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PREPARED BY:

Ruth S. Geis
5631 S Blackstone
Chicago, IL 60637

AFTER RECORDING
RETURN TO:

Near North National Title, LLC
222 N. LaSalle St.
Lobby Level
Chicago, IL 60601

Property Address: See Exhibit A

PIN Numbers: See Exhibit A



Doc#: 1528716058 Fee: \$48.00
RHSP Fee: \$9.00 RPRF Fee: \$1.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 10/14/2015 02:52 PM Pg: 1 of 6

(For Recorder's Use Only)

ILLINOIS STATUTORY POWER OF ATTORNEY

by and among

Tyrone M. Jordan II
(Principal)

and

Ruth S. Geis
(Agent)

Dated: As of October 7, 2015

RECEIVED
10/14

APR 15 2015 2:05 PM

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Illinois Power of Attorney for Illinois Property

Eff. 7/1/11

2. ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

The space above for Recordors Use Only

This Power of Attorney is being created for the purpose of Purchase(drop down choice) of the property located at:

Street address: 4029 S. Ellis Ave, Unit 4N

City Chicago StateIL Zip60653

Permanent Tax ID#

I, Tyrone M. Jordan II _____

Street Address: 2719 Sagebrush Cir #105

City: Ann Arbor State: MI Zip: 48103

(insert name and address of principal above) hereby revoke all prior powers of attorney for property executed by me and appoint:

Ruth S. Geis _____

Street Address: 5631 S. Blackstone Ave

City: Chicago State: IL Zip: 60637

(NOTE: You may not name co-agents using this form.) (insert name and address of agent) 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 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

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Eff. 7/1/11

conditions on the sale of particular stock or real estate or special rules on borrowing by the agent.)
Not Applicable

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.)
Not Applicable

(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 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 one or both of paragraphs 6 and 7.)

6. (XX) This power of attorney shall become effective on (Month/Date/Year): 10/7/15. *J*
 (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. (XX) This power of attorney shall terminate on (Month/Date/Year): 12/31/15. *J*
 (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 one or more successor agents, insert the name and address of each successor agent in paragraph 8.)

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 successor(s) to such agent:

Not Applicable

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

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Eff. 7/1/11

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.)

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

Dated: 10-6-2015

Signed _____

(Principal)

(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 certifies that TYRON M. JORDAN II ~~RACHEL BLOCK~~, 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: 10-6-2015

Signed _____

(Witness)

(NOTE: Illinois requires only one witness, but other jurisdictions may require more than one witness. If you wish to 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 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: _____

Signed _____

(Witness)

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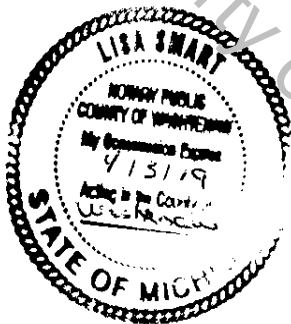
State of MICHIGAN
SSN: _____

County of WASHTENAW

The undersigned, a notary public in and for the above county and state, certifies that TYRONE M. JORDAN II, 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) RACHEL BLOCK (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 certified to the correctness of the signature(s) of the agent(s).

Space below for Notary Seal

Dated: 10-06-2015



Notary Public
Signature: Lisa Smart
My commission expires: 4-3-2019

(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 agent (and successors) of my agent (and successors) are genuine. Specimen signatures of TYRONE M. JORDAN II

_____	(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: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

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Legal Description

PARCEL 1:

UNIT 4N IN 4029 SOUTH ELLIS CONDOMINIUM AS DELINEATED ON A SURVEY OF THE FOLLOWING DESCRIBED REAL ESTATE:

LOT 26 (EXCEPT THE NORTH 2.50 FEET THEREOF) IN BLOCK 13 IN CLEARVERVILLE, BEING THE NORTH PART OF FRACTIONAL SECTION 2, TOWNSHIP 38 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN AND THE SOUTH PART OF FRACTIONAL SECTION 35, TOWNSHIP 39 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS, WHICH SURVEY IS ATTACHED AS EXHIBIT "B" TO THE DECLARATION OF CONDOMINIUM RECORDED AUGUST 28, 2015 AS DOCUMENT 1524018100, AS AMENDED FROM TIME TO TIME, TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS, IN COOK COUNTY, ILLINOIS.

PARCEL 2:

THE EXCLUSIVE RIGHT TO USE PARKING SPACE P2 AND STORAGE SPACE S4, AS A LIMITED COMMON ELEMENT, AS DELINEATED ON THE SURVEY ATTACHED TO THE DECLARATION OF CONDOMINIUM RECORDED AS DOCUMENT 1524018100.

P.I.N. 20-02-107-003-0000

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