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TLLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

Doc#: 1518133022 Fee: \$46.00 RHSP Fee:\$9.00 RPRF Fee: \$1.00

Karen A. Yarbrough

Cook County Recorder of Deeds Date: 06/30/2015 09:55 AM Pg: 1 of 5

Prepared By and after Recording Return to:

Steven K. Norgaard, P.C. 493 Duane Street, #400 Glen Ellvn, IL 60137

1. I, MICHAEL P. ELLIS, 11998 East South Avenue, Walkerton, IN 46574

hereby

appoint:

my attorney, STEVET, & NORGAARD, 493 Duane Street, 4th Floor, Glen Ellyn, Illinois 60137

as my attorney-in-fact (my ngent") 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 anendments), but subject to any limitations on or additions to the specified powers inserted in paragraph 2 or 2 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 describ d v tt at 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.

(e) Stock and bond transactions.

- (d) Tangible personal property transactions.
- (e) Safe deposit box transactions.

(f) Insurance and annuity transactions.

- (g) Retirement plan trar sactions.
- (h) Social security, employ nent and (m) Borrowing transactions. military service benefit s.
- (i) Tax matters.
- (j) Claims and litigation.

(k) Commodity and option transactions.

- (1) Business operations.
- (n) Estate transactions.
- (e) 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.

Note: 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 deer appropriate, such as a prohibition or conditions on the sale of particular stock or real estate or special ru'es 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

My agent shall have all powers necessary to close the purchase transaction for the residential real estate commonly known as 1017 Maple Street, Western Springs, Illinois 60558, legally described on the exhibit "A" attached hereto, including the power to sign the mortgage loan documents and any and all loan documents, including the HUD-1 Settlement Statement on my behalf.

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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 the next sentence, 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 on 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 Paragraphs 6 and 7.

6. (W)	This power of attor	rncy shall become	effective: <u>imn</u>	mediately.		
MOME:	I C. A.	data on occount described	warm lifety ma or the ga	a count datarmina	stion of your disability.	or a unitton determi	nation t

your physician that you are incapacitated, when you want to is power to first take effect.

7. (This power of attorney shall terminate. August 31, 2015.

NOTE: Insert a future date or event during your lifetime, such as a court de er nination 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 and address of each su cessor agent in the following Paragraph 8.

None

8. If any agent named by me shall die, become incompetent, resign or refuse co-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:

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 nampt and intelligent consideration to business matters, as certified by a licensed physician.

NOTE: If you wish to 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. 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 engage in the practice of law unless he or she is a licensed attorney who is authorized to practice law in Illinois.

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Signed:

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

•	- Ma (3.2)						
	Michael D. Ellis						
NOTE: This power of attorney will not be effective unless it is signe form below. The notary may not also sign as a witness.	d by at least one witness and your signature is notarized, using the						
signing and delicering the instrument as the free and voluntary believe him color to be of sound mind and memory. The undersi physician or ment chealth service provider or a relative of the physician or ment chealth service provider or a relative of the physician of each page of cibling or descendant of either the principle.	b. Ellis known to me to be the same person torney, appeared before me and the notary public and acknowledged act of the principal, for the uses and purposes therein set forth. I gned witness also contifies that the witness is not: (a) the attending yisician or mental health service provider (b) an owner, operator, or he patient is a patigut or resident (c) a parent, sibling, descendant or notipal or any agent or successor agent under the foregoing power of the continuous or (d) an agent or successor agent under the foregoing power of the continuous or (d) any agent of the continuous o						
NOTE: Illinois requires only one witness, but offer jurisdictions may require more than one witness. If you wish to have a second witness, have him or her certify and sign here:							
and acknowledged signing and delivering the instrument as the therein set forth. I believe him or her to be of sound mind and he (a) the attending physician or mental health service provider or owner, operator, or relative of an owner or operator or a health or any spaces of such pagent shiping or descendent or any spaces of such pagent shiping or descendent.	known to me to be evoing power of attorney, appeared before me and the notary public free and voluntary act of the principal, for the uses and purposes rony. The undersigned witness also certifies that the witness is not a relative of the physician or mental health service provider; (h) an are facility in which the patient is a patient or resident; (c) a parent, dant of the principal or any agent or successor agent under the linearing example of the principal or any agent or successor agent under the Witness						
State of TUNOUS) SS. County of COOLC)	750						
The undersigned, a notary public in and for the above county and set the same person whose name is subscribed as principal to the for person and acknowledged signing and delivering the instrumer purposes therein set forth (and certified to the correctness of the significant purposes).	pregoing power of attorney, appeared before mo and the witness(es) in at as the free and voluntary act of the principal. For the uses and						
Dated: 6 -12 -2015, 2015	Notary Public						
(SEAL)	My commission expires /2/5/2016						

