

UNOFFICIAL COPY



1428101056

**Mail To:**

Daniel E. Levy  
100 S. Saunders Rd., Suite 150  
Lake Forest, IL 60045

Doc#: 1428101056 Fee: \$52.00  
RHSP Fee: \$9.00 RPRF Fee: \$1.00  
Karen A. Yarbrough  
Cook County Recorder of Deeds  
Date: 10/08/2014 02:50 PM Pg: 1 of 8

-----  
Above for Recorder's Use

First American Title  
Order # 2347737

213

**POWER OF ATTORNEY FOR PROPERTY  
FOR  
FRANCES JIN**

Property of Cook County Clerk's Office

S Y  
P 8  
S H  
SC Y  
INT H

# UNOFFICIAL COPY

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

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 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 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.

  FJ    
Principal's Initials

**UNOFFICIAL COPY****ILLINOIS STATUTORY SHORT FORM****POWER OF ATTORNEY FOR PROPERTY**

POWER OF ATTORNEY made this 22 day of August, 2014

1. I, FRANCIS JIN, as Principal, 717 Emerson St., Apt. A1, Evanston, IL 60201, hereby revoke all prior powers of attorney for property executed by me and appoint, YIPING WANG, of 10570 Sugar Crest Ave, Duluth, GA 30097, (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 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 powers and 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.)

---

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.)

# UNOFFICIAL COPY

- (a) **Gifts.** To make Annual Exclusion Gifts and Medical Exclusion Gifts to any one or more of *my descendants and their spouses in such amounts as the agent considers appropriate.* "Annual Exclusion Gifts" are gifts that qualify for the federal gift tax "annual exclusion" under Code Section 2503(b). Annual Exclusion Gifts to each person in any calendar year shall not exceed the maximum allowable amount of such annual exclusion for an unmarried donor, or twice that amount if I am married at the time of such gift taking into account any election that may be made under Section 529(c)(2)(B) of the Code. "Tuition and Medical Exclusion Gifts" are gifts that qualify for the federal gift tax exclusion under Code Section 2503(e). Gifts permitted under this paragraph to an individual may be made to any trust established for such individual (provided that gifts to such trust qualify for the gift tax exclusion under Section 2503(b) of the Code), to a Uniform Transfers to Minors Act account for such individual (regardless of who is the custodian), to a tuition savings account or prepaid tuition plan as defined under Section 529 of the Code (a "529 Account"), or to a Coverdale Education Savings Account for the benefit of such individual. The "spouse" of any person means the individual legally married to, and not legally separated from, such person on the date of the gift then in question or on the date of the prior death of such person. Referenced to sections of the "Code" refer to the Internal Revenue Code of 1986, as amended from time to time, and include corresponding provisions of subsequent federal tax laws;
- (b) **529 Accounts.** If I am the account owner or responsible person ("the account owner") for a 529 Account, or if my agent is the account owner of a 529 Account to which I or my agent on my behalf has made gifts, to exercise all rights granted to an account owner of a 529 Account, including but not limited to any right to refund the account to me; to approve or disapprove a distribution to the beneficiary; to change the beneficiary provided the new beneficiary of the account or plan is one of my descendants, the spouse of one of my descendants, or a sibling or cousin of the old beneficiary; to change the account owner provided the new account owner is my spouse, one of my descendants, the spouse of one of my descendants, the beneficiary, a sibling, parent, or guardian of the beneficiary, or the trustee of a trust of which the beneficiary is a beneficiary; to change investment options; and to rollover the account to another account under the same program or a program in another state.
- (c) **Other Compensation.** To compensate separately any brokers, attorneys, auditors, depositories, real estate managers, investment advisors and other persons (including my agent and any firm with which my agent is associated without reducing compensation in any capacity).
- (d) **Funding Trust.** To transfer any part or all of my assets to the trustee of any revocable trust of which I am the grantor, including the \_\_\_\_\_ trust.
- (e) **Additional Power(s).** All forms, documents, settlement statements, and other instruments related to the purchase of the property located at 233 E. ERIE, UNIT 1703, CHICAGO, IL 60611, including the execution of mortgage documents for the purchase.

*(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

# UNOFFICIAL COPY

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 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 one or both of paragraphs 6 and 7.)*

6. (  ) This power of attorney shall become effective on August 25, 2014  
*(Note: Insert a future date or event, such as 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 December 31, 2014.  
*(Note: Insert a future date or event, such as court determination of your disability 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(s) and address(es) of such successor(s) 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:

1. Name:
- Address:
- Phone:

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, in the event 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.

