**ILLINOIS STATUTORY** 

SHORT FORM

NEF DEATTC COUNTY CLERK'S OFFICE POWER OF ATTORNEY FOR PROPERTY

Prepared by: Mark Dossy Go First Centennial Mortgage 2471 N. Sullivan Kd. Aurora, IL 60506

Mail to:

LAKESHORE TITLE AGENCY 1301 E. HIGGINS ROAD ELK GROVE, IL 60007

1336239

1329057574 Page: 2 of 9

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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 ack 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 perio 1 of time that this Power of Attorney will be in effect, your agent may exercise the powers given to him or her 'nr' ughout your lifetime, both before and after you become incapacitated. A court, however, can take a way 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 of 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:

Principal's initials

1329057574 Page: 3 of 9

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### ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

1. I, Mark Dessy,	hereby revoke all prior powers of attorney for
property executed by me and appoint: Bradford Dessy	· · · · · · · · · · · · · · · · · · ·
(NOTE: You may not name of	
as my attorney-in-fact (my "agent") to act for me and ir	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 subj	ect 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	owing categories of powers you do not want your
agent to have. Failure to strike the title of any category	
be granted to the agent. To strike out a category you n	
	0,,
(a) Real estate irannactions.	
(b) Financial institution transactions.	
(c) Stock and bonu 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 rivitary s	arvice hanafita
(i) Tax matters.	sivice belieffs.
(j) Claims and litigation.	
Eliza i Eliza i el Eliza de Caracteria de Ca	
(k) Commodity and option transactions.	
(I) Business operations.	C <sub>k</sub>
(m) Borrowing transactions.	*/)×
(n) Estate transactions.	
<ul><li>(o) All other property transactions.</li></ul>	
AIGTE 11 11 11 11 11 11 11 11 11 11 11 11 11	. (.)
(NOTE: Limitations on and additions to the agent's pov	vers may be included in this power of attorney if
they are specifically described below.)	
	· · · · · · · · · · · · · · · · · · ·
	the following powers or shall be modified or limited
in the following particulars:	
(NOTE: Here you may include any specific limitations	
conditions on the sale of particular stock or real estate	or special rules on borrowing by the agent.)
<ol><li>In addition to the powers granted above, I g</li></ol>	
(NOTE: Here you may add any other delegable power	
exercise powers of appointment, name or change bene	eficiaries or joint tenants or revoke or amend any
trust specifically referred to below.)	
•	

(NOTE: Your agent will have authority to employ other persons as necessary to enable the agent to

1329057574 Page: 4 of 9

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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 atterney.

(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 14, 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 physicial that you are incapacitated, when you want this power to first take effect.)

7. () This power of attorney shall terminate on October 31, 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, re	esign or recese to accept the office
of agent, I name the following (each to act alone and successively, in t	he order named) as successor(s)
to such agent:	(0)
v	
	· C-
***************************************	

For 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 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.

1329057574 Page: 5 of 9

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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: 10/14/13	
Signed Minh Way	
Walk Desay	
(NOTE: This power of atformey will not be effective unless it is signed by at leas signature is notarized, using the form below. The notary may not also sign as a	
The undersigned witness certified that known to me to be the same person who principal to the foregoing power of altorney, appeared before me and the notary signing and delivering the instrument as the free and voluntary act of the princip purposes therein set forth. I believe him or her to be of sound mind and memory witness also certifies that the witness is not. (a) the attending physician or ment or a relative of the physician or provider; (b) and owner, operator, or relative of an health care facility in which the principal is a parient or resident; (c) a parent, sibspouse of such parent, sibling, or descendant of either the principal or any agent under the foregoing power of attorney, whether such relationship is by blood, mean agent or successor agent under the foregoing power of attorney.	y public and acknowledged bal, for the uses and y. The undersigned al health service provider in owner or operator of a bling, descendant, or any aft or successor agent
Dated: 10/14/14 Mat	H William
Q <sub>r</sub>	Witness
(NOTE: Illinois requires only one witness, but other jurisdictions may require inc you wish to have a second witness, have him or her certify and sign here:)	or than one witness. If
(Second witness) The undersigned witness certifies that known to me to whose name is subscribed as principal to the foregoing power of attorney, apper notary public and acknowledged signing and delivering the instrument as the free principal, for the uses and purposes therein set forth. I believe him or her to be demony. The undersigned witness also certifies that the witness is not: (a) the amental health service provider or a relative of the physician or provider; (b) and of an owner or operator of a health care facility in which the principal is a patient sibling, descendant, or any spouse of such parent, sibling, or descendant of eith agent or successor agent under the foregoing power of attorney, whether such marriage, or adoption; or (d) an agent or successor agent under the foregoing power.	ee and voluntary act of the of sound mind and attending physician or ewner, operator, or relative t or resident; (c) a parent, ner the principal or any relationship is by blood,
Dated:	
	Witness

