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Doc#: 1529410009 Fee: \$50.00 RHSP Fee: \$9.00 RPRF Fee: \$1.00

Karen A. Yarbrough

Cook County Recorder of Deeds
Date: 10/21/2015 11:33 AM Pg: 1 of 7

This Instrument Prepared By: Guaranteed Rate, Inc. 3940 N. Ravenswood Chicago, IL 60613

After Recording Return To: Guaranteed Rate, Inc. 3940 N. Ravenswood Chicago, IL 60613

1. NOTICE TO THE INDIVIDUAL SIGNING THE ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

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 your financial affairs, which may include the power to piedge, 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 ha idle 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 ciligence. He or she must also act in accordance with the law and with the directions in this form. Your agent must keen a record of all receipts, disbursements, and significant actions taken as your agent.

Unless you specifically limit the period of time 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 court, 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-la v or otherwise to engage in the practice of law unless he or she is a licensed attorney who is authorized to practice of law unless he or she is a licensed attorney who is authorized to practice of law unless he or she is a licensed attorney who is authorized to practice of law unless he or she is a licensed attorney who is authorized to practice of law unless he or she is a licensed attorney who is authorized to practice of law unless he or she is a licensed attorney who is authorized to practice of law unless he or she is a licensed attorney who is authorized to practice of law unless he or she is a licensed attorney who is authorized to practice of law unless he or she is a licensed attorney who is authorized to practice of law unless he or she is a licensed attorney who is authorized to practice of law unless he or she is a licensed attorney who is authorized to practice of law unless he or she is a licensed attorney who is authorized to practice of law unless he or she is a licensed attorney who is a licensed attorney who is a licensed attorney who is a licensed attorney at law at la

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" paragraphs 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

(Borrower(s))

Chicago Title

PSSN

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

The space above for Recorders Use Only

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

Street address: 1763 N. Sedgwick St #3 City Chicago State Illinois Zip Permanent Tax 10# 14-33-412-042-1005

Francis Perria

Street Address:

1827 Cerary Point Circle

City: Naperville State: Illinois Zij: 60563

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

me and appoint:

Kori M. Bazanos

Street Address

115 S. La Salle Street, Suite 250

Chicago State: Illinois Zip: 60603

(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 Attorn y for Property Law" (including all amendments), but subject to any limitations on or additions to the specifia 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.) SOM CO

- (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.)

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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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 gif	
owers of appointment, name or change beneficiaries or joint tenants or revoke or amend any trust spec	ifically
eferred to below.)	
Not Applicable	

(NOTE: Your age.: 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 st well 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 rein bursement for all reasonable expenses incurred in acting under this power of attorney. Strike out paragraph 5 if you co 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 choney will become effective at the time this power is signed and will continue until your death, unless a limitation of 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) October 13, 2015. (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 wan this power to first take effect.)

7. (XX) This power of attorney shall terminate on (Month/Date/Year): November 2°, 2°, 15. (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 have 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 my agent.

(NOTE: This form does not authorize your agent to appear in court for you as an attorney-at-law or otherwise to

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engage in the practice of law unless he or she is a licensed attorney who is authorized to practice law in Illinois.)

Dated: 10/12/2015 Signed	— <u>K</u> .	P-	(Principal)	
	,			
(NOTE: This power of attorn notarized, using the form be	•		signed by at least one witness s a witness.)	and your signature is
The undersigned witness cer	tifies that Fra	ncis Perrin		, known
to me to be the same person before me and the notary pul act of the principal, for the memory. The undersigned as service provider or a relative	whose name is sublic and acknowle ses and purposes attems also certific of the physician	abscribed as principledged signing and therein set forth. It is that the witness or provider; (b) as	pal to the foregoing power of delivering the instrument as t believe him or her to be of so is not: (a) the attending physic nowner, operator, or relative of dent; (c) a parent, sibling, des	attorney, appeared he free and voluntary ound mind and ician or mental health of an owner or operator
of such parent, sibling, or de power of attorney, whether s	scendant of oither such relationship i	r the principal or a	any agent or successor agent u age, or adoption; or (d) an age	nder the foregoing
under the foregoing power o	f attorney.	O _m		
Dated:	10/12/1015	0/		
Signed Joseph	L. Certa	70	(Witness)	
	_			
			ு may require more than one	witness. If you wish to
have a second witness, have	him or her certify	y and sign here:)	Y/)*	
(Second witness) The under	sioned witness cer	rtifies that		, known to me to be the
			oing power of atterney, appea	
			rument as the free and volunta	
			to be of sound mir & and mem	
			ysician or mental health servi	
			relative of an owner or operat	
			nt, sibling, descendant, or a ny	
			cessor agent under the forego	
whether such relationship is	by blood, marriag	ge, or adoption; or	(d) an agent or successor age	nt and or the foregoing
power of attorney.				
Dated:				10-
Signed			(Witness)	C
State of ユレ	_			
County of Kane	 •			
The undersigned, a notary pr	ublic in and for th	e above county ar	d state, certifies that Francis	Perrin, known to me
			the foregoing power of attorn	
acknowledged signing and d	elivering the insti	rument as the free	and voluntary act of the princ	ipal, for the uses and
purposes therein set forth (,	and certified to th	e correctness of the	ne signature(s) of the agent(s)).
			• •	
Space below for Notary Sea	l	Dated:	10-12-15.	

