

Saturn Title LLC 1209048

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Doc#: 1235431023 Fee: \$46.00 Karen A. Yarbrough RHSP Fee: \$10.00 Cook County Recorder of Deeds Date: 12/19/2012 10:42 AM Pg: 1 of 5

POWER OF ATTORNEY FOR VELKO S. VOYNOV

AFTER RECORDING MAIL To Tzvetelina H. Voynova

Scarn Title LLC 1030 W. Higgins Road, Suite 365 Park R. dge, IL 60068

LEGAL DESCRIPTION FOR: 8727 W. BRYN MAWR AVE., UNIT 202, CHICAGO, IL 60631

PARCEL 1:

UNIT NUMBER 202 N 8727 W BRYN MAWR CONDOMINIUM. AS DELINEATED ON PLAT OF SURVEY OF THE FOLLOWING DESCRIBED REAL ESTATE:

THAT PART OF LOTS 21 TO 26 AND PART OF LOTS 35 TO 41, INCLUSIVE, LYING BELOW A HORIZONTAL PLANE OF 104.96 FEET ABOVE CHCAGO CITY DATUM IN CHCAGO'S FOREST RIDGE ESTATES, BEING A SUBDIVISION OF THE NORTH HALF OF THE NORTH VIEST QUARTER OF SECTION 11, TOWNSHP 40 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERDIAN, IN COOK COUNTY, LLINOIS, WHICH PLAT IS ATTACHED AS EXHIBIT "A" TO THE DECLARATION OF CONDOMINIUM RECORDED JUNE 10,2004 AS DOCUMENT NUMBER 0416239080, AS AMENDED FROM TIME TO TIME, TOGETHER WITH IT'S UNDIVIDED PERCENTAGE INTEREST OF THE COMMON ELEMENTS APPURTENANT TO THE UNIT AS SET FORTH IN SAID DECLARATION.

PARCEL 2:

THE EXCLUSIVE RIGHT TO THE USE OF LIMITED COMMON ELEMENTS KNOWN AS STORAGE SPACE 41 AND 42 AND PARKNG P-41 AND P-42 AS DELINEATED ON THE SURVEY ATTACHED TO THE DECLARATION AFORESAID RECORDED AS DOCUMENT NO. 0416239080.

PIN# 12-11-104-034-1002

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ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

(NOTICE: 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, DISSURSEMENTS AND SIGNIFICANT ACTIONS TAKEN AS AGENT. A COURT CAN TAKE AWAY IFE 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. IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU LO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU.)

POWER OF ATTORNEY made this 18th day of November, 2012

1. I, VELKO S. VOYNOV of 2322 Bath Avenue, # IB. of Cit' of Brooklyn, County of Kings, and State of New York, hereby appoint: GORAN GENO of 8727 West Bryn Mawr Avenue, Unit 202, Chicago, Illinois as my attorney-in-fact (my "agent") to act for me and in ray 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.)

- (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.

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- (i) Tax matters.
- (i) -Claims and litigation.
- (k) Commodity and option transactions.
- (1) Business operations.
- (m) Borrowing transactions.
- (n) Estate transactions.
- (o) All other property powers and transactions.

(LIMITATIONS ON AND ADDITIONS TO THE AGENT'S POWERS MAY BE INCLUDED IN THIS

POWER OF ATTORNEY IF THEY ARE SPECIFICALLY DESCRIBED BELOW.)

The power granted above shall not include the following powers or shall be modified or limited in the following part ulars (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):

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 beneficiar es or joint tenants or revoke or amend any trust specifically referred to below):

(YOUR AGENT WILL HAVE AUTHORITY TO FMPLOY 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 DISCRETICNARY DECISIONS. IF YOU WANT TO GIVE YOUR AGENT THE RIGHT TO DELEGATE DISCRETIONARY DECISION-MAKING POWERS TO OTHERS, YOU SHOULD KEEP THE NEXT SENTENCE, CTHERWISE 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) armed 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

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THE BEGINNING DATE OR DURATION IS	MADE BY INITIALING AND COMPLETING EITHER
(OR BOTH) OF THE FOLLOWING:)	M1
	10^{+0}

6. My This power of attorney shall become	ome effective on November $\frac{18}{1}$, 2012
(insert a future date or event during your life want this power to first take effect)	etime, such as court determination of your disability, when you
7. N This power of attorney shall term	ninate on November 18 ⁴⁴ 20
(insert a future date or event, such as court d terminate prior to your leath)	etermination of your disability, when you want this power to
(IF YOU WISH TO NAME SUCCADDRESS(ES) OF SUCH SUCCESSOR(S	CESSOR AGENTS, INSERT THE NAME(S) AND IN THE FOLLOWING PARAGRAPH.)
of powers to my agent Noticity Public - State of New NO. 01DE5078402	You Signed O Loz wow
Qualified in Kings County My Commission Expires (2/6/1/2)	VELKO S VOYNOV JIRED TO, REQUEST YOUR AGENT AND SUCCESSOR
AGENTS TO PROVIDE SPECIMEN S	SIGNATURES PLIOW. IF YOU INCLUDE SPECIMEN TORNEY, YOU MUST COMPLETE THE CERTIFICATION
Specimen signatures of agent (and successors)	I certify that the signatures of my agent (and successors) are correct.
agent (and successors)	
(agent)	(principal)
	(principal)

(successor agent)

(successor agent)

(principal)

(principal)

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(THIS POWER OF ATTORNEY WILL NOT BE EFFECTIVE UNLESS IT IS NOTARIZED AND SIGNED BY AT LEAST ONE ADDITIONAL WITNESS, USING THE FORM BELOW.)

State of ____//W/

SS.

County of Kings

The undersigned, a notary public in and for the above county and state, certifies that VELKO S. **VOYNOV**, 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:

ALLA DEMCHENKO I Notaly Public - State of New York NO 01DE5078402 Qualities in Kings County My Commission Expires 10/01

My commission expires

Notary Public Alla Demellement

* TOVETELINA VOYWOUR

The undersigned witness certifies that YELKO S. VOYNOV, known to me to be the same person whose name is subscribed as principal to the 16, 2going 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.

(SEALLA DEMCHENKC)
Notary Public - State of New York NO. 01DE5078402

Qualified in Kings County My Commission Expires 6001

Witness (A

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

This document was prepared by:

Kozar Law Office, LLC 105 S. Adell Place Elmhurst, IL 60126