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Doc#: 1227010028 Fee: \$84.00 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds Date: 09/26/2012 11:15 AM Pg: 1 of 8

ILLINOIS STATUTORY

SHORT FORM

PC OF As Colling Clarks Office PC WEIR OF ATTORNEY FOR PROPERTY

Prepared by:

Mail to:

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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, 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 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 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 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:

Initials of Kevin Bohren

Initials of Carol Bohren

When Recorded Return To: Indecomm Global Services 2925 Country Drive St. Paul, MN 55117

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ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

1.	We,	Kevin	Bohren	and	Carol	Bohren,
2900 Wes and in my 3-4 of the	st Irving Park Roa name (in any w "Statutory Short	ad, Suite 2, Chica ay I could act in p t Form Power of A	or property execut go, Illinois 60618 a erson) with respec attorney for Proper ified powers insert	as my attorney-in ot to the following ty Law" (including	-fact (my "agent") powers, as defir g all amendments	to act for me ned in Section
to have.	Failur(+ t/) strike	the title of any of	e of the following c ategory will cause y you must draw a	e the powers de	scribed in that ca	ategory to be
(a) Rea	al estate transacti	10' IS				
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	ck and bond trans					
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	e deposit box tra					
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MOTE: I	imitations on on	d additions to the	agent's powers m	nav ha included i	his nower of a	ttorney if they
•			ayents powers n	iay be ilibidued i	n and power or a	womey ii wey
are speci	fically described	below.)			V/Sc.	
2. The	powers granted	above shall not i	nclude the followir	ng powers or sha	all be modified or	limited in the
following					0	particulars:
(NOTE:			ific limitations you k or real estate			

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"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 terminated revoked. resign of attorney is OΓ ٥r the power As must: agent vou

- (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 inconsistent 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 roin 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 for the principal by writing or printing the name of the principal and signing your own name "as Agent" in the following manner: Name) "(Principal's Name) by (Your as Agent" The meaning of the powers granted to you is contained in Section 34 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 including attorney's fees and costs. caused your damages, If there is anything about this document or your duties that you do not unders and, you should seek legal attorney." from advice an

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exercise powers of appointment, name or change beneficiaries or joint tenants or revoke or amend any specifically referred to bel	trust ow.)
(NOTE: You agent will have authority to employ other persons as necessary to enable the agent to proper exercise the powers granted in this form, but your agent will have to make all discretionary decisions. If want to give your agent the right to delegate discretionary decision-making powers to others, you should be paragraph 4, otherwise it should be struck out.)	you
4. My agent shall have the right by written instrument to delegate any or all of the foregoing por involving discretionary decision making to any person or persons whom my agent may select, but a delegation may be amended or revoked by any agent (including any successor) named by me who is accounted this power of attorney at the time of reference.	such cting
(NOTE: Your agent will be entitled to reimpursement for all reasonable expenses incurred in acting under power of attorney. Strike out paragraph 5 if you do not want your agent to also be entitled to reason compensation for services as agent.)	
5. My agent shall be entitled to reasonable compensation for services rendered as agent under this poof attorney.	wer
(NOTE: This power of attorney may be amended or revoked by you at any time and in any manner. Ab amendment or revocation, the authority granted in this power of attorney will become effective at the time power is signed and will continue until your death, unless a limitation on the beginning date or duration made by initialing and completing one or both of paragraphs 6 and 7.)	this
6. () This power of attorney shall become effective	on
(effective date)	
NOTE: Insert a future date or event during your lifetime, such as a court determination of your disability written determination by your physician that you are incapacitated, when you want this power to first effect.)	
7. () This power of attorney shall terminate	on
(date)	
(NOTE: Insert a future date or event, such as a court determination that you are not under a legal disability	4

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The undersigned witness certifies that KEVIN AND CAROL BOHREN, known to me to be the same persons whose names are 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 them 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:	<u> ブ・2</u>	0/17		
	8	Wha		_ Witness
•		7	C	
State of	#c)) SS.	O	4
County of _	Coch			'C

The undersigned, a notary public in and for the above county and state, certifies that KEVIN AND CAROL BOHREN, known to me to be the same persons whose names are subscribed as principals to the foregoing power of attorney, appeared before me and the witness in person and acknowledged signing and delivering the instrument as the free and voluntary act of the principals, for the uses and purposes therein set forth.

Dated: 5/25-/2 Notary Public

OFFICIAL SEAL
CHRISTOPHER SUNGG
NOTARY PUBLIC - STATE OF PLINOIS
MY COMMISSION EXPIRES, 17/26/14

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agent	name one or more succe in		the name and ac paragraph	ddress of each successor 8.)
8. If any agent name name the following (ea	ed by me shall die, become sich to act alone and succe	e incompetent, residessively, in the orde	gn or refuse to ac er named) as suc	ccept the office of agent, I ccessor(s) to such agent:
For purposes of parag minor or an adjudicated consideration to	raph 8, a person shall be d incompetent or disabled business matters,	e considered to be person or the person as certified	incompetent if a on is unable to g	nd while the person is a ive prompt and intelligent licensed physician.
appointment will surve	you may name your agent is, retain paragraph 9, an your best interests and we	nd the court will app elfare. Strike out pa as	ooint your agent i ragraph 9 if you d	if the court finds that this do not want your agent to guardian.)
If a guardian of my of attorney as	y estate (my property) is to such guardian,	o be appointed, I no to serve		t acting under this power ond or security.
10. We are fully inforpowers	rmed as to all the content to	ts of this form and	understand the f my	ull import of this grant of agent.
(NOTE: This form does to engage in the practi Illinois.)	not authorize your agent ce of law unless he or sh	to appear in court i e is a logased atto	for you as an atto orney who is auth	orney-at-law or otherwise norized to practice law in
	Agent is incorporate	d by reference	and included	as part of this form.
Signed	BOHREN		CHRISTOPI NOTARY PUBLIC:	AL SEA'L HER SI AGG STATE OF LL'INOIS EXPIRES:07/26/14

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EXHIBIT A

LEGAL DESCRIPTION

THE WEST 34.0 FEET OF LOT 16 IN BLOCK 6 IN WEST KENILWORTH, A SUBDIVISION OF THE SOUTHWEST ¼ OF THE NORTHEAST ¼ (WEST OF RAILROAD AND SOUTH OF SKOKIE DITCH) OF SECTION 28, TOWNSHIP 42 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index Number(s): 05-28-216-021

For informational purposes or ly, the subject parcel is commonly known as:

619 Park Drive, Schilworth, IL 60043

+U02728655

1653 6/13/2012 77764122/1

FIDELITY NATIONAL TITLE INSURANCE COMPANY

Burnet Title • 9450 Bryn Mawr Avenue, Suite 700 • Rosemont, IL 60018