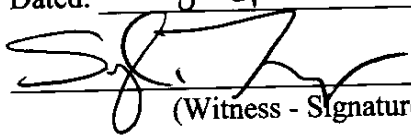
10. I am fully informed as to all the contents of this form and understand the full import of this grant of powers to my agent. *(Note: This form does not authorize your agent to appear in court for you as an attorney-at-law or otherwise to engage in the practice of law unless he or she is a licensed attorney who is authorized to practice law in Illinois.)*

# UNOFFICIAL COPY

11. The Notice to Agent is incorporated by reference and included as part of this form.

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.)*  
The undersigned witness certifies that FRANCIS JIN, 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 certified 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 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: August 22 - 2014 Residing at: 125 South Clark St  
 Chicago IL 60603  
(Witness - Signature)

Sylvia Trapaga  
(Witness - Print Name)

*(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 FRANCIS JIN, 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 certified 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 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: \_\_\_\_\_ Residing at: \_\_\_\_\_  
\_\_\_\_\_  
(Witness - Signature)

\_\_\_\_\_  
(Witness - Print Name)

# UNOFFICIAL COPY

STATE OF ILLINOIS )  
 ) SS.  
COUNTY OF COOK )

The undersigned, a notary public in and for the above county and state, certifies that FRANCIS JIN, 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 additional 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.

**"This is an original document"**

Dated: 22 August 2014

[Signature]  
Notary Public



[Signature]  
State of Illinois - County of Cook  
Signed and attested before me on 8/22/14 (Date) by  
Francis Jin

(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 correct.

\_\_\_\_\_  
(Agent)  
\_\_\_\_\_  
(Successor Agent)  
\_\_\_\_\_  
(Successor Agent)

\_\_\_\_\_  
(Principal)  
\_\_\_\_\_  
(Principal)  
\_\_\_\_\_  
(Principal)

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

This document was prepared by: and Mail to  
Daniel E. Levy  
Attorney at Law  
100 S. Saunders Road, Suite 150  
Lake Forest, IL 60045  
(847) 808-0222

Property of Cook County Clerk's Office

# UNOFFICIAL COPY

## EXHIBIT A

### LEGAL DESCRIPTION

#### Legal Description: PARCEL 1:

UNIT 1703 IN THE STREETERVILLE CENTER CONDOMINIUM, AS DELINEATED ON A SURVEY OF THE FOLLOWING DESCRIBED REAL ESTATE:

ALL OF THE PROPERTY AND SPACE LYING ABOVE AND EXTENDING UPWARD FROM A HORIZONTAL PLANE HAVING AN ELEVATION OF 119.30 FEET ABOVE CHICAGO CITY DATUM (AND WHICH IS ALSO THE LOWER SURFACE OF THE FLOOR SLAB OF THE NINTH FLOOR, IN THE 26 STORY BUILDING SITUATED ON THE PARCEL OF LAND HEREINAFTER DESCRIBED) AND LYING WITHIN THE BOUNDARIES PROJECTED VERTICALLY UPWARD OF A PARCEL OF LAND COMPRISED OF LOTS 20 TO 24 AND LOT 25 (EXCEPT THAT PART OF LOT 25 LYING WEST OF THE CENTER OF THE PARTY WALL OF THE BUILDING NOW STANDING THE DIVIDING LINE BETWEEN LOTS 25 AND 26), TOGETHER WITH THE PROPERTY AND SPACE LYING BELOW SAID HORIZONTAL PLANE HAVING AN ELEVATION OF 119.30 FEET ABOVE CHICAGO CITY DATUM AND LYING ABOVE A HORIZONTAL PLANE HAVING AN ELEVATION OF 118.13 FEET ABOVE CHICAGO CITY DATUM (AND WHICH PLANE COINCIDES WITH THE LOWEST SURFACE OF THE ROOF SLAB OF THE 8 STORY BUILDING SITUATED ON SAID PARCEL OF LAND) AND LYING WITHIN THE BOUNDARIES PROJECTED VERTICALLY UPWARD OF THE SOUTH 17.96 FEET OF AFORESAID PARCEL OF LAND, ALL IN THE SUBDIVISION OF THE WEST 394 FEET OF BLOCK 32, (EXCEPT THE EAST 14 FEET OF THE NORTH 80 FEET THEREOF), IN KINZIE'S ADDITION TO CHICAGO IN SECTION 10, TOWNSHIP 39 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS; WHICH SURVEY IS ATTACHED AS EXHIBIT "A" TO THE DECLARATION OF CONDOMINIUM RECORDED AS DOCUMENT NUMBER 26017897 TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS.

#### PARCEL 2:

EASEMENT FOR THE BENEFIT OF LOT 25 OF THE RIGHT TO MAINTAIN PARTY WALL AS ESTABLISHED BY AGREEMENT BETWEEN EDWIN B. SHELDON AND HEATON OWSLEY RECORDED AUGUST 11, 1892 AS DOCUMENT 1715549 ON THAT PART OF LOTS 25 AND 26 IN KINZIE'S ADDITION AFORESAID OCCUPIED BY THE WEST 1/2 OF THE PARTY WALL, IN COOK COUNTY, ILLINOIS.

#### PARCEL 3:

EASEMENT FOR INGRESS AND EGRESS FOR THE BENEFIT OF PARCEL 1 AS SET FORTH IN THE DECLARATION OF COVENANTS, CONDITIONS, RESTRICTIONS AND EASEMENTS DATED OCTOBER 1, 1981 AND RECORDED OCTOBER 2, 1981 AS DOCUMENT 26017894 AND AS CREATED BY DEED RECORDED AS DOCUMENT 26017895.

Permanent Index #'s: 17-10-203-027-1083 Vol. 0501

Property Address: 233 East Erie Street, Unit 1703, Chicago, Illinois 60611