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IL STATUTORY SHORT FORM POWER OF ATTORNEY

Doc#: 1510641081 Fee: \$44.00 RHSP Fee:\$9.00 RPRF Fee: \$1.00

Karen A.Yarbrough

Cook County Recorder of Deeds

Date: 04/16/2015 02:34 PM Pg: 1 of 4

Preparer File: FATIC No.:

ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

. I, CAROLYN NGUYEN	(insert name and address of principal)
Hereby revoke all prior powers of attorney for property	
ZACHARY ELMAN	(insert name and address of agent)
name (in any way I could act in person) with respe	n. as my attorney-in-fact (my "agent") to act for me and in my ect to the following powers, as defined in Section 3-4 of the Law" (including all amendments), but subject to any limitations agraph 2 c.? below:
NOTE: You must strike out any one or more of the lave. Failure to strike the title of any category will caugent. To strike out a category you must draw a line th	following categories of powers you do not want your agent to use the powers described in that category to be granted to the trough the title of that category.)
(A) Real estate transactions relating to property k	ocated at 1728 N Maplewood, Chicago, IL 60647.
NOTE: Limitations on and additions to the agent's pecifically described below.)	powers may be included in this power of attorney if they are
The powers granted above shall not include the for articulars;NONE	ollowing powers or shall be modified or limited in the following
	<u>C</u>
s. In addition to the powers granted above, I grant my a	agent the following powers:
	ent to delegate any or all of the foregoing powers involving

amended or revoked by any agent (including any successor) named by me who is acting under this power of attorney

FIRST AMERICAN TITLE order #



at the time of reference.

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 My agent shall be entitled to reasonable compensation attorney. 	for services rendered as agent under this power of
6. () This power of attorney shall become effective on	FEBRUARY 2, 2015
7. () This power of attorney shall terminate on	FEBRUARY 2, 2016
3. If any agera named by me shall die, become incompetent, he following (each to act alone and successively, in the	
For purposes of this paragre, th. 8, a person shall be considered or an adjudicated incompeter, or disabled person or the person obusiness matters, as certified by a licensed physician. NOTE: If you wish to, you may nume your agent as guardian appointed. To do this, retain paragraph, 9, and the court will apwill serve your best interests and welfare. Strive out paragraph	n is unable to give prompt and intelligent consideration n of your estate if a court decides that one should be point your agent if the court finds that this appointment
 If a guardian of my estate (my property) is to be appoint attorney as such guardian, to serve without bond or socurity. 	ed, I nominate the agent acting under this power of
10. I am fully informed as to all the contents of this form and usagent. NOTE: This form does not authorize your agent to appear is engage in the practice of law unless he or she is a licensed attr	n court for you as an attorney-at-law or otherwise to
1. The Notice to Agent is incorporated by reference and include	led ಒs ಸರ್ಕ of this form.
Dated: 1-/6-/5 Signed: Company (Principal)	lyn Tignyes
NOTE: This power of attorney will not be effective unless it is notarized, using the form below. The notary may not also sign a	s signed by at least one witness and your signature is
The undersigned witness certifies thatCAROLYN NGUYEN same person whose name is subscribed as principal to the fore notary public and acknowledged signing and delivering the instor the uses and purposes therein set forth. I believe him or he witness also certifies that the witness is not: (a) the attending post the physician or provider; (b) an owner, operator, or relating which the principal is a patient or resident; (c) a parent, sibling descendant of either the principal or any agent or successor as such relationship is by blood, marriage, or adoption; or (d) an autorney. Dated:	egoing power of attorney, appeared of or or me and the strument as the free and voluntary act of the principal, er to be of sound mind and memory. The undersigned hysician or mental health service provide or a relative re of an owner or operator of a health care facility in descendant, or any spouse of such parent, sibling, or agent under the foregoing power of attorney, whether agent or successor agent under the foregoing power of
NOTE: Illinois requires only one witness, but other jurisdiction	
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



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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: (Witness) STATE OF ILLINOIS, COUNTY OF LOOK The undersigned, a notary public in and for the above county and state, certifies that CAROLYN NGUYEN known to me to be the same person: whose name is subscribed as principal to the foregoing power of attorney, appeared before me and witness(es) D/WE S/ILARAS (and ______) 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 ce tifind to the correctness of the signature(s) of the agent(s)). Dated: 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.) I certify that the signatures of my agent (and Specimen signatures of agent (and successors) successo s) are genuine. (agent) (principal (successor agent) (principal) (successor agent) (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.) Mail to: Name: Michael B. Elman & Associates, Ltd. 10 S. LaSalle Street Suite 1420 Address: Chicago, IL 60603 Phone:



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EXHIBIT A

LEGAL DESCRIPTION

Legal Description: LOT 36 IN J.W. HAMBLETON'S SUBDIVISION OF BLOCK 6 IN JOHNSTON'S SUBDIVISION OF THE EAST 1/2 OF THE SOUTHEAST 1/4 OF SECTION 36, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index #'s: 13-36-421-023-0000 Vol. 0531

Property Address: 1728 N Maplewood Ave, Chicago, Illinois 60647

Dropperty of Cook County Clark's Office