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Karen A. Yarbrough

Cook County Recorder of Deeds
Date: 09/04/2013 09:42 AM Pg: 1 of 8

ILLINOIS STATUTORY

SHORT FORM

POWER OF ATTORNEY FOR PROPERTY

Prepared by: Richard A. Kocurek, Attorney At Law, 3306 S. Grove Ave., Berwyn, IL 60402

Mail to: Richard A. Kocurek, Attorney At Law, 3306 S. Grove Ave., Bervyn, IL 60402

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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-agents.

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 3-2 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:

» CL

Principal's initials

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ILLINOIS STATUTORY SHORT FORM

POWER OF ATTORNEY FOR PROPERTY

1. I, CATHERINE LEMON, hereby appoint; Richard A. Kocurek now of 3306 S. Grove Ave., Berwyn, IL 60402

(NOTE: You may not name co-agents using this form.)

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:

(NOTE: 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 ransactions as set forth in paragraph 3 below.
- (b) Financial institution transactions as set forth in paragraph 3 below.
- (c) Stock and bond transactions.
- (d) Tangible personal presently 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.
- (I) Business operations.
- (m) Borrowing transactions.
- (n) Estate transactions.
 - (o) All other property transactions as set forth in paragraph 3 below.

(NOTE: 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 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 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.) Power is limited to all power necessary to represent me in a sale of the property at 689 SE BOURNE RD., RIVERSIDE, IL including but not limited to contract negotiations, closing documents and landers documents.

3. 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.) to execute any and all papers necessary, including, but not limited to: the deed, altas, RESPA, contract, bill of sale, affidavit of title, transfer declarations, Fannie Mae forms, forms necessary for purchasers mortgage, and affidavits to sell the property located at: 689 SELBOURNE RD., RIVERSIDE. IL

(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.)

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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.

(NOTE: 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 one or both of paragraphs 6 and 7.)

6. This power of attorney shall become effective on JULY 15, 2013.

(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. (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 unarie to give prompt and intelligent consideration to business matters, as certified by a licensed physician.

(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.)

- 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.

(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.

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Dated:	7/15/13	0 · · · · · · · · · · · · · · · · · · ·	MINC LONCOV
signatur	e is notarized, usir	rney will not be effective unless it is signed to the form below. The notary may not also	o sign as a witness)
acknowle uses and witness a a relative care faci such par foregoing successor	noed as principal to edged signing and dipurposes therein also certifies that to e of the physician of lity in which the pri- ent sibling, or des gloower of attorney or agent under the	pertifies that, known to me the foregoing power of attorney, appears delivering the instrument as the free and set forth. I believe him or her to be of sound witness is not: (a) the attending physicial or provider; (b) an owner, operator, or relaincipal is a patient or resident; (c) a parent cendant of either the principal or any agent, whether such relationship is by blood, me foregoing power of attorney.	ed before me and the notary public and voluntary act of the principal, for the ind mind and memory. The undersigned ian or mental health service provider or tive of an owner or operator of a health t, sibling, descendant, or any spouse of int or successor agent under the
Dated:	1(2-1)	<u>}</u>	John John
	Ž		Witness
(NOTE: I wish to h	llinois requires onl ave a second witn	y one witness, but other jurisdictions may ess, have him or her certify and sign here:	require more than one witness. If you
the same me and the act of the memory. health se owner or descenda successo	person whose nathe notary public are principal, for the undersigned vivice provider or a operator of a health, or any spouse ragent under the interest of the second control of	rsigned witness ce tifies that	ping power of attorney, appeared before instrument as the free and voluntary eve him or her to be of sound mind and ot: (a) the attending physician or mental n owner, operator, or relative of an atient or resident; (c) a parent, sibling, either the principal or any agent or inclationship is by blood, marriage, or
Dated:	**********************		4
			Witness

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State of ILLINOIS)	•	
County of COOK)		
The undersigned, a notary public in and for the LEMON, known to me to be the same person we of attorney, appeared before me and the witnes with a content of the principal, for the use correctness of the signature(s) of the agent(s)).	whose name is subscribed as principles (es) which is subscribed as principles (es) which is a constant of the	pal to the foregoing power (and the instrument as the
Dated: JULY 15, 2013. My commission expires	"OFFICIAL SEAL" Dawn E. Ferrara Notary Public, State of Illinois My Commission Expires 12-5-14	Notary Public
(NOTE: You may, but are not required to, reque signatures below. if you include specimen signal certification opposite the signatures of the agent	atures in this power of attorney, you	s to provide specimen must complete the
Specimen signatures of agent (and successors)	l certify th of my age are genui	eat the signatures ent (and successors) ne.
(agent)	of my age are genui (p	principal)
(successor agent)	(F	principal)
(successor agent)	(r	orincipal)
NOTE: The name, address, and phone number principal in completing this form should t	of the person preparing this form o be inserted below.)	r who assisted the
Name: P Ko curck	7.6	
Address: 7306 Cr	0	Oc
Reg 16 Coron	·	O _{FF}
Phone: 70x751 023.		C
Phone:		

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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 receipts, disbursements, and significant actions conducted for the principal;
- (4) attempt to preserve the principal's estrice plan, to the extent actually known by the agent, if preserving the plan is consistent with the principal's past interest; and
- (5) cooperate with a person who has authority in make health care decisions for the principal to carry out the principal's reasonable expectations to the extran actually in the principal's best interest As agent you must not do any of the following:
- (1) act so as to create a conflict of interest that is inconsistant with the other principles in this Notice to Agent;
 - (2) do any act beyond the authority granted in this power of attorney:
 - (3) commingle the principal's funds with your funds;
 - (4) borrow funds or other property from the principal, unless otherwise suthorized;
- (5) continue acting on behalf of the principal if you learn of any event that terminates this power of attorney or your authority under this power 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 must 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 property 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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15826-13-01638K

Property Address: 689 SELBOURNE ROAD

RIVERSIDE, IL 60546

Parcel I.D:

15-25-412-007-0000

LOT 22 IN THE SUBDIVISION OF LOT "A" IN KIRCHMAN AND JEDLANS RIVERSIDE PARKWAY AND HARLEM AVENUE SUBDIVISION OF THAT PART OF LOT 2 LYING SOUTH OF THE CENTER OF RIVERSIDE PARKWAY AND ALL OF LOTS 3 AND 4 OF CIRCUIT COURT PARTITION OF THE SOUTHEAST QUARTER OF THE SOUTHEAST QUARTER OF THE EAST HALF OF THE NORTHEAST QUARTER OF THE SOUTHEAST QUARTER OF SECTION 25, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.