2月プUNOFFICIAL COPY

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



Doc#: 1330155107 Fee: \$54.00 RHSP Fee: \$9.00 RPRF Fee: \$1.00

Karen A.Yarbrough

Cook County Recorder of Deeds
Date: 10/28/2013 03:39 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 Ac. 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 mancial 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 Atconey 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.



1330155107 Page: 2 of 9

UNOFFICIAL COPY

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:

Sinitials

Oberty Of County Clerk's Office Principal's initials

1330155107 Page: 3 of 9

UNOFFICIAL COPY

ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

1. I, Ping Wang at 1005 Gahum Ct, McLean, VA >21.2

(insert name and address of Principal)

hereby revoke all prior powers of attorney for property executed by me and appoint: Michael Ye at 1001 Galium Ct. McLean UA > 2102 (insert name and address of agent)

(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 2-4 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 transactions.
- (b) Financial institution transactions.
- (c) Stock and bond transactions.
- (d) Tangible personal property transactions.
- (e) Safe deposit box transaction:
- (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.
- (1) Business operations.
- (m) Borrowing transactions.
- (n) Estate transactions.
- (o) All other property transactions.

(NOTE: Limitations on and additions to the agent's powers may $p_{\mathcal{C}}$ 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.)

3.	In	addition	to	the	powers	granted	above,	I	grant	my	agent	the
followi	nα	nowers -										

(NOTE: Here you may add any other delegable powers including, without limitation, power to make gifts, exercise powers of appointment, name or

1330155107 Page: 4 of 9

UNOFFICIAL COPY

change beneficiaries 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 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 rersons whom my agent may select, but such delegation may be amended or evoked 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 me, 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 $\frac{10-18-2013}{2}$
(NOTE: Insert a future date or event during your litetime, 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 10 20-2013
(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 prysician 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:
For purposes of this paragraph 8, a person shall be considered to be

UNOFFICIAL COPY

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 actorney who is authorized to practice law in Illinois.)

11. The Notice to $A_{JC,n}t$ is incorporated by reference and included as part of this form.

Dated:

Signed

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.)

Dated:

Signed

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:)

UNOFFICIAL COPY

(Second	witness)	The	undersigned	witness	certifies	
		_, known	to me to be	the same	person whose	name is
subscribed	l as principa	L to the	foregoing pow	er of atto	rney, appeared	i before
me and t	the notary p	ublic ar	id acknowledge	ed signing	and deliver	ing the
instrument	as the free	and volu	intary act of	the princi	pai, for the	uses and
purposes	therein set f	orth. I	believe him o	or her to	pe or sound t	nina ana
memory. T	he undersigne	i witness	also certific	es that th	dor or a rela	not: (a)
the atten	ding physicia	n or men	tal health ser an owner, oper	ator or re	alative of an	owner or
the physic	cian or provid	er; (D) (an owner, oper llity in which	the princ	cipal is a pa	tient or
operacor	(c) a nearch	sihlin	g, descendant,	or any s	pouse of such	parent,
eiblico	or descendant	of eitl	her the princ	ipal or an	ly agent or s	uccessor
agent up u	er the forego	ina power	of attorney,	whether su	ich relationsh	ip is by
blood, ma	rrlage, or ac	option;	or (d) an age	nt or succ	essor agent u	nder the
foregoing	power of atto	rney.				
, ,	0/					
	10/12/	N13				
Dated:	14:3/2					
_	1 m					
Signed		<u>/c-</u>				
•	(Second wi	cness				
		6				
		0,				
State of	})_			
	OF COLUMBIA)	SS.	τ_{\sim}			
County of						
The u	ndersigned, a	notary p	public in and	for the ab	ove county an	d state,
certifies	that <u>Pim</u>	wang	, kas	wn to me t	to be the sam	e person
whose nam	ne is subscri	oed as p	rincipal to t	le foregon	ng power of a	ittorney,
appeared	before me and	the wit	ness(es) in	1 L L420	d acknowledged	gianina
(and	Caperi Gu	THA .	s the free and	l volumery	acknowledged	cincinal
and deliv	ering the ins	cae there	in set forth,	and cardf	ied to the con	rectness
of the gi	gnature(s) of	the agent	t(s)).			
or one ba			- (-,, -		4,	
Dated:	Oct. 18.	2013			0.	
			_	01.1	1 10 10	•
				Masser	Z h. I selde	
				No	tary Public	
						1
My, co	mmission expir	es	Prince	ar qua		0
	ent ent		ELIZABETH A. BALD	WIN		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	interior de la constant de la consta		Motary Public, Distri	of of Columbia	:	
		- 4	My Commission Exp	ires 6/14/2015		

