



Doc#: 1510501008 Fee: \$48.00
RHSP Fee: \$9.00 RPRF Fee: \$1.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 04/15/2015 09:24 AM Pg: 1 of 6

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

PLEASE READ THIS NOTICE CAREFULLY.
THE FORM 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 POWERS TO PLEDGE,
SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY, EVEN WITHOUT YOUR
CONSENT OR ANY ADVANCE NOTICE TO YOU. WHEN USING THIS STATUTORY SHORT FORM,
YOU MAY NAME SUCCESSOR AGENTS, BUT YOU MAY NOT 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:

EC
PRINCIPAL'S INITIALS

S Y
P 6
S N
SC Y
INTA EB

CT 155A390544UP UP MUM 2013

CT Box 334

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POWER OF ATTORNEY made this 25th day of March, 2015

1. I, Elizabeth Treacy, of 161 E. Chicago Avenue, Unit 57H in Chicago, IL 60611 hereby revoke all previous powers of attorney for property executed by me and appoint:

Joseph R. Ziccardi, of 77 W. Washington Street, Suite 705, Chicago, Illinois 60602,

(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):
None.

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 all documents, including without limitation the RESPA, affidavits, closing statements, or other documents at the closing of the transaction to purchase the property at 161 E. Chicago Avenue, Unit 31H, in Chicago, Illinois 60611.

(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

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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 either (or both) of the following:

6. EC This power of attorney shall become effective on March 26, 2015 at 12:00 p.m.

(NOTE: Insert a future date or event during your lifetime, such as a 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. EC This power of attorney shall terminate upon the completion of the closing.

(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 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 successors) to such agent: Brendon I. Martin, Esq., 20 N. Clark Street, Suite 1100, Chicago IL 60602-4193.

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, 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.)

Signed Elizabeth Treacy
Elizabeth Treacy

Date 3/25/15

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(NOTE: This power of attorney will not be effective unless it is notarized and signed by at least one additional witness, using the form below:

The undersigned witness certifies that Elizabeth Treacy, 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: 3-27-15

Signed: [Signature]
Witness

The undersigned witness certifies that Elizabeth Treacy, 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: 3-25-15

Signed: [Signature]
Witness

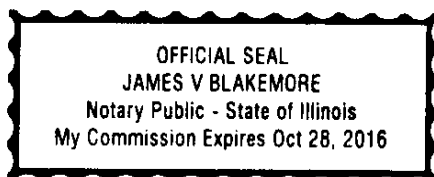
State of Illinois)
) SS
County of Cook)

The undersigned, a notary public in and for the above county and state, certifies that Elizabeth Treacy, 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: 3-25-15

[Signature]
Notary Public

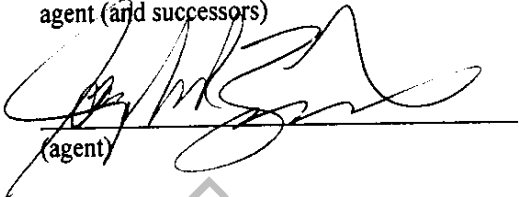
My commission expires: 10-28-16



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(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.)

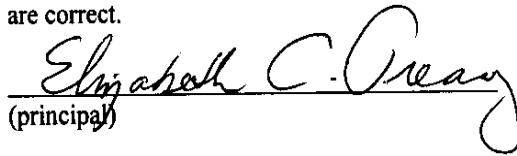
Specimen signatures of agent (and successors)


(agent)

(successor agent)

(successor agent)

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


(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: Joseph R. Zircardi, Esq.
77 W. Washington Street, Suite 705
Chicago, Illinois 60602-4193
Telephone: 312-372-4477

The requirement of the signature of a witness in addition to the principal and the notary, imposed by Public Act 91-790, applies only to instruments executed on or after June 9, 2000 (the effective date of that Public Act).

(NOTE: This amendatory Act of the 96th General Assembly deletes provisions that referred to the one required witness as an "additional witness," and it also provides for the signature of an optional "second witness.") (Source: P.A. 96-1195, effective 7-1-11)

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LEGAL DESCRIPTION

Order No.: 15SA3905424LP

For APN/Parcel ID(s): 17-10-200-068-1058

PARCEL 1:
UNIT 31H IN 161 CHICAGO AVENUE EAST CONDOMINIUM, AS DELINEATED ON A SURVEY OF THE FOLLOWING DESCRIBED REAL ESTATE: PART OF VARIOUS LOTS IN OLYMPIA CENTRE SUBDIVISION OF VARIOUS LOTS AND PARTS OF VACATED ALLEYS IN BLOCK 54 IN KINZIE'S ADDITION TO CHICAGO, BEING A SUBDIVISION IN SECTION 10, TOWNSHIP 39 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN; WHICH SURVEY IS ATTACHED AS EXHIBIT 'B' TO THE DECLARATION OF CONDOMINIUM RECORDED AS DOCUMENT 85080173, TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS, IN COOK COUNTY, ILLINOIS.

PARCEL 2:
EASEMENTS FOR INGRESS AND EGRESS, SUPPORT AND UTILITIES INCLUDING EASEMENTS FOR OPERATION, REPAIR, MAINTENANCE AND REPLACEMENT OF ELEVATOR PITS, SHAFTS, EQUIPMENT, ETC., ALL AS DEFINED AND DECLARED IN DECLARATION OF COVENANTS, EASEMENTS, CHARGES AND LIENS FOR OLYMPIA CENTRE DATED JUNE 27, 1985 AND RECORDED JUNE 27, 1985 AS DOCUMENT 85080144 OVER AND ACROSS VARIOUS LOTS AND PORTIONS OF LOTS IN OLYMPIA CENTRE SUBDIVISION IN SECTION 10, TOWNSHIP 39 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

County Clerk's Office