UNOFFICIAL COPY



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-agen s.

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:

FIDELITY NATIONAL TITLE

FIDELITY NATIONAL TITLE

Principal's initials

ALTITLE 52W172W

BOX 15 N

Doc#: 1232033057 Fee: \$76.00 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds Date: 11/15/2012 09:36 AM Pg: 1 of 6

1232033057 Page: 2 of 6

UNOFFICIAL COPY

ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

TOWER OF AFTORNET FO	KENOFENTI			
11 OSCAR E MUNOZ	, (insert name			
and address of principal) hereby revoke all prior powers of atte	orney for property executed by me and			
(insert name and address of agent)				
(NOTE: You may not name co-agents using this form.) as my attorncy-in-fact (my "agent") to act for me and in my name (in any way I could act in person) with respect to the iollowing 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 naragraph 2 or 3 below:
(NOTE: You must strike cut any one or more of the following of	categories of nowers you do not want your			
agent to have. Failure to scrike 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.				
				(a) Financial Institution transactions
(c) Stock and bend 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 by raffit	S.
			(i) Tax matters.)
			(i) Claims and litigation.	7)
(k) Commodity and option transactions.				
(I) Business operations:				
(m) Borrowing transactions.				
(n) Estate transactions. (o) All other property transactions.	· O _A			
(0) All other property transactions.	Æ,			
NOTE: Limitations on and additions to the agent's nowers ma	y be included in this cower of attorney if they			
(NOTE: Limitations on and additions to the agent's powers may be included in this cower of attorney if they are specifically described below.)				
O. The necessary executed above abolt wat had about the fall with				
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 dee	m appropriate, such as a prohibit on or			
conditions on the sale of particular stock or real estate or spec				
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.)				

1232033057 Page: 3 of 6

UNOFFICIAL COPY

(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 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 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.

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 one or bour of paragraphs 6 and 7.)
6. () This power of attorney shall become effective on
(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. () This power of attorney shall terminate on
(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:
purposes of 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

(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.)

consideration to business matters, as certified by a licensed physician.

1232033057 Page: 4 of 6

UNOFFICIAL COPY

- 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 agent.

ondie te tri, agenti
(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.
Dated: OU 27 12
Signed(priscipal)
(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 Object Andrea Manage Manage Mover 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. The undersigned witness also certifies that the vitness 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: Oct. 27, 2012 Witness
$O_{x_{\bullet}}$
(NOTE: Illinois requires only one witness, but other jurisdictions may require more than one vitness. If you wish to have a second witness, have him or her certify and sign here:)
(Second witness) The undersigned witness certifies that, 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. 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:
Witness

UNOFFICIAL COPY

State of	
County of Cook) SS.	
The undersigned, a notary public in and for the above county ar Oscar C. Manz, known to me to be the same person w the foregoing power of attorney, appeared before me and the with (and) in person and acknowledg as the free and voluntary act of the principal, for the uses and purpose the correctness of the signature(s) of the agent(s)).	hose name is subscribed as principal to ess(es) Possel Pietrous Limited and delivering the instrument
Dated: 27th of O tober, 2012	"OFFICIAL SEAL" ELIZABETH CONSTABLE NOTARY PUBLIC, STATE OF ILLINOIS NOTARY PUBLIC, STATE OF ILLINOIS
My commission expires	MY COMMISSION EXPIRES MAR. 28, 2014
(NOTE: You may, but are not required to, request your agent and signatures below. If you include specimen signatures in this power certification opposite the signatures of the agents.)	successor agents to provide specimen rof attorney, you must complete the
Specimen signatures of agent (and successors)	I certify that the signatures of my age t (and successors)
Patricial wick Munon	are genuine. (principal)
(agent)	(principal)
(successor agent)	(principal)
(successor agent)	(principal)
(NOTE: The name, address, and phone number of the person pre principal in completing this form should be inserted below	paring this form or who assisted the
Name: ELIZABETH CONSTAL	BLE IIIC
Address: 1520 N DAMEN	
CHICAGO, IL	
Phone: 773 328 - 7755	
Return to: Oscar & monoz 339 w. Barry Avet Chicagu IT 60657	412C
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

1232033057 Page: 6 of 6

UNOFFICIAL COPY

FIDELITY NATIONAL TITLE INSURANCE COMPANY



052007726 ORDER NUMBER:2011 STREET ADDRESS: 339 W. BARRY AVENUE UNIT 12C UOC

CITY: CHICAGO

COUNTY: COOK COUNTY

TAX NUMBER: 14-28-202-016-1029

LEGAL DESCRIPTION:

UNIT NUMBER 12C IN 339 WEST BARRY AVENUE CONDOMINIUM, AS DELINEATED ON A SURVEY OF THE FOLLOWING DESCRIBED REAL ESTATE: LOT 2 (EXCEPT THE WEST 195 FEET THEREOF) IN THE SUBDIVISION OF LOTS 2 AND 3 AND ACCRETION IN LAKE FRONT ADDITION IN THE NORTH FRACTIONAL QUAPTER OF SECTION 28, TOWNSHIP 40 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN. LYING WEST OF THE WEST BOUNDARY LINE OF LINCOLN PARK ACCORDING TO THE PLAT THEREOF RICORDED OF SAID SUBDIVISION FILED FOR RECORD IN THE RECORDER'S OFFICE OF COOK COUNTY, ILLINOIS, ON SEPTEMBER 6, 1912 AS DOCUMENT NUMBER 5038117, IN COOK COUNTY, ILLINOIS WYICH SURVEY IS ATTACHED AS EXHIBIT A TO THE DECLARATION OF CONDOMINIUM RECORDED AS COMMENT NUMBER 19213963; TOGETHER WITH AN UNDIVIDED Coot County Clert's Office PERCENTAGE INTEREST IN THE COMMON ELEMENTS, IN COOK COUNTY, ILLINOIS.

AGENT:

SCANNELL & ASSOCIATES, PC 9901 S. WESTERN AVE. SUYITE 205 CHICAGO, ILLINOIS 60643