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POWER OF ATTORNEY

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Doc#: 1418222018 **Fee:** \$52.00
RHSP Fee: \$9.00 **RPRF Fee:** \$1.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 07/01/2014 09:17 AM Pg: 1 of 8

KNOWN ALL MEN BY THESE PRESENTS that **SVETLANA GOFMAN**, ("Grantor") have made, constituted and appointed, and by these presents does make, constitute and appoint **Alexandra Denenberg** or her designee of the City of Northbrook, County of Cook and State of Illinois true and lawful ATTORNEY for grantor and in grantors names, place and stead to execute any and all documents necessary or desirable in connection with the sale of the property located 1525 Sander Ct., unit 207, Wheeling, IL 60090, and as legally described on the reversed side of this document, or in connection with real estate sales contract thereof, and to take all necessary actions with respect thereof, giving and granting unto **Alexandra Denenberg** full power and authority to do and perform all and every act and thing whatsoever, requisite and necessary to be done in connection with the above duties, as fully to all intent and purposes, as Grantor might or could do if personally present at the doing thereof, including the distribution or closing proceeds, with full power of substitution and revocation, hereby ratifying and confirming all that substitute shall lawfully do or cause to be done by virtue hereof. This Power of Attorney shall be effective as of the date hereof and shall terminate upon the closing of the sale of the real estate transaction for the above property.

IN TESTIMONY WHEREOF, Grantors have hereto set his hand and seal on June 19 2014.

[Signature]

SVETLANA GOFMAN

The undersigned witness certifies that the grantor above in 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 or her to be of sound mind, and memory.

[Signature] 6-19-14
Witness Date

STATE OF ILLINOIS }
 }
COUNTY OF Cook }SS.
 }

The undersigned, a notary public in and for the above county and state, certifies that **SVETLANA GOFMAN**, known to me to be the same persons whose name is subscribed as principal to the foregoing power of attorney, appeared before me and the additional witness in person and acknowledged signing and delivering the instrument as the free and voluntary act of the principal, for the uses and purposed therein set forth.

Dated June 19, 2014

Notary Public



Permanent Index Number(s): 03-15-402-055-1025
Address of the Real Estate: 1525 SANDER CT., UNIT 207, WHEELING, IL 60090

THIS INSTRUMENT PREPARED BY AND AFTER RECORDING MAIL TO:
Alexandra Denenberg, 400 Skokie Blvd., Suite 220, Northbrook, Illinois 60062.

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ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

NOTICE: 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 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 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 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:

DL

Daniil Gofman, initials

POWER OF ATTORNEY made this 4th day of March, 2014.

I, Daniil Gofman, 1525 Sander Ct, Apt 207, Wheeling IL 60090, hereby revoke all prior powers of attorney for property executed by me and appoint Svetlana Gofman, 756 S. Providence Ln., Round Lake IL 60073 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

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amendments), but subject to any limitations on or additions to the specified powers inserted in paragraph 2 and 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.~~

(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 (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): No limitations

3. In addition to the powers granted above, I grant my agent the following powers (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): No limitations.

(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 THE NEXT SENTENCE, 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 THE NEXT SENTENCE IF YOU DO NOT WANT YOUR AGENT TO ALSO BE ENTITLED TO REASONABLE COMPENSATION FOR SERVICES AS AGENT.)

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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 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 EITHER (OR BOTH) OF THE FOLLOWING:)

6. (DG) This power of attorney shall become effective March 4, 2014.

7. (DG) This power of attorney shall terminate on MARCH 4, 2015 DG.

(NOTE: IF YOU WISH TO NAME SUCCESSOR AGENTS, INSERT THE NAME(S) AND ADDRESS(ES) OF SUCH SUCCESSOR(S) IN THE FOLLOWING PARAGRAPH.)

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:

Dmitry Sipin
756 S. Providence Ln.
Round Lake IL 60073

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.

(IF YOU WISH TO NAME YOUR AGENT AS GUARDIAN OF YOUR ESTATE, IN THE EVENT A COURT DECIDES THAT ONE SHOULD BE APPOINTED, YOU MAY, BUT ARE NOT REQUIRED TO, DO SO BY RETAINING THE FOLLOWING PARAGRAPH. THE COURT WILL APPOINT YOUR AGENT IF THE COURT FINDS THAT SUCH 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 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: 03.04.2014

Signed: 
Danfil Gofman, principal

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(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 WITNESS)

The undersigned witness certifies that Daniil Gofman, 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 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: 03-04-2014

J. Ledcova

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:)

(Second witness) The undersigned witness certifies that Daniil Gofman, 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 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: 3-4-14

[Signature]

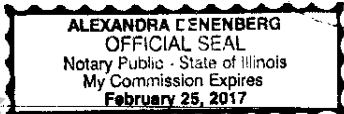
Witness

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State of Illinois)
) SS.
County of Cook)

The undersigned, a notary public in and for the above county and state, certifies that Daniil Gofman, 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) Irina Loden (and Christine Marchuk) 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: 3-4-14



[Signature]

Notary Public

My commission expires: _____

(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 agent (and successors)

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

(agent)

(principal)

(successor agent)

(principal)

(successor agent)

(principal)

(THE NAME AND ADDRESS OF THE PERSON PREPARING THIS FORM SHOULD BE INSERTED IF THE AGENT WILL HAVE POWER TO CONVEY ANY INTEREST IN REAL ESTATE.)

