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Doc#: 1521810058 Fee: \$50.00 RHSP Fee: \$9.00 RPRF Fee: \$1.00

Karen A. Yarbrough

Cook County Recorder of Deeds

Date: 08/08/2015 11:36 AM Pg: 1 of 7

ILLINOIS STATUTORY SHORT FORM

POWER OF ATTORNEY FOR PROPERTY

LOT 18 IN RIDGE TERRACE, A SUBDIVISION OF LOT 1 IN THE COUNTY CLERK'S DIVISION OF THAT PART OF THE NORTHWEST FRACTIONAL 1/4 OF SECTION 7, TOWNSHIP 41 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN LYING EAST OF COUNTY OR RIDGE ROAD BEING THE EAST 10.48 ACRES OF LOT 3 IN THE ASSESSOR'S DIVISION OF FRACTION SECTION 7, TOWNSHIP 41 NORTH KANGE 14, GL CO EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PIN: 11-07-104-018-0000

Prepared by: Meredith Rawling

DOO ON

Mail to:

Perl Mortgage, INC.

2936 W. Belmont Ave.

Chicago, IL 60618

Loan # 1021503PM082238 & 1021503PM082362

FIRST AMERICAN TITLE

2598778

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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:

Principal's initials

ILLINOIS STATUTORY SHORT FORM **POWER OF ATTORNEY FOR PROPERTY**

MC5P

1. I, Murielle C. Standley-DeCaillet 724 Clinton Pl, Evanston, IL 60201, hereby revoke all prior powers of attorney for property executed by me and appoint: Richard Standley, of 724 Clinton PI, Evanston, IL 60201,

as my attorney-in-fact (my "agent") to act for ne 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 amendme its), but subject to any limitations on or additions to the specified powers inserted in paragraph 2 or 3 belov/:

(NOTE: You must strike out any one or more of the following cat cories 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 or left of the original of the 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.
- (i) Claims and litigation.
- ---(k) Commodity and option transactions.
- (I) Business operations.
- (m) Borrowing transactions.
- (n) Estate transactions.
 - (o) All other property 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.)

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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.)
3. In addition to the powers granted above, I grant my agent the following powers:
To mortgage or otherwise encumber the property commonly known as of 821 Milburn St, Evanston, IL
60201, or any rights, title or interests to the Property on any terms or considerations which my said attorney shall think proper, and to execute any instruments necessary to effectuate such purchase
transaction, including, but not limited to, mortgages and deeds of trust, and specifically to obtain two
mortgage loans from Perl Mortgage inc, its successors and/or assigns as their interests may appear, in
the amounts of \$417,000 and \$123,007 on or about June 25, 2015 through July 25, 2015.
GIVING AND GRANTING to our atto ne / full general power and authority to do and perform
each and every act, deed, matter and thing viralsoever in and about our property, as fully and as
effectively to all intents and purposes as we might or could in our own proper person do if personally
present.
I/We do hereby declare that any act or thing lawfull, rone hereunder by our said attorney shall
be binding on me/us, my/our heirs, legal and personal representatives and my/ours assigns, whether
the same shall have been done before or after my death or other revocation of this instrument, unless
and until reliable intelligence or notice thereof shall have been received by our said attorney.
$O_{\mathcal{F}}$
(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

(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

acting under this power of attorney at the time of reference.

reasonable compensation for services as agent.)

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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 one or both of paragraphs 6 and 7.)

MS

6. () This power of attorney shall become effective on

June 5, 2015

(NOTE: Insert a future of the or event during your lifetime, such as a court determination of your disability or a written determination of; your physician that you are incapacitated, when you want this power to first take effect.)

MS

7. () This power of attorney shall cerminate on

July 15, 2015

(NOTE: Can't be longer than 60 days after affective date and no shorter than 30 days)

(NOTE: If you wish to name one or more successor agents, insert the name and address of each successor agent in paragraph 8.)

and agent names by me shall are, become alcompete it, resign of relate to accept tile	OTTICE OF
agent, I name the following (each to act alone and successively, in the order named) as successively, in	ssor(s) to
such agent:	
NONE.	• • • • • • • • • • • • • • • • • • • •
For purposes of paragraph 8, a person shall be considered to be incorrectent if and whe person is a minor or an adjudicated incompetent or disabled person or the person is unable to	

(NOTE: If you wish to, you may name your agent as guardian of your estate if a court deciries 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.)

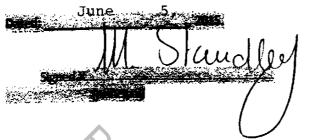
prompt and intelligent consideration to business matters, as certified by a licensed physician.

- 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.)

JNOFFICIAL COPY

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



(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 (e.) iffes that Mar in like C. Standles 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. ann M. Chenmenger

State of Illinois

The undersigned, a notary public in and for the above county and state, certifies that Murielle Standley-DeCaille 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(se) Ann M. 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: June 5, 2015

My commission expires 8./1.4/2017

Notary Public

(NOTE: You may, but are not required to, request your agent and successor agents to provide specimen

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

Name:

John A. Keating, attorney

Address:

2822 Central Street, Suite 300

Evanston, Illinois 60201

Phone: .

847-475-0100

"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;

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EXHIBIT A

LEGAL DESCRIPTION

Legal Description: LOT 18 IN RIDGE TERRACE, A SUBDIVISION OF LOT 1 IN THE COUNTY CLERK'S DIVISION OF THAT PART OF THE NORTHWEST FRACTIONAL 1/4 OF SECTION 7, TOWNSHIP 41 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN LYING EAST OF COUNTY OR RIDGE ROAD BEING THE EAST 10.48 ACRES OF LOT 3 IN THE ASSESSOR'S DIVISION OF FRACTION SECTION 7, TOWNSHIP 41 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index #'s: 11-07-104-018-0000 Vol. 0056

1 Milbur Or Cook County Clerk's Office Property Address: 821 Milburn, Evanston, Illinois 60201