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OFFICIAL SEAL JENNIFER ALFARO Notary Public - State of Illinois My Commission Expires Jul 16, 2018 Notary Public Signature: 16th 2018 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.)

Specimen signatures of I certify that the signatures agent (and successors) of my agent (and successors) are genuine. (agent) (principal) (successor agent) (principal) (principal) (successor agent)

(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.) County Clark's

Name: Kori M. Bazanos

Address: 115 S. La Salle Street, Suite 2600

City: Chicago State: Illinois Zip: 60603

Phone: (312) 578-0410

3. NOTICE TO AGENT

(The following form shall be supplied to an agent appointed under a power of attorney for property)

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 of 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 is 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 reasonable expectations to the extent actually in the principal's best interest.

As agent you must not do any of the following:

- (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 otherwise authorized;

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(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."

Regulatory information regarding the Illinois Power of Attorney:

Text of Section after amendment by P.A. 96-1195) Sec. 3-3. Statutory short form power of attorney for property.

(a) The form prescribed in this Section mry be known as "statutory property power" and may be used to grant an agent powers with respect to property and financial matters. The "statutory property power" consists of the following: (1) Notice to the Individual Signing the Illinois Statutory Short Form Power of Attorney for Property; (2) Illine is Statutory Short Form Power of Attorney for Property; and (3) Notice to Agent. When a power of attorney in substantially the form prescribe in this Section is used, including all 3 items above, with item (1), the Notice to Individual Signing the Illinois Statutory Short Form Power of Attorney for Property, on a separate sheet (coversheet) in 14-point type and the notarized form of acknowledgment at the end, it shall have the meaning and energy trescribed in this Act.

(b) A power of attorney shall also be deemed to be in substantial of the same format as the statutory form if the explanatory language throughout the form (the language following the designation "NOT:") is distinguished in some way from the legal paragraphs in the form, such as the use of boldface or other difference in typeface and font or point size, even if the "Notice" paragraphs at the beginning are not on a separate sheet of paper or are not in 14-point type, or if the principal's initials do not appear in the acknowledgement at the end of the "Notice" paragraphs.

The validity of a power of attorney as meeting the requirements of a statu ory property power shall not be affected by the fact that one or more of the categories of optional powers listed in the form are struck out or the form includes specific limitations on or additions to the agent's powers, as permitted by the form. Nothing in this Article shall invalidate or bar use by the principal of any other or different form of power of attorney for property. Nonstatutory property powers (i) must be executed by the principal, (ii) must be grate the agent and the agent's powers, (iii) must be signed by at least one witness to the principal's signature, and (iv) must indicate that the principal has acknowledged his or her signature before a notary public. However, nonstatutory property powers need not conform in any other respect to the cratutory property power.

The requirement of the signature of a witness in addition to the principal and the notary, imposed by Pholic Act 91-790, applies only to instruments executed on or after June 9, 2000 (the effective date of that Public Act). (NOTE: This ame that pry 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".) (Source: P.A. 96-1195, eff. 7-1-11.)



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LEGAL DESCRIPTION

Order No.: 15DE6211633LP

For APN/Parcel ID(s): 14-33-412-042-1005

PARCEL 1:

UNIT 3 NORTH TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS IN 1761-63 NORTH SEDGEWICK CONDOMINIUM AS DELINEATED AND DEFINED IN THE DECLARATION RECORDED AS DOCUMENT NO. 22910929, AS AMENDED, IN THE SOUTHEAST 1/4 OF SECTION 33, TOWNSHIP 40 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PARCEL 2:

EASEMENTS APPURTENANT TO AND FOR THE BENEFIT OF PARCEL 1 AS SET FORTH AND DEFINED IN THE DECLARATION OF EASEMENTS RECORDED AS DOCUMENT NO. 22910930 FOR INGRESS AND EGRESS, ALL IN COOK COUNTY, ILLINOIS.