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IL STATUTORY SHORT FORM POWER OF ATTORNEY



Doc#: 1332919089 Fee: \$50.00 RHSP Fee: \$9.00 RPRF Fee: \$1.00 Karen A. Yarbrough

Cook County Recorder of Deeds Date: 11/25/2013 02:44 PM Pg: 1 of 7

Preparer File: FATIC No.:

13045020 0003



ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

1. Jodi Tomer	(insert name and address of principal)			
Hereby revoke all prior powers of attorney for property executed by n	ne and appoint:			
Melanie Davis, Attorney at law	(insert name and address of agent)			
(NOTE: You may not name co-agents using this form) as my attorname (in any way I could act in person) with respect to the folk "Statutory Short Form Power of Attorney for Property Law" (including on or additions to the specified powers inserted in paragraph 2 or 3 be	g all amendments), but subject to any limitations			
(NOTE: You must strike out any one or more of the following called have. Failure to strike the title of any category will cause the power agent. To strike out a category you must draw a line through the title	rescribed in that category to be granted to the			
(A) Real estate transactions. (B) Financial institution transactions. (C) Stock and bond transactions. (D) Fangible personal property transactions. (E) Safe deposit box transactions. (F) Insurance and annuity transactions. (C) Retirement plan transactions. (H) Social Security, employment and military service benefits. (I) Tax matters (J) Claims and litigation. (K) Commedity and option transactions. (L) Business operations. (M) Borrowing transactions. (N) Estate transactions.	Aborreys' Title Guaranty Fund, Inc. 18. Wactor Dr., STE 2400 Cliengo, II, 60606-4650 Attalisearch Department			
(O) All other property transactions.				

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.)

None. All powers needed to close property at 565 W Quincy Ave, #1712, Chicago, IL 60661.

17-16-113-015-1219

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3. In addition to the powers greated at the gran my agent the following powers. (NOTE: Here you may add any other delegable powers of appointment, name or chance beneficiaries or ioint tenants or revoke or amend any trust specifically referred to below.) All powers granted needed to close property at 565 W Quincy Ave, #1712, Chicago IL 60661.
(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 altorney.
(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 health, onless a limitation on the beginning date or duration is made by initiating and completing one or both of paragraph: 6 and 7.)
6. () This power of attorney shall become effective on 0 c+ 14, 2.013
(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 incapacitalled, when you want this power to first take effect.) 7. (1) This power of allocacy shall terminate as:
7. () This power of allorney shall terminate on 40-a p town c 105 ing of unit 1212 (NOTE: Insert a future date or event such as a could determine the country of the count
written determination by your physician that you are not incapacitation 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 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.

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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

(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 Signed: (Principal (NOTE: This power of attorney will not be effective unless \(\forall \) 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 undersign a vitness certifies that 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: (NOTE: Illinois requires only one witness, but other j risdictions may require more 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 known to me to be the same person whose name is subscribed as principal to the foregoing ower of attorney, appeared before me and the notary public and acknowledged signing and delivering the instrument as ine iree 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 mentan ealth service provider or a relative of the physician or provider: (b) an owner, operator, or relative of an owner of provider of a health care facility in which the principal is a patient or resident; (c) a parent, sibling, descendant, or any species 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. Signed Dated: (Witness)

agent.

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STATE OF ILLINOIS, COUNTY OF _	(o e5) \$S		
The undersigned, a notary public in a known to me to be the same person wappeared before me and witness(es) person and acknowledged signing an uses and purposes therein set forth (,	hose name is sub AGN o d delivering the in	scribed as principal to <u>Orいこ</u> (and _ strument as the free a	the foregoing power and voluntary act of the) in ne principal, for the
OFFICIAL SEAL STEPHANIE R. RODGERS Notary Public State of Illinois My Commission Sypires 12-31-2016	1.1	Haple Notary Public	ani R.	Rodges
My commission expires: (NOTE: You may, but are not require below. If you include specimen signal signatures of the agents.)	131 16 ed to, request your tures in this powe	r of attorney, you mus	it complete the certific	cation opposite the
Specimen signatures of agen. (2.16' successors)		I certify that the signatures of my agent (and successors) are genuine.		
·	C			
(agent)	00/		(principal)	
(successor agent)		<u>C</u>	(principal)	
(successor agent)		4Dx	(principal)	
(NOTE: The name, address, and phocompleting this form should be insert Name: Address: City/State/Zip: Phone:				

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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 chance beneficiaries or joint tenants or revoke or amend any trust specifically referred to below.)
All powers granted needed to close property at 565 W Quincy Ave, #1712, Chicago IL 60661. (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 light 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 allorney 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 off 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 americed or revoked by you at any time and in any manner. Absent amendment or revocation, the authority granted in this power of allorney 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 initiating and completing one or both of paragraphs 6 and 7.) 6. () This power of attorney shall become effective on (NOTE, Insert a luture 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 variathis power to first take effect. Welliky 4. 7. (1) This power of attorney shall terminate on (NOTE: Insert a future date or event, such as a court determination that you are not under a legate ability or a written determination by your physician that you are not incapacitated, if you want this power to learning 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.)

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.

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 acc atone and successively, in the order named) as successor(s) to such agent:

(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.

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(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"

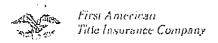
The meaning of the powers granted to you is contained in Section 3-4 of the Illinois Power of Attorney Act, which is incorporated by reference into the body of the power of attorney for property document.

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."

(f) The requirement of the signature of a witness in addition to the principal and the notary, imposed by Public Act 91-790, applies only to instruments executed on or after June 9, 2000 (the effective date of that Public Act).

(NOTE: This amendatory Act of the 96th General Assembly deletes provisions that referred to the one required witness as an "additional witness", and it also provides for the signature of an optional "second witness".) (Source: P.A. 96-1195, eff. 7-1-71.)



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UNOFFICIAL COPY ATTORNEYS' TITLE GUARANTY FUND. INC.

LEGAL DESCRIPTION

Permanent Index Number: Property ID: 17-16-113-015-1219

Property Address:

565 W. Quincy St., Unit 1712, 5L-1712 Chicago, IL 60661

Legal Description:

Parcel 1: Unit No. 1712, together with the exclusive right to the use of Storage Locker No. SL-1712, a limited common element, in the 565 W. Quincy Condominium, as delineated and defined on the Plat of Survey of the following described real estate: The West 10 inches of Lot 15 and all of Lots 16, 17–18, 19, 20 and 21 in the Subdivision of Block 46 of the School Section Addition to Chicago in Section 16, Township 39 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois; which Survey is attached as Exhibit "D" to the Declaration of Condominium recorded December 23, 2008 as Document No. 0835831047, and amended by that certain 1st Amendment dated February 20, 2009 and recorded February 24, 2009 as Document No. 0905531047, and as amended from time to time, together with their undivided percentage interest in the common elements.

Parcel 2: Non-exclusive easements appurtenant to and for the benefit of Parcel 1, as created by the Declaration of Covenants, Conditions and Reciprocal Easements for 565 W. Quincy Street, Chicago, Illinois dated April 9, 2009 and recorded April 14, 2009 as Document No. 0910444041, as more particularly described and defined therein, as amended from time to time.