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Karen A. Yarbrough

Cook County Recorder of Deeds

Date: 01/22/2015 09:46 AM Pg: 1 of 6

ILLINOIS STATUTORY
SHORT FORM RNE.
COUNTY CIERTS OFFICE POWER OF ATTORNEY FOR PROPERTY

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ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

and address of principal) hereby revoke all prior powers of attorney for property executed by me an appoint: PHILIP CHOW	name
appoint Fritiin CHOW	đ
(insert name and address of agent)	****
(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) respect to the following powers, as defined in Section 3-4 of the "Smaller Shades" act in person).	
respect to the following powers, as defined in Section 3-4 of the "Statutory Short Form Power of Atto Property Law" (including all amendments), but subject to any limitations an according to any limitations and additional statements.	NIO None de la
powers is red in paragraph 2 or 3 below:	ied
(NOTE: You must strike out any one or many and	
(NOTE: You must strike out any one or more of the following categories of powers you do not want y agent to have. Fillure to strike the title of any category will cause the powers described in that category be granted to the agent. To strike out a category you must draw a line through the title of that category.	our ory to
(a) Pool astatut	D'.)
(a) Real estate transactions.	
(b) Financial institution that sactions. (c) Stock and bond transactions.	
(d) Tanging pomerals	
(d) Tangible personal property unasactions. (e) Safe deposit box transactions.	
(f) Insurance and annuity transactions.	
(g) Retirement plan transactions.	
(II) Obcidi Secilifiv employment and a transfer in the second sec	
(j) Claims and litigation	
(k) Commodity and option transactions	
(I) DUSINGSS progrations	
(m) Borrowing transactions	
(n) Estate transactions	
.(o) All other property transactions.	
(NOTE: Live of	
(NOTE: Limitations on and additions to the agent's powers may be included in this power of attorney if are specifically described below.)	they
2. The province	
2. The powers granted above shall not include the following powers or shall be modified or limited in	the
(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 as a prohibition or	
conditions on the sale of particular stock or real estate or special rules on borrowing by the agent.)	
by the agent.)	
	*1-1
3. In addition to the powers amount above 1	
(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 tenants or revoke or amend any tenants or revoke or amend any tenants.	C
The state of the s	

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(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 extitled to reasonable compensation for services rendered as agent under this power of attorney.

(NOTE: This power of altomey r.a) be amended or revoked by you at any time and in any manner. Absent amendment or revocation, the autisority granted in this power of attorney will become effective at the time this power is signed and will continue antil 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

(NOTE: Insert a future data or event during your lifting such as a court determination of your disability or a written determination by your physician that you are incorpacitated, when you want this power to first take

7. () This power of attorney shall terminate on

(NOTE: Insert a future date or event, such as a court determination that you are not under a legal 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 and endress of each successor agent in paregraph 8.)

8. If any agent named by me shall die, become incompetent, resign or refuse to accep; the office of agent, I name the following (each to act alone and successively, in the order named) as successo (s) to such agent:

purposes of paragraph 8, a person shall be considered to be incompetent if and while the person is a mirror 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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Witness

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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.) 11. The Notice to Agent Is incorporated by reference and included as part of this form. Dated: Decruber 8 (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 by lew. The notary may not also sign as a witness.) The undersigned witness certifies that TC NY CHUNG KAY CHANG 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 orth. 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 privider, (b) an owner, operator, or relative of an owner or operator of a health care facility in which the princip 11: 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: December 8, 2014 V/itness (NOTE Illinois requires only one witness, but other funsdictions may require more than one vitness. If you wish to have a second witness, have him or her certify and sign here:) (Second witness) The undersigned witness certifies that, known to me to be the same person whose name is subscribed as principal to the foregoing power of attorney, appeared outpre 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:

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State ofIllinois		
County of Cook SS.		
The undersigned, a notary public in and factor also		
The undersigned, a notary public in and for the about the foregoing power of attorney, appeared before me a cand as the free and voluntary act of the principal, for the us the correctness of the signature(s) of the accent(s).	and the witness(es) Promise	albed as buucibal to
of the agent(a)	NICOLE TAN	In (, and certified to
Notary F	FFICIAL SEAL Public - State of Illinois ommission Expires ofember 08, 2017	
in commission expires 7/3/2617	Member 08, 2017	Notary Public
(NOTE: You may, but are not required to, request your a signatures or love. If you include specimen signatures in the signatures of the agents.)	igent and successor agents to p this power of attorney, you must	rovide specimen complete the
Specimen signatures r		
agent (and successors)	certify that the signatures of my agent (and successors)	
Ox	are genuine.	d successors)
(agent)	**********	
	(principa	al)
(successor agent)	181 869218-6694881-64481-C	
4	(principa	ц)
(successor agent)		
	(principa	l)
(NOTE: The name, address, and phone number of the personnicipal in completing this form should be inserted	on preparing this form or who a	ssisted the
and mast to	tialric)	4.0
Name: PHILIP CHOW, Attorney at Law	9	
Address 2323 S. Wentworth Avenue	C,	•
Chicago, IL 60616	0	
	74,	
312-842-0300	7,0	
Phone:		

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LEGAL DESCRIPTION:

PARCEL 1:

UNIT 2216 IN LAKE POINT TOWER CONDOMINIUM, AS DELINEATED ON A SURVEY OF THE FOLLOWING DESCRIBED REAL ESTATE:
A PART OF LOT 7 IN CHICAGO DOCK AND CANAL CO'S PESHTIGO DOCK ADDITION IN SECTION 10, TOWNSHIP 39 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, WHICH SURVEY 13 ATTACHED AS EXHIBIT 'A' TO THE DECLARATION OF CONDOMINIUM RECORDED AS DOCUMENT NO 88309162 AND AS AMENDED FROM TIME TO TIME, TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS, IN COOK COUNTY, ILLINOIS.

PARCEL 2:

EASEMENTS FOR THE BENEFIT OF PARCEL 1 FOR THE PURPOSES OF STRUCTURAL SUPPORT, INGRESS AND EGRESS, AND UTILITY SERVICES AS SET FORTH IN DECLARATION OF COVENANTS, CONDITIONS, RESTRICTIONS AND EASEMENTS MADE BY AMERICAN NATIONAL BANK AND TRUST COMPANY OF CHICAGO, AS TRUSTEE UNDER TRUST AGREEMENT DATED JANUARY 7, 1988 AND KNOWN AS TRUST NUMBER 1043-99-09, DATED JULY 13, 1988 AND RECORDED JULY 14, 1988 AS DOCUMENT 88309160.

P.I.N. 17-10-214-016-1538

Commonly known as 505 N. Lake Shore Drive, Unit 2216, Chicago, IL 60611