### **UNOFFICIAL COPY**



Doc#: 1213946051 Fee: \$80.00 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds Date: 05/18/2012 01:45 PM Pg: 1 of 7

Illinois Short Form Power of Attorney

> Prepared by and Mail to: JOSEPH D CORSO 357 N HOYNE C CHICAGO, IL 60645

7357 N HOYNE UNIT 1

FIDELITY NATIONAL TITLE 51003725



1213946051 Page: 2 of 7

### **UNOFFICIAL COPY**

#### Illinois Statutory Short Form Power Of Attorney For Property

#### Explanation

The following form provides what is known as "statutory property power" and may be used to grant an agent powers with respect to property and financial matters. When a power of attorney in substantially the following form is used, including the "notice" paragraph at the beginning in capital letters and the notarized form of acknowledgment at the end, it shall have the legally binding effect intended under the statute. The validity of a power of attorney as meeting the requirements of a statutory property power shall not be affected by the fact that one or more of the categories of optional powers listed in the form are struck out or the form includes specific limitations on or additions to the agent's powers, as permitted by the form.

Using the form below will not invalidate or bar use by the principal of any other or different form of power of attorney for property. Nonstatutory property powers must be executed by the principal and designate the agent and the agent's powers, but they need not be acknowledged or conform in any other respect to the statutory property power.

NOTICE: THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR YOU DESIGNATE PROPERTY, WHICH MAY INCLUDE POWLRS TO PLEDGE, SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. THIS FORM DOFS 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 AGEN'S 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 END OF THIS FORM). THAT LAW EXPRESSLY PERMITS THE USE OF ANY DIFFERENT FORM OF POWER OF ATTORNEY YOU MAY DESIRE. IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU.

| POWER OF ATTORNEY ma          | ide this $23$ day of $_{1}$ | April (month), 2   | 012 (year)         |
|-------------------------------|-----------------------------|--------------------|--------------------|
| 1. I, JOSEPHD. COKSO          | , 7357 N. HOYNE AUE.        | UNIT 1, CHICAGO 11 | t name and address |
| of principal) hereby appoint: | CARA S. CORSO               |                    | (insert name and   |

1213946051 Page: 3 of 7

### **UNOFFICIAL COP**

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:

(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.)

- Real escare transactions.
- Financial institution transactions.
- Stock and bond trasactions.
- Tangible personal property transactions.
- Safe deposit box transactions.
- Insurance and annuity transact or s. f.
- Retirement plan transactions.
- Social Security, employment and military service benefits.
- Tax matter i.
- Claims and lingation.
- Commodity and option transactions. k.
- Business operations
- m. Borrowing transactions.
- n. Estate transactions.

All other property powers and transactions.

ice.

Clarks Office. (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):

THIS POA is strictly for the refinance of 7357 N. HOYNEAUE, UNIT 1, CHICAGO, 12 60645

1213946051 Page: 4 of 7

## **UNOFFICIAL COPY**

| 3. In addition to the powers granted above, I grant my agent the following powers (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):  |
|---|
|   |
|   |
|   |
| (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.  |
|   |
| (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.)  |
| 5. My agent shall be entitled to reasonable compensation for services rendered as agent under this power of attorney.   |
| (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. This power of attorney shall become effective on 4/23/12 (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) |
|   |

1213946051 Page: 5 of 7

## **UNOFFICIAL COPY**

| 7. This power of attorney shall terminate on $\frac{5/23/12}{2}$ (insert a future date or event, such as court determination of your disability, when you want this power to   |
|--|
| terminate prior to your death)   |
| (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 successor(s) to such agent.  |
|  |
| For purposes of this paragraph 8, a person shall be considered to be incompetent if and while the person is a minor or an equidicated incompetent or disabled person or the person is unable to give prompt and intelligent consideration to business matters, as certified by a licensed physician. (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 bead 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.  Signed  |
| (principal)  (YOU MAY, BUT ARE NOT REQUIRED TO, REQUEST YOUR AGENT AND SUCCESSOR   |
| AGENTS TO PROVIDE SPECIMEN SIGNATURES BELOW. IF YOU FICLUDE SPECIMEN SIGNATURES IN THIS POWER OF ATTORNEY, YOU MUST COMPLETE THE CERTIFICATION OPPOSITE THE SIGNATURES OF THE AGENTS.)   |
| Specimen signature of agent (and successors)   |
| (agent)  |

1213946051 Page: 6 of 7

### **UNOFFICIAL COPY**

| State of Wisconsin   |
|--|
| ) SS.  |
| County of Walworth)  |
|  |
| The undersigned, a notary public in and for the above county and state, certifies that Joseph D. Corso, 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 additional witness 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: 4-23-12   |
| (SEAL)   |

My commission expires 11-1-2015

The undersigned witness certifies that <u>Joseph D. Corso</u>, 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.

Dated: <u>4/23/12</u> (SEAL)

Wirness Nicole Weyrough

(THE NAME AND ADDRESS OF THE PERSON PREPARING THIS FORM SHOULD BE INSERTED IF THE AGENT WILL HAVE POWER TO CONVEY ANY INTEREST IN REAL ESTATE.)

This document was prepared by:

1213946051 Page: 7 of 7

# UNOFFICIAL COPY FIDELITY NATIONAL TITLE INSURANCE COMPANY



203 N. LASALLE ST., SUITE 2200, CHICAGO, ILLINOIS 60601

PHONE: (312) 621-5000 FAX:

ORDER NUMBER:2011

051003725

(312) 621-5033

STREET ADDRESS: 7357 N. HOYNE AVENUE

**UCH** 

UNIT 1

CITY: CHICAGO

TAX NUMBER: 11-30-315-019-1001

COUNTY: COOK COUNTY

LEGAL DESCRIPTION:

PARCEL 1:

UNIT 1 TOGETAR WITH ITS UNDIVIDED 33 1/3 PERCENT INTEREST IN THE COMMON ELEMENTS IN 7357 NORTH HOYNE CONDOMINIUM, AS DELINEATED AND DEFINED IN THE DECLARATION RECORDED AS DOCUMENT NUMBER 25583249, IN SECTION 30, TOWNSHIP 41 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PARCEL 2:

AFOL. EASEMENT APPURTENANT TO PAICEL 1 OVER GARAGE SPACE 1 FOR PARKING PURPOSES AS SET FORTH IN THE DECLARATION OF CONDOMINIUM AFORESAID RECORDED AS DOCUMENT 25583249, IN COOK COUNTY, ILLINOIS.