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Doc#: 1434647074 Fee: \$92.00
RHSP Fee: \$9.00 RPRF Fee: \$1.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 12/12/2014 11:07 AM Pg: 1 of 10

GTT (10-9)

ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

1. I, **JOHN FITZSIMMONS of 954 Dunhill Road, Grayslake, IL 60030**

Hereby revoke all prior STATUTORY powers of attorney for property executed by me and appoint

SANDRA FITZSIMMONS of 954 Dunhill Road, Grayslake, IL 60030

(NOTE: You may not name co-agents using this form)
As my attorney-in-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 AGENTS 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):

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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):

The power to execute and sign, in my behalf and in my name a mortgage and note, as well as all associated mortgage documents, to be secured by property located at 2518 N. Willetts Court, Unit GS, Chicago, IL 60647 and to ensure that the property is conveyed to myself and Sandra Fitzsimmons. My agent shall further have the power to execute and sign, in my behalf and in my name, any and all closing statements, including a HUD closing statement as well as any affidavits and documents necessary by the Title company conducting the closing.

(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 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 ENDING 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 execution

(NOTE: Insert a future date or event during your lifetime, 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.)

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7. () This power of attorney shall terminate 30 days after the closing date. _____

(NOTE: Insert a future date or event, such as court determination that you are not under a legal disability or a written determination by your physician that you are not incapacitated, when you want this power to terminate prior to your 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 (each to act alone and successively in the order named) as successor(s) to such agent:

My daughter, Stephanie Fitzsimmons

For purposes of 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.

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.)

Dated: 29 Oct 2014

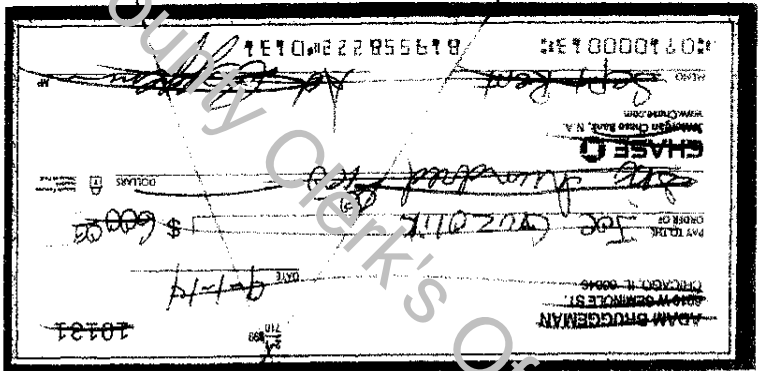


JOHN FITZSIMMONS

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Not part of the Notarized Document



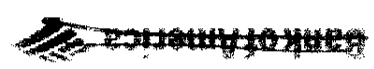
Description: ~~BRF AMERICA ATM 09/08 #00005601~~
~~DEPOSIT CUMBERLAND NORRIDGE II~~

~~Type: Deposit~~

~~Amount: 5,000.00~~

~~Post date: 09/08/2014~~

~~Checking-4910: Account Activity Transaction Details~~



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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 A WITNESS.**)

The undersigned witness certifies that **JOHN FITZSIMMONS**, 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 of mental health service provider of 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 a 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: 10/29/14 Joseph J. Stahl 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:)~~

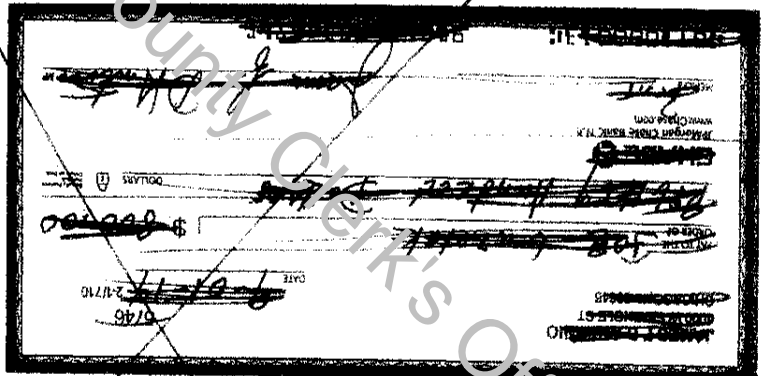
~~(Second Witness) The undersigned witness certifies that **JOHN FITZSIMMONS**, known to me to be the same person whose name is subscribed as principal to the foregoing power of attorney, appeared before me and the notary public and acknowledged signing and delivering the instrument as the free and voluntary 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 of mental health service provider of 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 a 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: _____ Witness~~

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Not paid
+ has recorded



~~Description: BKOFAMERICA/ATM 09/08 #80005561
DEPOSIT CHIMBERLAND NORRIDGE II~~

~~Type: Deposit~~

~~Amount: 5,000.00~~

~~Post date: 09/08/2014~~

~~Checking 4910: Account Activity Transaction Details~~



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AGENT'S CERTIFICATION AND ACCEPTANCE OF AUTHORITY

I, **SANDRA FITZSIMMONS**, certify that the attached is a true copy of a power of attorney naming the undersigned as agent or successor agent for **JOHN FITZSIMMONS**.

I certify that to the best of my knowledge the principal had the capacity to execute the power of attorney, is alive, and has not revoked the power of attorney, that my powers as agent have not been altered or terminated; and that the power of attorney remains in full force and effect.

I accept the appointment as agent under this power of attorney.

This certification and acceptance is made under penalty of perjury.*

Dated: 10-29-14



SANDRA FITZSIMMONS

*(NOTE: Perjury is defined in Section 32-2 of the Criminal Code of 1961, and is a Class 3 felony.)

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EXHIBIT A

PARCEL 1: UNIT GS TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS IN 2518-20 N. WILLETTS CONDOMINIUM AS DELINEATED AND DEFINED IN THE DECLARATION RECORDED AS DOCUMENT NO. 0636109080, AS AMENDED, IN THE SOUTHWEST 1/4 OF SECTION 25, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PARCEL 2: EXCLUSIVE USE FOR PARKING PURPOSES IN AND TO PARKING SPACE NO. 2G, A LIMITED COMMON ELEMENT, AS SET FORTH AND DEFINED IN SAID DECLARATION OF CONDOMINIUM AND SURVEY ATTACHED THERETO, IN COOK COUNTY, ILLINOIS.

PARCEL 3: EASEMENTS APPURTENANT TO AND FOR THE BENEFIT OF PARCEL 1 AS SET FORTH AND DEFINED IN THE DECLARATION OF EASEMENTS RECORDED AS DOCUMENT NO. 0636109079 FOR INGRESS AND EGRESS, ALL IN COOK COUNTY, ILLINOIS.

Property address: 2518 North Willetts Court Unit GS, Chicago, IL 60647

Tax Number: 13-25-315-063-1002

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