1329057574 Page: 6 of 9

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Lifornia all-purpose acki ************************************	NOWLEDGMENT CIVIL CODE §	
State of California		
County of Los Angeles		
, , ,	Erica Gonzalez Notary Public,	
personally appeared Mark Dessy  Name(s) of Signer(s)		
ERICA MICHELLE GON. ALEZ Commission # 2016127 Notary Public - California Los Angeles County My Comm. Expires Mar 29, 2017.	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.	
Place Notary Seal Above	Signature.	
Though the information below is not required	d by law, it may prove valuable to porsons relying on the document oval and reattachment of this force of the comment.	
Description of Attached Document Title or Type of Document:	oval and realiachment of this form 7 diviner document.	
- •	Number of Fages.	
Cimpay(a) Ohiou Thom Atomost About	O <sub>K</sub>	
Capacity(ies) Claimed by Signer(s)		
Signer's Name:	Signer's Name:	
Signer's Name:  □ Corporate Officer — Title(s):		
☐ Corporate Officer — Title(s):	Corporate Officer — Title(s):	
☐ Corporate Officer — Title(s):	☐ Corporate Officer — Title(s):  ☐ Individual ☐ Individual ☐ OF SIGNER	
☐ Corporate Officer — Title(s): ☐ Individual ☐ Corporate Officer — Title(s): ☐ RIGHT THU OF SIG	☐ Corporate Officer — Title(s):  ☐ Individual ☐ Individual ☐ OF SIGNER ☐ OF SIGNER	
□ Corporate Officer — Title(s): □ Individual □ Partner — □ Limited □ General Top of thus	☐ Corporate Officer — Title(s):  ☐ Individual ☐ Partner — ☐ Limited ☐ General ☐ Top of thumb here	
☐ Corporate Officer — Title(s): ☐ Individual ☐ Partner — ☐ Limited ☐ General ☐ Attorney in Fact ☐ Corporate Officer — Title(s): ☐ Individual ☐ FIGHT THU OF SIG	☐ Corporate Officer — Title(s):  ☐ Individual ☐ Partner — ☐ Limited ☐ General ☐ Attorney in Fact ☐ Corporate Officer — Title(s): ☐ RIGHT THUMEPRINT. OF SIGNER. Top of thumb here	
☐ Corporate Officer — Title(s): ☐ Individual ☐ Partner — ☐ Limited ☐ General ☐ Attorney in Fact ☐ Trustee	☐ Corporate Officer — Title(s):  ☐ Individual ☐ Partner — ☐ Limited ☐ General ☐ Attorney in Fact ☐ Trustee	

1329057574 Page: 7 of 9

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) SS. )	
whose name is subscribe witness(es) whose principles witness in the principles witness in the principles of the principles witness in the principles in the principles	cove county and state, certifies that known to ed as principal to the foregoing power of attorney, (and and acknowledged signing and delivering the ipal, for the uses and purposes therein set forth (, and agent(s)).
	Notary Public
۲,	
ude spesimen signature	our agent and successor agents to provide specimenes in this power of attorney, you must complete the
004	I certify that the signatures of my agent (and successors) are genuine.
	(principal)
	(principal)
	(principal)
	the person preparing this form or who assisted the inserted below.)
	y public in and for the all whose name is subscribe witness(es)

1329057574 Page: 8 of 9

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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;
- (4) 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 must 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:
  - (2) do any act Leyoud 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 authorized;
  - (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:

by 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."

1329057574 Page: 9 of 9

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#### **EXHIBIT "A"**

LOT 269 IN JOHN P. ALTGELD'S SUBDIVISION OF BLOCKS 1 TO 4, THE NORTH 1/2 OF BLOCK 6 AND ALL OF BLOCK 7 LYING NORTHEASTERLY OF THE · CENTER LINE OF LINCOLN AVENUE SUBDIVISION BY EXECUTOR'S OF W. E. JOINES, IN SECTION 29, TOWNSHIP 40 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS. OTE FOR IL.

CKA: 1309 W. BARN.

PIN: 14-29-110-006