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Cook County Recorder of Deeds  
Date: 09/12/2012 04:15 PM Pg: 1 of 8

## ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

COMMON ADDRESS: 2146 W. Charleston, Chicago 60647  
PIN: 14-31-126-022-0000

**Prepared by and Mail to:**

Harvey L. Teichman, Esq.  
2500 W. Higgins Road  
Suite 1131  
Hoffman Estates, IL 60169

Property of Cook County Clerk's Office

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## EXHIBIT A

**LOT 48 IN BLOCK 3 IN SHERMAN'S ADDITION TO HOLSTEIN IN SECTION 31, TOWNSHIP 40 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS**

**PIN # 14-31-126-022-0000**

**COMMON ADDRESS: 2146 w. Charleston Street  
Chicago, Illinois 60647**

Property of Cook County Clerk's Office

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## ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

1. I, **MAUREEN G. DUNN**, of 5154 N. Mulligan, Chicago, IL 60630, hereby revoke all prior powers of attorney for property executed by me and appoint **HARVEY L. TEICHMAN**, of 2500 W. Higgins Road, Ste 1131, Hoffman Estates, IL 60169, 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.
- (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.~~
- (j) ~~Claims and litigation.~~
- (k) ~~Commodity and option transactions.~~
- (l) ~~Business operations.~~
- (m) ~~Borrowing transactions.~~
- (n) ~~Estate Transactions~~
- (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.)

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):

only to do any and all things necessary and/or desirable to accomplish the short sale of 2146 W. Charleston, Chicago, Illinois 60647.

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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):

(a) My agent shall have the right to convey, transfer, or assign any property in my name to the successor Trustee under any Declaration of Trust I may now or hereinafter execute, in which I am or was the original Trustee, that may properly be held in the name of a Trustee.

(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.)

~~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. (M&D) This power of attorney shall become effective on July 31, 2012

(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)

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7. (ma) This power of attorney shall terminate on August 24, 2012

(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)

(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 refuses 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:

A. **NONE** \_\_\_\_\_

For purposes of paragraph 8, a person shall be considered to 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 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 INTERSTS AND WELFARE. STRIKE OUT PARAGRAPH 9, IF YOUY DO NOT WANT YOUR AGENT TO ACT AS GUARDIAN

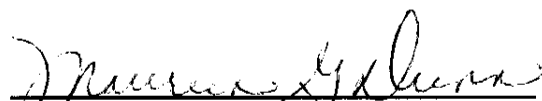
~~9. If a guardian of my estate (my property) is to be appointed, I nominate the agent acting under this power of attorney as such guradian to serve without bond or security.~~

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.

(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)

DATED: 7/19, 2012

Signed:

  
Maureen G. Dunn (Principal)

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STATE OF ILLINOIS     )  
   )  
 COUNTY OF COOK        )        SS.

The undersigned, a notary public in and for the above county and state, certifies that **MAUREEN G. DUNN**, known to be the same person whose name is subscribed as principal to the foregoing power of attorney, appeared before me and the additional witness(es) 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)].

**SWORN TO AND SIGNED** before me  
 this 19<sup>th</sup> of July, 2012.

Helaine Teichman  
 NOTARY PUBLIC



My commission expires 2/8/15

(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 successors

I certify that the signatures of my agent  
 and successors are correct.

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

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

\_\_\_\_\_  
 (Successor Agent)

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

(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 prepared by: HARVEY L. TEICHMAN, Attorney At Law, 2500 West Higgins Road, Suite 1131, Hoffman Estates, IL 60169, 847-885-9200

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(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 **MAUREEN G. DUNN** 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 **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 or 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, 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: 7/19/, 2012

  
\_\_\_\_\_  
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 **MAUREEN G. DUNN** 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 **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 or 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, 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: \_\_\_\_\_, 2012

\_\_\_\_\_  
Witness

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## AGENT'S CERTIFICATION AND ACCEPTANCE OF AUTHORITY

I, HARVEY L. TEICHMAN, certify that the attached is a true copy of a power of attorney naming the undersigned as agent or successor agent for MAUREEN G. DUNN.

I certify that to the best of my knowledge the principal had the capacity to execute the power of attorney, is alive, and has not revoked the power of attorney, that my powers as agent have not been altered or terminated and that the power of attorney remains in full force and effect.

I accept appointment as agent under this power of attorney. This certification and acceptance is made under penalty of "perjury".

Dated: July 19, 2012

*Harvey L. Teichman*  
Agents signature

Harvey L. Teichman  
Print Agents name

2500 W. Higgins Rd, Ste 1130  
Agents address  
Hoffman Estates, IL 60169

(NOTE: PERJURY IS DEFINED IN SECTION 32-2 OF THE CRIMINAL CODE OF 1961 AND IS A CLASS 3 FELONY)

Clerk's Office