

UNOFFICIAL COPY



1415047095

Doc#: 1415047095 Fee: \$50.00  
RHSP Fee: \$9.00 RPRF Fee: \$1.00  
Karen A. Yarbrough  
Cook County Recorder of Deeds  
Date: 05/30/2014 12:10 PM Pg: 1 of 7

40013174 3/5

GIT (S-29)

# POWER OF ATTORNEY



# PROPERTY

Property of Cook County Clerk's Office

PREPARED FOR  
LISA MARIE ANDERSON

## HART DAVID

ATTORNEYS & COUNSELORS

1

**UNOFFICIAL COPY**

**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 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 statements 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 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 it if you do not understand everything in it, and what your agent will be able to do if you do sign it. Please put your initials on the following line indicating that you have read this Notice:

  
\_\_\_\_\_  
(Principal's Initials)

# UNOFFICIAL COPY

## ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

made this 23<sup>rd</sup> day of May, 2014

*LMA*  
 1. I, ~~LISA MARIE~~ ANDERSON, of 9111 W 89<sup>th</sup> Street, in the City of Hickory Hills, County of Cook, State of Illinois, hereby revoke all prior powers of attorney for property executed by me and appoint ~~JONATHAN X~~ HERPY, of 215 West Washington St., in the City of Chicago, County of Cook, State of Illinois, 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 3-4 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 transactions.~~
- ~~(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.~~
- ~~(l) Business operations.~~
- (m) Borrowing transactions.
- ~~(n) Estate transactions.~~
- ~~(o) All other property transactions.~~

2. The powers granted above shall not include the following powers or shall be subject to the following rules of limitations:

**(NOTE: HERE YOU MAY INCLUDE ANY SPECIFIC LIMITATIONS YOU DEEM APPROPRIATE, SUCH AS A PROHIBITION OR CONDITIONS ON THE SALE OF A PARTICULAR STOCK OR REAL ESTATE OR SPECIAL RULES ON BORROWING BY THE AGENT.)**

~~XXXXXXXXXXXX~~ 8716 S. 85<sup>th</sup> Ct.  
HICKORY HILLS, IL 60457

3. In addition to the powers granted above, I grant my agent the following powers:

No Additional Powers Granted

**UNOFFICIAL COPY**

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.
5. My agent shall be entitled to reasonable compensation for services rendered as agent under this Power of Attorney.
6. This Power of Attorney shall become effective May 23<sup>rd</sup>, 2014.
7. This Power of Attorney shall terminate upon my death.
8. If any agent named by me shall die, become incompetent, resign or refuse to accept the office of agent, I name the following individuals, one (1) at a time and in the order named, as my successor agent: (1) **DIANA ANDERSON** located at 9111 West 89<sup>th</sup> Street, Hickory Hills, IL 60457.


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.

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: May 23<sup>rd</sup>, 2014

Signed: 

LISA MARIE ANDERSON

LMA

**UNOFFICIAL COPY**

**(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.)**

*LMA*  
**First Witness:** The undersigned witness certifies that **Lisa Marie Anderson**, 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 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: May 23<sup>rd</sup>, 2014

  
 (Witness Signature)

JOEL J. FUNK  
 (Print Witness Name)

2835 GABRIELLA ST #609  
 (Street Address)

DOWNERS GROVE, IL 60515  
 (City, State, Zip Code)

*LMA*  
**Second Witness:** The undersigned witness certifies that **Lisa Marie Anderson**, 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 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: May 23<sup>rd</sup>, 2014

  
 (Witness Signature)

Preston Patterson

(Print Witness Name)

3929 Brunel Ln  
 (Street Address)

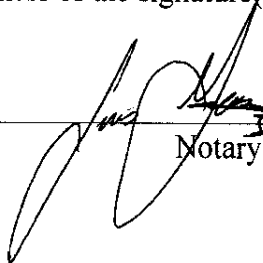
Arundel IL 60822  
 (City, State, Zip Code)

# UNOFFICIAL COPY

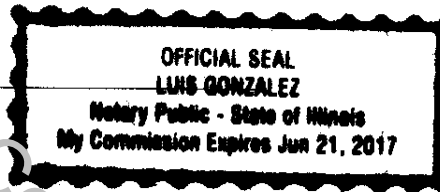
STATE OF ILLINOIS )  
 ) SS  
COUNTY OF COOK )

*Lina* The undersigned, a notary public in and for the above county and state, certifies that ~~LISA MARIE~~ ANDERSON, 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(es) 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: May 23<sup>rd</sup>, 2014

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

My Commission Expires: \_\_\_\_\_



**(NOTE: You may, but are not required to, request your agent and successor agent 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).

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

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

**MAIL TO:**

**This instrument was prepared by:**  
HART & DAVID, LLP  
2748 MAPLE AVENUE  
DOWNERS GROVE, ILLINOIS 60515  
PHONE: (630) 395-9496  
FAX: (630) 395-9451

# UNOFFICIAL COPY

## EXHIBIT A

LOT 30 IN HICKORY HIGHLANDS FIRST ADDITION, BEING A SUBDIVISION OF PART OF THE EAST 1/2 OF THE NORTHEAST 1/4 OF SECTION 2, TOWNSHIP 37 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Property address: 8716 South 85th Court, Hickory Hills, IL 60457  
Tax Number: 23-02-116-010

Property of Cook County Clerk's Office