This document was prepared by: JMAIL TO
Alexandra Denenberg, Esq.
Shvartsman Law Offices
400 Skokie Blvd, Suite 380
Northbrook, Illinois 60062
(847) 714-0210

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The following form may be known as "Notice to Agent" and shall be supplied to an agent appointed under a power of attorney for property.

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 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 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.

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LEGAL DESCRIPTION

PARCEL 1:

UNIT 207, AS DELINEATED ON SURVEY PLAT OF THE FOLLOWING DESCRIBED REAL ESTATE (HEREINAFTER REFERRED TO AS PARCEL): THAT PART OF THE WEST 495.0 FEET OF THE SOUTHEAST QUARTER OF THE SOUTHEAST QUARTER OF SECTION 15, TOWNSHIP 42 NORTH, RANGE 11, EAST OF THE THIRD PRINCIPAL MERIDIAN (EXCEPT THE SOUTH 440.0 FEET THEREOF) BOUNDED BY A LINE DESCRIBED AS FOLLOWS: COMMENCING AT THE INTERSECTION OF THE EAST LINE OF THE WEST 495.0 FEET OF THE SOUTHEAST QUARTER OF THE SOUTHEAST QUARTER OF SAID SECTION 15, WITH THE NORTH LINE OF THE SOUTH 440.0 FEET AS AFORESAID, THENCE NORTH 89 DEGREES 52 MINUTES 33 SECONDS WEST, ALONG THE SAID NORTH LINE OF THE SOUTH 440.0 FEET, A DISTANCE OF 160.71 FEET, THENCE NORTH 00 DEGREES 07 MINUTES 27 SECONDS EAST, 34.08 FEET TO THE POINT OF BEGINNING OF THE PARCEL TO BE DESCRIBED; THENCE SOUTH 80 DEGREES 43 MINUTES 49 SECONDS WEST 64.33 FEET; THENCE NORTH 09 DEGREES 16 MINUTES 11 SECONDS WEST, 124.83 FEET; THENCE NORTH 79 DEGREES 01 MINUTES 57 SECONDS WEST, 117.92 FEET; THENCE NORTH 10 DEGREES 58 MINUTES 03 SECONDS EAST, 64.33 FEET; THENCE SOUTH 79 DEGREES 01 MINUTES 57 SECONDS EAST, 131.25 FEET; THENCE NORTH 61 DEGREES 04 MINUTES 10 SECONDS EAST, 131.25 FEET; THENCE SOUTH 28 DEGREES 55 MINUTES 50 SECONDS EAST, 64.33 FEET; THENCE SOUTH 61 DEGREES 04 MINUTES 10 SECONDS WEST, 122.83 FEET; THENCE SOUTH 09 DEGREES 16 MINUTES 11 SECONDS EAST, 122.83 FEET TO THE POINT OF BEGINNING, WHICH SURVEY PLAT IS ATTACHED AS EXHIBIT 'B' TO DECLARATION OF CONDOMINIUM OWNERSHIP MADE BY AMERICAN NATIONAL BANK AND TRUST COMPANY OF CHICAGO, A NATIONAL BANKING ASSOCIATION, AS TRUSTEE UNDER TRUST NUMBER 77199, AND REGISTERED WITH THE REGISTRAR OF TITLES OF COOK COUNTY, ILLINOIS, AS DOCUMENT LR 2951364 TOGETHER WITH AN UNDIVIDED 1.916268 PERCENT INTEREST IN SAID PARCEL (EXCEPTING FROM SAID PARCEL ALL THE LAND, PROPERTY AND SPACE COMPRISING ALL OF THE UNITS THEREOF AS SAID UNITS ARE DELINEATED ON SAID SURVEY PLAT), IN COOK COUNTY, ILLINOIS

ALSO

PARCEL 2:

EASEMENTS APPURTENANT TO AND FOR THE BENEFIT OF PARCEL 1, AS SET FORTH IN THE DECLARATION OF COVENANTS, CONDITIONS AND RESTRICTIONS AND EASEMENTS FOR SANDPEBBLE WALK HOMEOWNER'S ASSOCIATION FILED MAY 12, 1972 AS DOCUMENT NUMBER LR 2622769, AS SUPPLEMENTED BY DOCUMENT NUMBER LR 2839358 AND AS CREATED BY DEED FROM AMERICAN NATIONAL BANK AND TRUST COMPANY OF CHICAGO AS TRUSTEE UNDER TRUST AGREEMENT DATED JANUARY 15, 1973 KNOWN AS TRUST NUMBER 77199 TO ELI ZOLOT AND GUSSIE ZOLOT HIS WIFE AS JOINT TENANTS DATED APRIL 1, 1977 AND FILED OCTOBER 4, 1977 AS DOCUMENT NUMBER LR 2971570 FOR INGRESS AND EGRESS, ALL IN COOK COUNTY, ILLINOIS

Address commonly known as:

1525 Sander Ct., Unit 207

Wheeling, IL 60090

PIN#: 03-15-402-055-1025