Doc#: 1320015042 Fee: \$50.00 RHSP Fee: \$9.00 RPRF Fee: \$1.00

Karen A. Yarbrough

Cook County Recorder of Deeds
Date: 07/19/2013 01:29 PM Pg: 1 of 7

After Recording Return To:

Earl J. Roloff 1060 Lake Street Hanover Park, IL 60133

Prepared By:

Earl J. Roloff 1000 Lake Street Hanover Park, IL 60133

[Space Above This Line For Recording Data]

NOTICE TO THE INDIVIDUAL SIGNING THE ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

PLEASE READ THIS NOTICE CARELYLY. 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 dispuse of any of your real or personal property, even without your consent or any advance notice to you. When using the Caratory 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 fir and a affairs, so it is important that you select an agent who will agree to do this for you. It is also important to select in agent whom you trust, since you are giving that agent control over your financial assets and property. Any agent who does not 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:

MZ. Principal's initials

Statutory Power of Attorney-IL 1U015-IL (01/11)(m/i)

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ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

1.	Ĭ,	Mei Zheng	, hereby revoke	e all prior powers of attorney for property					
		ecuted by me and appoint	Dahai Huang	as my attomey-in-fact (my "agent") to					
				ct to the following powers, as defined in					
				y Law" (including all amendments), but					
	sul	bject to any limitations on or addi	tions to the specified powers inserted in	paragraph 2 or 3 below:					
	۸.		0.1 0.77						
				of powers you do not want your agent to					
			ту category will cause the powers aescr	ibed in that category to be granted to the					
	ag	en:.)	•	•					
	a)	Redestate transactions.							
	ر <u>ہ</u> (b	Financial institution transaction	10						
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	m) Borrowing transactions.								
	,	X4XXXXXXXXXXXXX							
	ΦĴΧ	ĊŊXX ĸ XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX							
	21	(NOTE: Limitations on and additions to the agent's powers may be included in this power of attorney if they are							
			ons to the agent's powers may be inclu	ided in this power of attorney if they are					
	spe	cifically described below.)							
. 2.	The	e moviere oranted shove shall not	include the following powers or shall	be modified or limited in the following					
ž.	nari	ticulars. (NOTE: Here non mon	include any specific limitations of the	on appropriate such as a prohibition or					
		particulars: (NOTE: Here you may include any specific limitations you 'eer appropriate, such as a prohibition or conditions on the sale of particular stock or real estate or special rules on the sale of particular stock or real estate or special rules on the sale of particular stock or real estate or special rules on the sale of particular stock or real estate or special rules on the sale of particular stock or real estate or special rules on the sale of particular stock or real estate or special rules on the sale of particular stock or real estate or special rules on the sale of particular stock or real estate or special rules on the sale of particular stock or real estate or special rules on the sale of particular stock or real estate or special rules on the sale of particular stock or real estate or special rules on the sale of particular stock or real estate or special rules on the sale of particular stock or real estate or special rules on the sale of particular stock or real estate or special rules or spe							
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3.				owers: (NOTL: Here you may add any					
	other delegable powers including, without limitation, power to make gifts, exercise powers of appointment, name or								
	cha	nge beneficiaries or joint tenants	or revoke or amend any trust specifica	illy referred to belov.)					
	a.)	To finance the purchase or ref	finance of, and/or improvements made	e to the real property with an address of .					
		216 Chapatrar Circ	ie, migin, in corre	•					
	ы	VA Logge In the event	court complian for a local on my habalf	that is augrenteed by the Department of					
	b)			that is guaranteed by the Department of ; (2) if this is a purchase transaction, the					
		price of the Property is \$		the loan to be secured by the Property is					
				ne Property as my home. My agent is					
		authorized to sign the loan and	nlication, receive federal- state- and in	nvestor-required disclosures, and sign all					
		documents necessary to consum		,, 3					
		. ,	,						
		Power of Attorney-IL							
1U01	5-IL ([01/11]	Page 2 of 6	13-62-1426NSB 01-2011					

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	c)	applicat	ion (only i	f I am inca		ceive feder	al-, state- and			ed to sign the loosures, and sign	
	ď)	Convent	ional Loai	g: My age:		ed to sign t	ne l <mark>oan applic</mark>			state- and invest f.	t o r-
	e)	Other:		NIA	···-						
~	rxero 1 si	cise the p ve your a	owers gra gent the ri	nted in this	r form, but yo gate discretio	ur agent wi	ll have to mai	ke all discr	etionary dec	e agent to prope isions. If you w uld keep paragro	anı
4.	discr amen	etionary aded or r	10cision-n	naking to a any agen	ny person or	persons wi	iom my agen	t may sele	ct, but such	g powers involv delegation may nder this Power	be
	Powe	er of Atto	orney. St		aragraph 5 i					n acting under i itled to reasona	
5.	Му а	gent shall	be entitle	d to reason	n le compens	ation for se	rvices rendere	ed as agent	under this P	ower of Attorney	/.
	amen power	dment or r is signe	revocation	n, the auth continue u	hority grente	d in this Po th, ⊋nless a	ower of Attori limitation on	ney will be	come effect	ty manner. Abs ive at the time t duration is made	this
	date (or event d	luring yoi	r lifetime,	ecome effecti such as a co itated, when y	urt determi		r disability	or a writte	TE: Insert a fut n determination	
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					cessively, in t	he order na		essor(s) to s	such agen"	f agent, I name	the
_				1777							
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.5	ourt Strike	will a ppo out parag	nnt your t graph9if	igeni if the vou do not	e court finds want your ag	that this ap ent to act a	opointment w s guardian.)	ill serve yo	our best inte	27	esis and welfa

