### **UNOFFICIAL COPY**

AMERICAN LEGAL FORMS © 1990 Form No. 800A CHICAGO, IL (312) 332-1922

tilinais Power of Attorney Act Official Statutory Form 755 ILCS 45 / 4-13 (a). Effective July, 2011 Rovisad June 2011

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

"(Sometimes also referred to in this Act as the "statutory property power")" (Text of Section after amendment by P.A. 96-1195 Eff. 7/1/11) Sec. 3-3.

"PLEASE READ THIS NOTICE CAREFULLY. The form that 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 you, financial affairs, which may include the power to pledge, sell, or dispose of any of your real or personal property, even without your consent or any advance notice to you. When using the Statutory Short Form, you may name successor agents, but you may not name 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, an I significant actions taken as your agent.

Unless you specifically limit the period of ane 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 pourt, 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" paragrap's 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:

(Principal's Initials)"



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Doc#: 1527510014 Fee: \$84.00 RHSP Fee:\$9.00 RPRF Fee: \$1.00

Karen A. Yarbrough

Cook County Recorder of Deeds Date: 10/02/2015 09:32 AM Pg: 1 of 8

**BOX 15** 

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### **UNOFFICIAL COPY**

AMERICAN LEGAL FORMS © 1990 Form No. 8008 CHICAGO, IL (312) 332-1922 Illinois Power of Attorney Act Official Statutory Form 755 HLCS 45 / 4-10 (a), Effective July, 2011 Revised June 2011

# "ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY AGENT'S CERTIFICATION AND ACCEPTANCE OF AUTHORITY"

"(Sometimes also referred to in this Act as the "statutory property power")"
(Text of Section after amendment by P.A. 96-1195 Eff. 7/1/11) Sec. 2-8

Mamor of Attornoon	made this 174h day of September 2015
-	Imonth  (year)
"I,Donald W. Devitt	(insert name of agent)
certify that the attached is a true copy of a powe	r of attorney naming the undersigned as agent or successor agent for
Andrew Kenneth Light	(insert name of principal)
	e the principal had the capacity to execute the power of attorney, is alive, and has not as agent have not been altered or terminated; and that the power of attorney remains in
This certification and accept( nc) is made	under penalty of perjury.*
Dated: September 17, 2015  (Agent's Signature)	30 West Monroe Street, Suite 600 Chicago, IL 60603 (Agent's Address)
DONALD W. DEVITT	(Lighting Additional)
DONALD VV. DEVITT	
(Text of Section after "Notice to Agent. The following form may be power of attorney for property.  When you accept the authority granted under this power of accept the authority granted under this power or principal. Agency imposes upon you duties that continued as agent you must  (1) do what you know the principal reasonably (2) act in good faith for the best interest of the (3) keep a complete and detailed record of all (4) attempt to preserve the principal's estate place best interest; and (5) cooperate with a person who has authority expectations to the extent actually in the principal.	The Criminal Code of 1351, and is a Class 3 felony.)"  By amendment by P.A. 96-1195 F.f. 7/1/11) Sec. 3-3 11. (e)  Iknown as "Notice to Agent" and shall be supplied to an agent appointed under a  NOTICE TO AGENT  Iver of attorney a special legal relationship, known as aprincy, is created between you and the nue until you resign or the power of attorney is terminater or revoked.  Expects you to do with the principal's property;  principal, using due care, competence, and diligence;  receipts, disbursements, and significant actions conducted for the principal;  an, to the extent actually known by the agent, if preserving the plan is consist intivith the principal's to make health care decisions for the principal to carry out the principal's reasonable ipal's best interest as agent
As agent you must not do any of the following:	
(2) do any act beyond the authority granted in (3) commingle the principal's funds with your fi (4) borrow funds or other property from the pri (5) continue acting on behalf of the principal if attorney, such as the death of the principal, your legal If you have special skills or expertise, you must use the	unds;
ANDREW KENNETH LIGHT	DONALD W. DEVITT
"(principat's name)"	"by (your name) as agent"

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### **UNOFFICIAL COPY**

AMERICAN LEGAL FORMS © 1990 Form No. 8008 CHICAGO, IL (312) 332-1922 Illinois Power of Attorney Act Offices Statetory Form 755 ILCS 45 / 4-10 (a), Effective July, 2011 Revised June 2011

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."

"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",)"

Aropenty of Cook County Clark's Office (Source: P.A. 96-1195, eff. 7-1-11.)

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### **UNOFFICIAL COPY**

AMERICAN LEGAL FORMS © 1990 Form No. 800 CHICAGO, IL (312) 332-1922

illinais Power of Attorney Act Official Statutory Form 755 ILCS 45:3-3. Effective July, 2011 Revised June, 2011

#### "ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY"

"(Sometimes also referred to in this Act as the "statutory property power")"
[Text of Section after amendment by P.A. 96-1195 Eff. 7/1/11] Sec. 3-3.