This document was prepared by: Steven K. Norgaard 493 Duane Street, Suite 400 Glen Ellyn, Illinois 60137 Tel.630.545.1005, Fax 630.545.1051

"OFFICIAL SEAL"
GONNIE J. BOSTROM
Notery Public, State of Illinois
My Commission Expires Dec. 05, 2016

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Notice to Agent

When you accept the authority granted under this power of attorney a special legal relationship, known as agency, is created between you and the principal. Agency imposes upon you duties that continue until you resign or the power of attorney is terminated or revoked.

As agent you must:

- (1) do what you know the principal reasonably expects you to do with the principal's property;
- (2) act in good faith for the best interest of the principal, using due care, competence, and diligence;
- (3) keep a complete and detailed record of all receipts, disbursements, and significant actions conducted for the principal;
- (4) attempt to preserve the principal's estate plan, to the extent actually known by the agent, if preserving the plan's consistent with the principal's best interest; and
- (5) cooperate with a person who has authority to make health care decisions for the principal to carry out the principal's reas rable expectations to the extent actually in the principal's best interest.

As agent you must not do any of the ollowing:

- (1) act so as to create a conflict of interest that is inconsistent with the other principles in this Notice to Agent;
 - (2) do any act beyond the authority granted in this power of attorney;
 - (3) commingle the principal's funds with your funds;
 - (4) borrow funds or other property from the principal, unless ot ierwise authorized;
- (5) continue acting on behalf of the principal if you learn of any event that terminates this power of attorney or your authority under this power of attorney, such as the death of the principal, your legal separation from the principal, or the dissolution of your marriage to the principal.

If you have special skills or expertise, you must use those special skills and expertise when acting for the principal. You must disclose your identity as an agent whenever you act for the principal by writing or printing the name of the principal and signing your own name "as Agent" in the following manner:

(Principal's Name) by (Your Name) as Agent"

The meaning of the powers granted to you is contained in Section 3-4 of the Illinois Power of Attorney Act, which is incorporated by reference into the body of the power of attorney for property document. If you violate your duties as agent or act outside the authority granted to you, you may be liable for any damages, including attorney's fees and costs, caused by your violation.

If there is anything about this document or your duties that you do not understand, you should seek legal advice from an attorney.

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LEGAL DESCRIPTION

Order No.: 15WNW230048CS

For APN/Parcel ID(s): 18-06-218-001-0000

For Tax Map ID(s):

218-001-000,
1-218-001-0000,
1-218-001-0000,
25TERN SPRINGS, A RESU
ANGE 12 AND PART OF SECTIC.
1SHIP 38 NORTH, RANGE 12, EAST C.
101S.

1017 maple St
Western Spring All 66558 LOT 34 IN BLOCK 22 IN WESTERN SPRINGS, A RESUBDIVISION OF THE EAST 1/2 OF SECTION 6, TOWNSHIP 35 NORTH, RANGE 12 AND PART OF SECTIONS 31, TOWNSHIP 39 AND RANGE 12 AND SECTION 32, TOWNSHIP 38 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, I LINOIS.