) Claims and litigation                                     | (o) All other property powers and transactions |
| (e) Safe deposit box transactions                 | (k) Commodity and option transactions                         |  |
| (f) Insurance and annuity 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 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): Limited to subparagraphs (a), (g) and (m) set forth above as they related to the below referenced real estate transaction.

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): to act on my behalf in regard to the PURCHASE of the real estate commonly known as 362 Hawthorn Lane, Winnetka, Illinois (the legal description for which is to be attached hereto), including the execution of any contractual, conveyance, title company and/or loan documents ancillary thereto.

(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 THE NEXT SENTENCE IF YOU DO NOT WANT YOUR AGENT TO ALSO BE ENTITLED TO REASONABLE COMPENSATION FOR SERVICES AS AGENT.)

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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 THE FOLLOWING:)

6. (X) This power of attorney shall become effective on or about April 25, 2012  
(NOTE: 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)

7. (X) This power of attorney shall terminate on consummation of the closing on the PURCHASE of the aforementioned real estate (NOTE: insert a future date or event, such as court determination of your disability, when you want this power to terminate prior to your death)

(NOTE: IF YOU WISH TO NAME SUCCESSOR AGENTS, INSERT THE NAME(S) AND ADDRESS(ES) OF SUCH SUCCESSOR(S) IN THE FOLLOWING PARAGRAPH.)

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 successors 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, YOU MAY, BUT ARE NOT REQUIRED TO, DO SO BY RETAINING THE FOLLOWING PARAGRAPH. THE COURT WILL APPOINT YOUR AGENT IF THE COURT FINDS THAT SUCH 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 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 agents.

(NOTE: THIS FORM 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.)

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

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Dated: April 25, 2012

Signed: X [Signature]  
(Principal) **Anne H. Magi Weidemanis**

(NOTE: THIS POWER OF ATTORNEY WILL NOT BE EFFECTIVE UNLESS IT IS SIGNED BY AT LEAST ONE WITNESS, IMMEDIATELY BELOW, AND YOUR SIGNATURE IS NOTARIZED, USING THE FORM ON THE FOLLOWING PAGE. THE NOTARY MAY NOT ALSO SIGN AS A WITNESS.)

The undersigned witness certifies that the above principal, known to me to be the same person whose name is subscribed as principal to the foregoing power of attorney, appeared before me in person and acknowledged signing and delivering the instrument as her free and voluntary act, for the uses and purposes herein 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 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: April 25, 2012

Signed: X [Signature]  
(Witness) **Glenda Alvarez**

(NOTE: THIS POWER OF ATTORNEY WILL NOT BE EFFECTIVE UNLESS IT IS NOTARIZED.)

Country: MillsboroVA U.S. )  
State or Province: Florida ) SS.  
County: MillsboroVA ) SS.

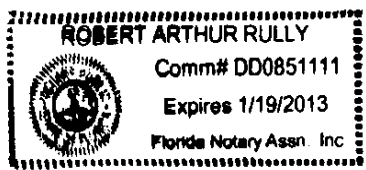
The undersigned, a notary public in and for the above Country, State (or Province) and County, certifies that the above principals, known to me to be the same persons whose names are subscribed as principals to the foregoing power of attorney, appeared before me in person and acknowledged signing and delivering the instrument as her free and voluntary act, for the uses and purposes herein set forth [and certified to the correctness of the signature of the agent].

Dated: April 25, 2012

X [Signature]  
Notary Public

(SEAL)

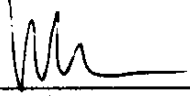
My Commission Expires: 1/19/2013



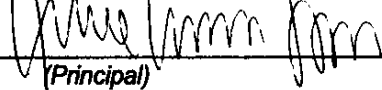
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(NOTE: YOU MAY, BUT ARE NOT REQUIRED TO, REQUEST YOUR AGENT AND SUCCESSOR AGENTS TO PROVIDE SPECIMEN SIGNATURES BELOW. IF YOU INCLUDE SPECIMEN SIGNATURES IN THIS POWER OF ATTORNEY, YOU MUST COMPLETE THE CERTIFICATION OPPOSITE THE SIGNATURES OF THE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

Specimen signatures of agent (and successor).

X  \_\_\_\_\_  
(Agent)

I certify that the signatures of my agent (and successor) are genuine.

X  \_\_\_\_\_  
(Principal)

(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.)

This document was prepared by:

**John E. Lovestrand, Esq.**  
JOHN E. LOVSTRAND PC  
30 Green Bay Road  
Winnetka, Illinois 60093  
(847) 448-5400

Legal Description

of the real estate to be attached hereto and made a part hereof

Property of Cook County Clerk's Office

# UNOFFICIAL COPY

**STREET ADDRESS:** 362 HAWTHORN LANE

**CITY:** WINNETKA

**COUNTY:** COOK

**TAX NUMBER:** 05-21-407-021-0000

**LEGAL DESCRIPTION:**

LOTS 1 AND 2 (EXCEPT TE SOUTH 70 FEET THEREOF) AND THE EAST 34 FEET OF LOT 3 (EXCEPT THE SOUTH 70 FEET THEREOF) IN BLOCK 10 IN LAKE SHORE SUBDIVISION IN WINNETKA IN THE SOUTHEAST 1/4 OF SECTION 21, TOWNSHIP 42 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Property of Cook County Clerk's Office