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1319226125

ILLINOIS STATUTORY SHORT FORM OF POWER OF ATTORNEY FOR PROPERTY

Doc#: 1319226125 Fee: \$44.00
RHSP Fee: \$9.00 RPRF Fee: \$1.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 07/11/2013 03:21 PM Pg: 1 of 4

(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 A POWER IS 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 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 ATTACHMENT). THAT LAW EXPRESSLY PERMITS THE USE OF ANY DIFFERENT FORM OF POWER OF ATTORNEY THAT 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 15 DAY OF MAY, 2013

1. **Appointment of agent.** I, **G. RODNEY SCHNEIDER**, of 15851 W. Linksview Drive, Surprise, AZ 85374, hereby appoint **CHRISTINA SCHAEN**, of 155 N Harbor Dr., Unit 1514, Chicago, IL 60601, as my attorney in fact ("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 OR 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 transaction.
- (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.~~

BOX 15

S	<u>Y</u>
P	<u>Y</u>
S	<u>Y</u>
SC	<u>Y</u>
INT	<u>Y</u>

(LIMITATIONS ON AND ADDITIONS TO THE AGENT'S POWERS MAY BE INCLUDED IN THIS POWER OF ATTORNEY IF THEY ARE SPECIFICALLY DESCRIBED BELOW.)

2 **Limitations on Powers.** The powers 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):

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AGENT IS AUTHORIZED TO EXERCISE THE POWERS LISTED IN PARAGRAPH 1 HEREOF ONLY IN CONNECTION WITH THE REAL ESTATE COMMONLY KNOWN AS:

4334 N. SACRAMENTO AVE., UNIT 3G, CHICAGO, IL 60618 (SEE ATTACHED LEGAL DESCRIPTION)

3 **Additions to Powers.** 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): _____

(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. **Agent's Power to Delegate.** 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 REIMBURSEMENTS 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 YOUR AGENT.)

5. **Agent's Compensation.** 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 THE BEGINNING DATE OR DURATION IS MADE BY INITIALING AND COMPLETING EITHER OR BOTH OF THE FOLLOWING:)

6. **Effective Date.** This power of attorney shall become effective on the date that it is signed.

7. **Termination Date.** This power of attorney shall terminate ninety (90) days from the date that it is signed.

(IF YOU WISH TO NAME SUCCESSOR AGENTS, INSERT THE NAMES AND ADDRESSES OF SUCH SUCCESSORS IN THE FOLLOWING PARAGRAPH.)

8. **Successor Agents.** If any Agent named by me shall die, become legally disabled, resign or refuse to act, I name the following (each to act alone and successively, in the order named) as successor(s) to such agent:

JEFFREY S. SELL, 19 S. LaSalle St., Suite 600, Chicago, IL 60603

For purposes of paragraph 8, a person shall be considered to be incompetent if and while the person is a minor, an adjudicated incompetent, and adjudicated 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.)

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9. **Principal Fully Informed.** 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.

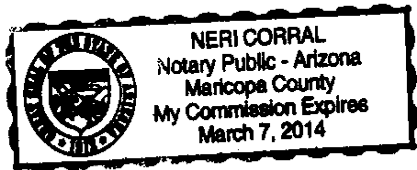
Signed: *G. Rodney Schneider* Date: 5/15/2013

(THIS POWER OF ATTORNEY WILL NOT BE EFFECTIVE UNLESS IT IS NOTARIZED BELOW.)

State of ARIZONA) SS.
County of MARICOPA)

The undersigned, a notary public in and for the above county and state, certifies that **G. RODNEY SCHNEIDER** 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.

Dated this 15th day of MAY, 2013.
[Signature]
Notary Public



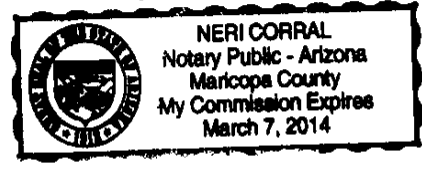
Witnesses:
Isabelle Schneider
Name: _____
Lori Johnson - Kelso
Name: _____
~~_____~~
Name: _____

State of ARIZONA) SS.
County of MARICOPA)

The undersigned, a notary public in and for the above county and state, certifies that the above persons known to me to be the same persons whose names are subscribed as witnesses to the foregoing power of attorney, appeared before me in person and acknowledged signing the instrument as their free and voluntary act.

Notary Public: *[Signature]*

This document was prepared by: *[Signature]*
Andrew W. Levenfeld, Esq.
Andrew W. Levenfeld and Associates, Ltd.
221 N. LaSalle St., 28th Floor
Chicago, Illinois 60601



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FIDELITY NATIONAL TITLE INSURANCE COMPANY

20 N. CLARK - SUITE 220, CHICAGO, ILLINOIS 60602

PHONE: (312) 621-5000
FAX: (312) 621-5033

ORDER NUMBER: 2011 052012877 UOC
STREET ADDRESS: 4334 N. SACRAMENTO AVENUE
UNIT 3W

CITY: CHICAGO IL 60618
TAX NUMBER: 13-13-303-038-1019

COUNTY: COOK

LEGAL DESCRIPTION:

UNIT NO. 4334-3W IN 4330-34 N. SACRAMENTO CONDOMINIUM AS DELINEATED ON A SURVEY OF THE FOLLOWING DESCRIBED REAL ESTATE:

LOTS 41, 42 AND 43 IN BLOCK 1 IN FIELDS BOULEVARD ADDITION TO IRVING PARK, A SUBDIVISION OF THE EAST 1/2 OF THE WEST 1/2 OF THE SOUTHWEST 1/4 OF SECTION 13, TOWNSHIP 40 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS IN COOK COUNTY, ILLINOIS; WHICH SURVEY IS ATTACHED AS EXHIBIT 'A' TO THE DECLARATION OF CONDOMINIUM RECORDED SEPTEMBER 29, 2006 AS DOCUMENT 0627218041 TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS.

AGENT:

CARLO G. D'AGOSTINO
422 W. WESLEY ST.
WHEATON, ILLINOIS 60187

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