Power of Attorney made this 17th day of September 2015

(yesr!

"1. l	<u>Andrew</u>	Kenneth L	<u>ight, 30</u>	W.	Monroe St.,	Suite	600,	Chicago.	, IL	606	303

(insert name and address of principal)

hereby revoke all prior powers of attorney for property executed by me and appoint:

Donald W. Devitt, 30 W. Monroe St., Suite 600, Chicago, IL 60603

(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) 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 am endments), but subject to any limitations on or additions to the specified powers inserted in paragraph 2 or 3 belo: v:

(NOTE: YOU MUST (NP. KE OUT ANY ONE OR MORE OF THE FOLLOWING CATEGORIES OF POWERS YOU DO NOT WANTYOUR AGENT TO HAVE. FILLURE TO STRIKE THE TITLE OF ANY CATEGORY WILL CAUSE THE POWERS DESCRIBED INTHAT CATEGORY TO BE GRANTED TO THE AGENT. TO STRIKE OUT A CATEGORY YOU MUST DRAW A LINE THROUGH THE TITLE OF THAT CATEGORY.) re: 2529 N. Halsted Street, Unit 1N and P-4

- (a) Real estate transactions. Cricago, IL 60614
- (b) Financial institution transactions.

telk Tengible personal property transparties

(N)XSafadexosit/koxxtexisextickx

- (f) lasurance and appuir transactions.

and a printerexpedition to perform the printerest design of the control of the co

(I) PARKASE SACKSTANEX

(m) Borrowing 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 povers or shall be modified or limited in the following particulars:

(NOTE: HEREYOU MAY INCLUDE ANY SPECIFIC LIMITATIONS YOU DEED APPROPRIATE, SUCH AS A PROHIBITION

OR CONDITIONS ON THE SALE OF PARTICULAR STOCK OR REAL ESTATE OR STECHL RULES ON BORROWING BY THE

AGENT.)	
	10
	O <sub>S</sub>
3. In addition to the powers granted above, I grant	my agent the following powers:
(NOTE: HERE YOU MAY ADD ANY OTHER DELEGAB MAKE GIFTS, EXERCISE POWERS OF APPOINTMENT, NA REVOKE OR AMEND ANYTRUST SPECIFICALLY REFERRED	LE POWERS INCLUDING, WITHOUT LIMITATION, POWER TO AME OR CHANGE BENEFICIARIES OR JOINT TENANTS OF TO BELOW.)
	-

ORIGINAL COPY-WRITTEN FORM WAS PRINTED AS A 4 PAGE BOOKLET \* Page 1 OF 4

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### **UNOFFICIAL COP**

AMERICAN LEGAL FORMS & 1990 Form No. 800 CHICAGO, IL 13121 332-1922

llinois Power of Attorney Act Official Statutory Form 755 iLCS 4445/3-3, Effective July, 2011 Revised June 2011

(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 IFYOU DO NOT WANTYOUR AGENTTO 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

INOTE: TAIS POWER OF ATTORNEY MAY BE AMENDED OR REVOKED BYYOU AT ANYTIME AND IN ANY MANNER. ABSENT AMENDMENT OR REVOCATION, THE AUTHORITY GRANTED IN THIS POWER OF ATTORNEY WILL BECOME EFFECTIVE ATTHET MITHIS POWER IS SIGNED AND WILL CONTINUE UNTIL YOUR DEATH, UNLESS A LIMITATION ON THE BEGINNING DATE OF DURATION IS MADE BY INITIALING AND COMPLETING ONE OF BOTH OF PARAGRAPHS 6

6. (x) This powe	r of atrorney shall become effective on <u>September I7, 2015</u>
NOTE: INSERT A F YOUR DISABILITY OR A V WANTTHIS POWERTO FIF	UTURE DATE OF EVENT DURING YOUR LIFETIME, SUCH AS A COURT DETERMINATION OF VRITTEN DETERMINATION BY YOUR PHYSICIAN THAT YOU ARE INCAPACITATED. WHEN YOU RSTTAKE EFFECT
7.( ) This powe	r of attorney shall cominate on
LEGAL DISABILITY OR A	UTURE DATE OR EVENT, SUCH AS A COURT DETERMINATION THAT YOU ARE NOT UNDER A NRITTEN DETERMINATION BY YOUR PHYSICIAN THAT YOU ARE NOT INCAPACITATED, IF YOU RMINATE PRIOR TO YOUR DEATH:
(NOTE: IFYOU WISH SUCCESSOR AGENT IN P	HTO NAME ONE OR MORE SUCCESSOR AGENTS, INSERTTHE NAME AND ADDRESS OF EACH ARAGRAPH 8.)
8. If any agent nam I name the following (ea	ned by me shall die, become incompetent, resign or refuse to accept the office of agent , ach to act alone and successively, in the order named) as successor(s) to such agent:
	(O <sub>A</sub> ,
	ragraph 8, a person shall be considered to be incompetent if and while the person is a

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 DOTHIS, RETAIN PARAGRAPH 9, AND THE COURT WILL AS POSINITYOUR AGENT IF THE COURT FINDS THAT THIS APPOINTMENT WILL SERVE YOUR BEST INTERESTS AND WELF HE STRIKE OUT PARAGRAPH 9 IFYOU DO NOTWANTYOUR AGENTTO ACT AS GUARDIAN.)

