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

Doc#: 1328855053 Fee: \$54.00  
RHSP Fee:\$9.00 RPRF Fee: \$1.00  
Karen A. Yarbrough  
Cook County Recorder of Deeds  
Date: 10/15/2013 02:25 PM Pg: 1 of 9

**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 3-4 of the Illinois Power of Attorney Act. This form is a part of that law. The "NOTE" paragraphs throughout this form are instructions.

PRECISION TITLE PTC15823


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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:

  
\_\_\_\_\_  
Principal's initials

  
\_\_\_\_\_  
Principal's initials

Property of Cook County Clerk's Office

**UNOFFICIAL COPY****ILLINOIS STATUTORY SHORT FORM  
POWER OF ATTORNEY FOR PROPERTY**

1. I, Michael Duffell and Signa Duffell, 5260 Antiquity Circle,  
Fairfield, CA 94534

hereby revoke all prior powers of attorney for property executed by me and  
appoint: Thomas D. Bouslog, 1110 W. Lake Cook Rd. #353, Buffalo Grove, IL  
60089

(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 3-1 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 transactions.
- (b) ~~Financial institution transactions.~~ *DA*
- (c) ~~Stock and bond transactions.~~ *DA*
- (d) ~~Tangible personal property transactions.~~ *DA*
- (e) ~~Safe deposit box transactions.~~ *DA*
- (f) ~~Insurance and annuity transactions.~~ *DA*
- (g) ~~Retirement plan transactions.~~ *DA*
- (h) ~~Social Security, employment and military service benefits.~~ *DA*
- (i) ~~Tax matters.~~ *DA*
- (j) ~~Claims and litigation.~~ *DA*
- (k) ~~Commodity and option transactions.~~ *DA*
- (l) ~~Business operations.~~ *DA*
- (m) ~~Borrowing transactions.~~ *DA*
- (n) ~~Estate transactions.~~ *DA*
- (o) ~~All other property transactions.~~ *DA*

(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.)

Only real estate transactions relating to the short sale  
of 245 W Johnson St, Unit 205, Palatine IL 60067.

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

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change beneficiaries or joint tenants or revoke or amend any trust specifically referred to below.)

N/A

(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.)

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 October 03, 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.  This power of attorney shall terminate on November 01, 2013

(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:

NONE

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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.

(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.

Dated: October 03, 2013

Dated: October 03, 2013

Signed *Michael Duffell*  
Principal

Signed: *Signa Duffell*  
Principal

(NOTE: This power of attorney will not be effective unless it is signed by at least one witness and your signature is notarized, using the form below. The notary may not also sign as a witness.)

The undersigned witness certifies that Michael Duffell and Signa Duffell, 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 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 or resident; (c) 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, or adoption; or (d) an agent or successor agent under the foregoing power of attorney.

Dated: 10/3/13

Signed *Clayton*  
(witness)

(NOTE: Illinois requires only one witness, but other jurisdictions may require more than one witness. If you wish to have a second witness, have him or her certify and sign here:)

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State of \_\_\_\_\_ )  
 ) SS.  
County of \_\_\_\_\_ )

The undersigned, a notary public in and for the above county and state, certifies that Michael Duffell, 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 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: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_

State of \_\_\_\_\_ )  
 ) SS.  
County of \_\_\_\_\_ )

The undersigned, a notary public in and for the above county and state, certifies that Signa Duffell, 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 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: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_

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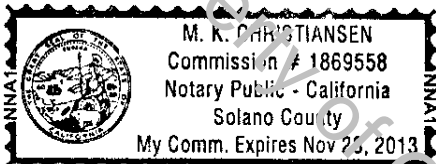
## CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of SOLANO

On OCT 03 2013 before me, M.K. CHRISTIANSEN, Notary Public  
Date Here Insert Name and Title of the Officer

personally appeared Michael Duffell & SIGNA Duffell  
Name(s) of Signer(s)



who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature [Handwritten Signature]  
Signature of Notary Public

Place Notary Seal Above

### OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

#### Description of Attached Document

Title or Type of Document: ILLINOIS Statutory Short Form Power of Attorney for Property

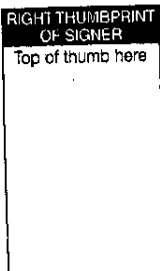
Document Date: 10-03-2013 Number of Pages: 8

Signer(s) Other Than Named Above: \_\_\_\_\_

#### Capacity(ies) Claimed by Signer(s)

Signer's Name: \_\_\_\_\_

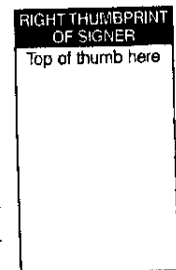
- Individual
- Corporate Officer — Title(s): \_\_\_\_\_
- Partner —  Limited  General
- Attorney in Fact
- Trustee
- Guardian or Conservator
- Other: \_\_\_\_\_



Signer Is Representing: \_\_\_\_\_

Signer's Name: \_\_\_\_\_

- Individual
- Corporate Officer — Title(s): \_\_\_\_\_
- Partner —  Limited  General
- Attorney in Fact
- Trustee
- Guardian or Conservator
- Other: \_\_\_\_\_



Signer Is Representing: \_\_\_\_\_

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(NOTE: 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)

\_\_\_\_\_  
 (successor agent)

\_\_\_\_\_  
 (successor agent)

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

\_\_\_\_\_  
 (principal)

\_\_\_\_\_  
 (principal)

\_\_\_\_\_  
 (principal)

(NOTE: The name, address, and phone number of the person preparing this form or who assisted the principal in completing this form should be inserted below.)

Name: Thomas D. Bouslog

Address: 1110 W. Lake Cook Rd. #353, Buffalo Grove, IL 60089

Phone: 847-459-6585

WHEN RECORDED MAIL TO:

Thomas D. Bouslog  
 1110 W Lake Cook Rd. #353  
 Buffalo Grove, IL 60089



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## EXHIBIT "A"

### LEGAL DESCRIPTION

UNIT 205, TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS, IN THE WASHINGTON SQUARE CONDOMINIUMS, AS DELINEATED AND DEFINED IN THE DECLARATION RECORDED AS DOCUMENT 0020307596, AS AMENDED FROM TIME TO TIME, IN SECTION 22, TOWNSHIP 42 NORTH, RANGE 10, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

P.I.N.: 02-22-2011-069-1011

COMMONLY KNOWN AS 245 W. JOHNSON ST., UNIT 205, PALATINE, IL 60067

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