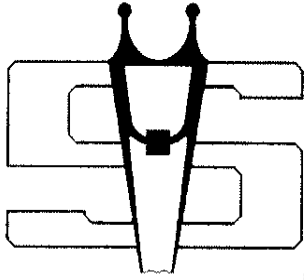


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1317218053

Doc#: 1317218053 Fee: \$72.00  
RHSP Fee: \$9.00 RPRF Fee: \$1.00  
Karen A. Yarbrough  
Cook County Recorder of Deeds  
Date: 06/21/2013 03:16 PM Pg: 1 of 5



01146-12132 1/3

## Recording Cover Page

This page is added for the purpose of affixing Recording Information

Deed \_\_\_\_\_

Mortgage \_\_\_\_\_

Power of Attorney \_\_\_\_\_

Subordination \_\_\_\_\_

Other \_\_\_\_\_

**STEWART TITLE COMPANY**  
2055 W. Army Trail Rd. Suite 110  
Addison, IL 60101  
630-889-4050

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P 5  
S N  
SC Y  
INT 18

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**ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY  
DURABLE POWER OF ATTORNEY**

(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, 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 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 (A COPY OF WHICH IS ATTACHED TO 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 made this 11 day of FEBRUARY 2012.**

I, **PADRAIC JOSEPH BUCKLEY**, of 5040 Arrowhead Trace, Oak Forest Illinois 60452, hereby appoint **JOHN SALGADO**, of 347 South Walnut Ridge Ct., in the City of Frankfort, Illinois, 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.)

(a) **Real estate Transactions:** The agent is authorized to: sell, exchange, sign any and all closing documents for the sale or purchase of real estate, rent and lease real estate (which terms includes, without limitation, real estate subject to a land trust and all beneficial interests in and powers of direction under any land trust); collect all rent, endorse sale proceeds and earnings from real estate; convey, assign and accept title to real estate; grant easements, create conditions and accept title to real estate; and release rights of homestead with respect to real estate; create land trusts and exercise all powers under land trusts; hold, possess, maintain, repair, improve, subdivide, manage, operate and insure real estate, pay, contest, protest and compromise real estate taxes and assessments; and, in general, exercise all powers with respect to real estate which the principal could if present and under no disability.

(b) The agent is authorized to: borrow money; mortgage or pledge any real estate or tangible or intangible personal property as security for such purposes; sign, renew, extend, pay and satisfy any notes or other forms of obligations; and, in general, exercise all powers with respect to secured and unsecured borrowing which the principal could if present and under no disability.

(c) Specifically authorizing my agent to sign on my behalf and holding him harmless and indemnify him from any and all liability for the sale or purchase of the following described premises:

(1) **legal description:** THE NORTH 30 FEET OF LOT 7 IN BLOCK 10 IN E.L. BRAINERD'S SUBDIVISION OF THE TELFORD BURNHAM'S SUBDIVISION (EXCEPT BLOCKS 1 AND 8 THEREOF) OF THE WEST 1 / 2 OF THE NORTHWEST 1 / 4 OF SECTION 5, TOWNSHIP 37 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

**SUBJECT TO:** Covenants, conditions, restrictions of record; Private, Public and utility easements, if any; Party wall rights and agreements, if any, existing leases and tenancies; Special taxes or assessments for improvements not yet completed; and general real estate taxes for 2012, and subsequent years.

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hereby releasing and waiving all rights under and by virtue of the Homestead Exemption Laws of the State of Illinois: TO HAVE AND TO HOLD said premises not in tenancy in common, but in joint tenancy forever.

(2) Property Index Number: 25-05-118-019-0000

(3) Property Address: 8930 SOUTH BISHOP ST., CHICAGO, ILLINOIS 60620

**(c) Additionally authorizing my agent all other property powers to conduct said transaction and power to direct and endorse the proceeds of said transaction as directed.**

(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 power 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): (INSERT MODIFICATION OR LIMITATIONS HERE OR IF NONE, SO STATE):** NONE

**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 limitations, 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): (INSERT THE ADDITIONAL POWERS TO BE GRANTED OR IF NONE, SO STATE):**

NONE

(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 DON 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

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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

February 5, 2013

(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)

7. ( ) This power of attorney shall terminate on

December 9, 2013

(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:

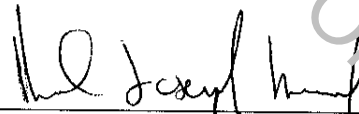
A. None

For purposes of this 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 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 bond or security.

10. If a guardian of my person is to be appointed, I nominate the agent acting under this power of attorney as such guardian, to serve without bond or security.

11. 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   
PADRAIC JOSEPH BUCKLEY

Signed \_\_\_\_\_

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(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)

(agent) John Salgado

Specimen signatures of agent (and Successors)

(agent) John Salgado

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

(principal) PADRAIC JOSEPH BUCKLEY

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

(principal)

(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 Illinois ) SS.  
County of Will )

The undersigned, a notary public in and for the above county and state, certifies that PADRAIC JOSEPH BUCKLEY, known to me to be the same person whose name is subscribed as principal to the foregoing power of attorney, appeared before me 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: 4.30.13 (SEAL)

Deborah O'Connell  
Notary Public

My commission expires 9-14-13  
(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.)

The undersigned WITNESS certifies that PADRAIC JOSEPH BUCKLEY, 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/her to be of sound mind and memory.

Dated: 4-30-13 (SEAL)

Shelley Mall  
Witness

This document was prepared by: Ena et al  
J.E. Salgado & Assoc.  
Attorney at Law  
347 South Walnut Ridge Ct.  
Frankfort, Illinois 60423  
(815) 806-1724  
Att. No. 31722