1330155107 Page: 7 of 9

UNOFFICIAL COPY

(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	I certify that the signatures					
	agent (and successors)	of my agent (and suc ress ors)					
		are genuine.					
,	3 9/C						
	(agent)	(principal)					
	Aagemy	(principal)					
		\					
	(succesfor agent)	(principal)					
	Q _a						
	(successor agenc)	(principal)					
	Ox	•••••••					
	(NOTE: The name, address,	and phone number of the person preparing this for					
		cipal in completing this form should be inserte					
	below.) AND MAIL TO:						
	Name: PING WANG	0/					
	Address: 1005 GALIUM CT,	McLEAN VA 22102-1106					
	The same	0,					
	Phone:						
		Office Office					
		<u>C/</u>					
		O .					
		~/ / /					
		0.					
		//:-					
		1/0					

UNOFFICIAL COPY

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 parton who has authority to make health care decisions for the principal to carry but 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 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 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 us: those special skills and expertise when acting for the principal. You must usclose 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.

1330155107 Page: 9 of 9

UNOFFICIAL COPY

LEGAL DESCRIPTION

EXHIBIT "A"

File Number: PTC16439

THE LAND REFERRED TO HEREIN BELOW IS SITUATED IN THE COUNTY OF COOK, STATE OF ILLINOIS, AND IS DESCRIBED AS FOLLOWS:

PERMANENT INDEX NO .:

17-03-220-020-1452

UNIT CONDOMINIUM AS DESCRIBED PARCELS OF REFERED TO SPACE ILLINOIS (HEREINAFTER REFERRED TO PARCEL"): PARTS OF THE LAND PROPERTY AND SPACE AT AND ABOVE THE SURFACE OF THE EARTH, LOCATED WITHIN THE BOUNDARIES PROJECTED VERTICALLY UPWARD AND DOWNWARD FROM THE SURFACE OF THE EARTH OF A PARCEL AND COMPRISED OF LOT 17 (EXCEPT THE EAST 16 FEET ALL OF LOTS 18 TO 28 INCLUSIVE IN LAKE CHICAGO, A SUBDIVISION OF PART CHICAGO, A SUBDIVISION OF CECTION 3 THE SCUTH FRACTIONAL 1/4 OF FRACTIONAL SECTION 3, TOWNSHIP 39 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, ALSO LOTS 1 TO 4 INCLUSIVE IN COUNTY CLERK'S DIVISION OF THE WEST 300 FEET OF THAT PART OF LOTS 16, 17, 18 AND 19 IN BLOCK 14 LYING EAST OF THE LINCOLN PARK BOULEVARD IN THE CANAL TRUSTEES' SUBDIVISION OF THE SOUTH FRACTIONAL 1/4 OF FRACTIONAL SECTION 3, TOWNSHIP 19 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, CONVEYED BY DEED DATED JULY 27, 1973 AND RECORDED IN THE OFFICE OF THE RECORDER OF DEEDS OF COOK COUNTY, ILLINOIS ON JULY 30, 1973 AS DOCUMENT NO. 22418957, FROM JOHN HANCOCK MUTUAL LIFE INSURANCE COMPANY, A MASSACHUSETTS CORPORATION, TO LASALLE BANK, A NATIONAL BANKING ASSOCIATION NOT INDIVIDUALLY BUT AS TRUSTEE UNDER TRUST AGREEMENT DATED FEBRUARY 15, 1973 AND KNOWN AS TRUST NUMBER 45450; WHICH SURVEY THEREINAFTER CALLED SURVEY IS ATTACHED AS EXHIBIT "A" TO THE DECLARATION OF CONDOMINIUM, OWNERSHIP, EASEMENTS, COVENANTS AND RESTRICTIONS AND BY-LAWS TO 175 EAST DELAWARE PLACE, CHICAGO, ILLINOIS (HEREINAFTER CALLED "DECLARATION") RECORDED ON AUGUST 10, 1973 IN THE OFFICE OF THE RECORDER OF DEEDS OF COOK COUNTY, ILLINOIS AS DOCUMENT NO. 22434263, TOGETHER WITH AN UNDIVIDED PERCENTAGE INTEREST IN THE PARCEL (EXCEPTING FROM THE PARCEL ALL THE PROPERTY AND SPACE COMPRISING ALL THE UNITS AS DELINEATED AND SET FORTH IN THE DECLARATION AND SURVEY), IN COOK COUNTY, ILLINOIS.

175 E. DELAWARE PLACE, UNIT 7003, CHICAGO IL 60611