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9.	If a guardian of my estate (my property) is to be appointed, I nominate the agent acting under this Power of Attorne
	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. (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. This Power of Attorney is not affected by my subsequent disability or incapacity. Ins cover of Attorney will not be effective unless it is signed by at least one witness and your signature is notorized, using the from below. The notary may not also sign as a witness.) Mei Zheng 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 be leve him or her to be of sound mind and memory. The undersigned witness also certifies that the witness is not: the attending physician or mental health service provider or a relative of the physician or provider; an owner, operator, or relative of an owner or operator of a health care facility in which the principal is a patient or resident: a parent, sibling, descendant, or any poure of such parent, sibling, or descendant of either the principal or any agent or successor agent under the firegoing Power of Attorney, whether such relationship is by blood, marriage, or adoption; or an agent or successor agent under the foregoing Power of Attorney, June 26th 2012 Dated: (NOTE: Illinois requires only one witness, but other jurisdictions may require nore than one witness. If you wish to have a second witness, have him or her certify and sign here:) (Second witness) The undersigned witness certifies that to be the same person whose name is subscribed as principal to the foregoing Power of Attorn w 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 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, an agent or successor agent under the foregoing Power of Attorney. Dated:

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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 resign or the Power of Attorney is terminated or revoked.

As agent you must:

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;
- 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 mus, 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;
- do any act be vor d the authority granted in this Power of Attorney;

3) commingle the principal's funds with your funds;

borrow funds or oth r property from the principal, unless otherwise authorized;

5) continue acting on benefic of the principal if you learn of any event that terminates this Power of Attorney or your authority under this Tower 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 mut 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:

"(Principal's Name) by (Your Name) as Agent"

The meaning of the powers granted to you is contained in Section 3-4 of the Illinois Power of Attorney Act, which is incorporated by reference into the body of the Power of Attorney for properly document.

If you violate your duties as agent or act outside the authority granted to you, you may be liable for any damages, including attorney's fees and costs, caused by your violation.

If there is anything about this document or your duties that you do not understand, you should seek legal advice from an attorney.

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UNOFFICIAL COPUSITION OFFICIAL SEAL JUAN HERNANDEZ Notary Public - State of Illinois My Commission Expires Mar 1, 2016

NOTARY ACKNOWLEDGMENT

State of Illinois	
County of Dulage	
me and the witness(es) <u>Sean Mequire</u> person and acknowledged signing and delivering the in	county and state, certifies that Mei Zheng , known d as principal to the foregoing Power of Attorney, appeared before (and ///A) in instrument as the free and voluntary act of the principal, for the uses
and purposes therein set forth (and certified to the corre	ectness of the signature(s) of the agent(s)).
Dated: 6/26/2013	
700.	Motary Public
(NOTE: You may, but are not required to, request y below. If you include specimen signatures in this Powsignatures of the agents.)	your agent and successor agents to provide specimen signatures wer of Attorney, you must complete the certification opposite the
Specimen signatures of agent (and successors)	I certify that the signatures of my agent (and successors) are genuine.
Agent	Principal
Successor Agent	Principal
Successor Agent	Principal
NOTE: The name, address, and phone number of the ompleting this form should be inserted below.)	ne person preparing thi form or who assisted the principal in
Tame:	
.ddress:	1/6
hone number:	

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SCHEDULE A ALTA Commitment File No.: 190055

LEGAL DESCRIPTION

UNIT 38-1 BEING PART OF LOT 38 IN WOODLAND CREEK SUBDIVISION, BEING A SUBDIVISION OF THE SOUTHWEST 1/4 OF SECTION 17, TOWNSHIP 41 NORTH, RANGE 9, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED MARCH 15, 1990 AS DOCUMENT NO. 90117492, IN THE CITY OF ELGIN, COOK COUNTY, ILLINOIS. MORE PARTICULARLY DESCRIBED AS FOLLOWS: BEGINNING AT THE NORTHEAST CORNER OF LOT 38, THENCE SOUTH 22 DEGREES 10 MINUTES 10 SECONDS WEST, A DISTANCE OF 125.09 FEET, THENCE NORTHWESTERLY ALONG A CURVED LINE CONCAVE TO THE NORTHEAST HAVING A RADIUS OF 260.00 FEET AN ARC LENGTH OF 43.05 TO A POINT OF TANGENCY, THENCE NORTH 53 DEGREES, 35 MINUTES 19 SECONDS WEST, A DISTANCE OF 21.38 FEET, THENCE NORTH 36 DEGREES, 24 MINUTES, 41 SECONDS EAST, A DISTANCE CZ 115.74 FEET, THENCE SOUTH 86 DEGREES, 43 MINUTES, 50 SECONDS EAST, A DISTANCE OF 34.67 FEET TO THE POINT OF BEGINNING, IN COOK COUNTY, ILLINOIS.

Issuing Agent Aaron Legal, Inc. 1N680 Western Avenue Glen Ellyn, Illinois 60137