- 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 **AUTHORIZEDTO PRACTICE LAW IN ILLINOIS.)** 

11. The Notice to Agent is incorporated by reference and included as "(a separate)" part of this form.

Dated: September 17, 2015

Signed arher Remeth high (principal) Andrew Kenneth Light

INOTE: 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.)

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Tilinois Power of Attorney Act Official Statutory Form 755 ILCS 4445:3-3. Effective July, 2011 Revised June 2011

The undersigned witness certifies that Andrew Kenneth Light , 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.				
<sub>Dated:</sub> <u>September 17, 201</u> 5	Signed Stubelly Ok dire of			
(NOTE: ILLINOIS REQUIRES ONLY ONE WITNESS, BUT OTHER JURISDICTIONS MAY REQUIRE MORE THAN ONE WITNESS. IFYOU WISHTO HAVE A SECOND WITNESS, HAVE HIM OR HER CERTIFY AND SIGN HERE:)  (Second witness) In a undersigned witness certifies that ANDLEW KEWETH LIGHT, 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 previder 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: September 17, 2015	Signed Nath witness			
State of Indiana	0,			
County of Marion SS.	40.			
The undersigned, a notary public in and for the above c	ounty and state, certifies that Andrew Kenneth Light			
known to me to be the same person whose name is a	subscribed as principal to the foregoing power of attorney,			
appeared before me and the witness(es) KIA	MBERLEY K FREDSLICK			
land KATHRYN SMITH	) in person and acknowled jed 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 ag				
Dated: September 17, 2015  Anne T. Messer (Notary Public)				
My commission expires May 27, 2018  Resident of Hancock County, IN				
(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)  I certify that the signatures of my agent (and successors) are genuine.				
(agent)	(principal)			
(successor agent)	principal}			
(successor agent)	(principal)			
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Illinois Power of Attorney Act Official Statutory Form 755 ILCS 4445/3-3, Effective July 2011 Revised June 2011

(NOTE: THE NAME, ADDRESS, AND PHONE NUMBER O THE PRINCIPAL IN COMPLETING THIS FORM SHOULD BE INS	FTHE PERSON PREPARINGTHIS FORM OR WHO ASSISTED ERTED BELOW.)
Donald Vogel, 30 West Monroe Street, Chicago,	IL 60603
NAME:	ADDRESS
312-255-7200	
PHONE:	
(Source: P.A. 96-1195, eff. 7-1-11.)	
THE SPACE BELOW IS NOT PART OF THE OFFICIAL STATUTORY FORM. IT IS FOR THE AGENT'S U	SE IN RECORDING THIS FORM WHEN NECESSARY FOR THE REAL ESTATE TRANSACTIONS.
STREET ADDRESS	·
CITY STATE	
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OR OCCUPATELY DEGRE DON'S D	
OR RECORDER'S OFFICE BOX NO	
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L	The Above Space for Recorder's Use Only)
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See Legal Description Attached	C/O/H
Ooo Eogal Booshphon / Mashou	'O <sub>/1</sub>
	4
	T'S OFFICE
	$O_{\mathcal{K}_{\alpha}}$
	Co
2520 N. Halatad Ctroot Hait 4N and F	A (Parking) Chicago II 60644
STREET ADDRESS: 2529 N. Halsted Street, Unit 1N and F 14-28-311-092-1001 and 14	
PERMANENT TAX INDEX NUMBER:	
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#### **EXHIBIT A**

Order No.: OC15027283

For APN/Parcel ID(s): 14-28-311-092-1001 and 14-28-311-092-1020 For Tax Map ID(s): 14-28-311-092-1001 and 14-28-311-092-1020

UNITS 2529-1N AND P-4, IN THE LILL VIEW CONDOMINIUM AS DELINEATED ON A SURVEY OF THE FOLLOWING DESCRIBED REAL ESTATE:

LOTS 15, 16, 17, 18 AND 19 IN BLOCK 2 IN JEROME I. CASE'S SUBDIVISION OF THE NORTH 418 FEET OF OUTLO? F. IN WRIGHTWOOD BEING A SUBDIVISION OF THE SOUTHWEST 1/4 OF SECTION 28, TGWNS\*IIP 40 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINO'S. WHICH SURVEY IS ATTACHED TO THE DECLARATION OF CONDOMINIUM RECORDED AS DOCUMENT 97029783, TOGETHER WITH AN UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS IN COOK COUNTY, ILLINOIS.