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IL STATUTORY SHORT FORM **POWER OF ATTORNEY**



Doc#: 1414233001 Fee: \$46.00 RHSP Fee:\$9.00 RPRF Fee: \$1.00

Karen A.Yarbrough

Cook County Recorder of Deeds Date: 05/22/2014 08:06 AM Pg: 1 of 5

CO CONT ILL INOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

1. I, Vladislav Gokhberg, 925 Cliff Rd., Eagan, VIN 55123

(insert name and address of

principal)

Hereby revoke all prior powers of attorney for property accuted by me and appoint:

Margarita Gokhberg, 3170 N. Sheridan Rd., #803, Chicag J. IL.

(insert name and address of agent)

(NOTE: You may not name co-agents using this form.) as my attriney-in-fact (my "agent") to act for me and in my name (in any way I could act in person) with respect to the rollowing powers, as defined in Section 3-4 of the "Statutory Short Form Power of Attorney for Property Law" (including an 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 the category to be granted to the agent. To strike out a category you must draw a line through the title of that category.) 750 OFFICO

- Real estate transactions.
- (B) Financial institution transactions.
- (C) Stock and bond transactions.
- (D) Tangible personal property transactions.
- Safe deposit box transactions
- Insurance and annuity transactions.
- (G Retirement plan transactions.
- Social Security, employment and military service benefits.
- Tax matters

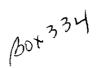
3

- Claims and litigation.
- Commodity and option transactions.
- (L) Business operations.
- (M) Borrowing transactions.
- Estate transactions. (A)
- 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.)





IL Statutory Short Form Power of Attorney 7.1.11



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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 and deliver mortgages, notes, HUD Settlement Statements, Closing Statements, ALTA Statements,				
and all other paper and documents, all in connection with the mortgage financing, and acquisition and purchase				
of the real estate legally described herein commonly known as Unit 808 & P-70, 225 S. Sangamon, Chicago, 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.)				
. My agent shall have the right by written instrument to delegate any or all of the foregoing powers involving iscretionary decision-making to any person or persons whom my agent may select, but such delegation may be mended or revoked by any agent (including any successor) named by me who is acting under this power of attorney the time of reference.				
(NOTE: Your agent will be entitled to reimbursoment for all reasonable expenses incurred in acting under this power of attorney. Strike out paragraph 5 if you do not wont 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 vill 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 onMay 14, 2014				
(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 rime take effect.)				
7. () This power of attorney shall terminate on July 3, 2014				
(NOTE: Insert a future date or event, such as a court determination that you are not under a legal are spility 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 agents 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.)				



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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.)

engage i	n the practice of law unles	is he or she is a license	ed attorney who is authorize	ed to practice law in Illinois.)
	Notice to Agent is incorpor		included appoint of this form	
Dated:	May 8, 2014 May 7, 2014	Signed:	1. Machin	
		(Princ	cipal) Vladislav Gokhberg	
(NOTE: T notarized	This power or attorney will, using the form below. Th	I not be effective unles ne notary may not also	is it is signed by at least or sign as a witness.)	ne witness and your signature is
same per notary pu for the us witness a of the phy which the Jescenda	es and purposes therein lso certifies that the witne ysician or provider; (b) a principal is a patient or runt ant of either the principal	cribed as principal to the gring and delivering the set for his believe him as is not: (a) the attendant owner, operator, or a seident; (c, a potent, signs any agent or concepts.	e foregoing power of attornine instrument as the free at or her to be of sound mind ding physician or mental her relative of an owner or ope bling, descendant, or any stars agent under the foregoing	known to me to be the ey, appeared before me and the nd voluntary act of the principal, and memory. The undersigned alth service provider or a relative erator of a health care facility in pouse of such parent, sibling, or oing power of attorney, whether ent under the foregoing power of
Dated:	May 8,201		HOURSON DE	M 9 1
		(vviiile		OFF.

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EVA MARIE PARTINGTON **Notary Public**

Minnesota My Comm. Expires STATE OF MINNESOTA, COUNTY OF _________ Jan 31, 2017) SS The undersigned, a notary public in and for the above county and state, certifies that Vladislav Gokhberg known to me to be the same person whose name is subscribed as principal to the foregoing power of attorney, appeared before me and 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)). My commission expires: (NOTE: You may, but are not require attermental your agent and successor agents to provide specimen signatures below. If you include specimen signature in this power of attorney, you must complete the certification opposite the signatures of the agents.) Specimen signatures of agent (and successor) I certify that the signatures of my agent (and successors) are genuine. (agent) (principal) (successor agent)

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

Name:

Neal M. Ross

Address:

Dated:

670 N Clark Street Suite 300

(Successor agent)

Chicago, IL 60654

Phone:

(312) 280-6901



(principal)

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UNIT NUMBERS 808 AND P-70 IN ZEN CONDOMINIUM, AS DELINEATED ON SURVEY OF THE FOLLOWING DESCRIBED PARCEL OF REAL ESTATE:

LOTS 9, 10. 11 AND THE SOUTH 1/2 OF LOT 12 IN BLOCK 13 IN DUNCAN'S ADDITION TO CHICAGO, A SUBDIVISION OF THE EAST 1/2 OF THE NORTHEAST 1/4 OF SECTION 17. TOWNSHIP 39 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS:

WHICH SURVEY IS ATTACHED AS EXHIBIT "B" TO THE DECLARATION OF CONDOMINIUM RECORDED JUNE 29 2007 AS DOCUMENT NUMBER 0718003072, AS AMENDED FROM TIME TO TIME, TOGETHER WITH THEIR UNDIVIDED PERCENTAGE INTERESTS IN THE COMMON ELEMENTS, IN COOK COUNTY, ILLINGIS. 3004 Col

PINS:

17-17-220-028-1057

17-17-220-028-1116

225 South Songamin Unit 808, Chys Ill 100607.