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Karen A.Yarbrough

Cook County Recorder of Deeds Date: 11/13/2015 09:25 AM Pg: 1 of 6

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DOOP TO

ILLINOIS STATUTORY

SHORT FORM

TOO

HOW CLEAT'S OFFICE POWER OF ATTORNEY FOR PROPERTY

Prepared by: Tharp & Associates, Ltd.

102 North Evergreen

Arlington Heights, Illinois 60004

Mail to:

Tharp & Associates, Ltd.

102 North Evergreen

Arlington Heights, Illinois 60004

MIX 333-CT

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ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

- 1. I, Todd Kipp of 1053 West Wellington Avenue, Chicago, Illinois 60657, hereby revoke all prior powers of attorney for property executed by me and appoint: Brian J. Tharp of 102 North Evergreen, Arlington Heights, Illinois 60004, 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:
 - (a) Real estate transactions
 - (b) Financial institution transactions
 - (d) Tangible personal property transactions
 - (m) Borrowing transactions
 - (o) All other property powers and transactions.
- 2. The powers granted above shall not include the following powers or shall be modified or limited in the following particulars:
- 3. In addition to the powers granted above, I grant my agent the following powers: to sign documents on my behalf for the purchase of 1053 West Wellington Avenue, Chicago, Illinois 60657.
- 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 i)erson 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.
- 5. My agent shall be entitled to reasonable compensation for services rendered as agent under this power of attorney.
 - 6. (X) This power of attorney shall become effective on July 21, 2015.
- 7. (X) This power of attorney shall be exclusively good for the closing of my purchase of property located at 1053 West Wellington Avenue, Chicago, Illinois 60657 and shall expire or January 31, 2016.

If any agent named by me shall die, become incompetent, resign or reful name the following (each to act alone and successively, in the order named	
agent:	$O_{\mathcal{E}_{\alpha}}$
	For
purposes of paragraph 8, a person shall be considered to be incompetent if a or an adjudicated incompetent or disabled person or the person is unable to 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.

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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 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, 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-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" 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:

AK

Principal's initials

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, ,	ent is incorporated by ref	ference and included	as part of this form.	
Dated: 7/21/2015	······			
SignedTodd k	Cipp			
subscribed as principal acknowledged signing uses and principal uses and principal uses and principal uses also certailes the relative of the physicicare facility in which the such parent, sibling, foregoing power of atto	ess certifies that Todd kell to the foregoing power and delivering the instruction set forth. I believe his nat the witness is not: (a) ian or provider; (b) an own e principal is a patient or descendant of either princy, whether such relation the foregoing power of a	of attorney, appeared iment as the free and m or her to be of sour the attending physici mer, operator, or relati resident; (c) a parent the principal or any ionship is by blood, m	d before me and the voluntary act of the distribution of mental health tive of an owner or sibling, descendant agent or success	ne notary public and the principal, for the ry. The undersigned in service provider or operator of a health rit, or any spouse of or agent under the
Dated: 7/21/15	Ox		10	\sim
		t County	Witne	ss
State of Illinois)) SS.	1		
County of Cook)	(
principal, and Tosh subscribed as principal signing and delivering purposes therein set for Dated:	notary public in and for A D Bvm\() as witness, to the foregoing power of the instrument as the rth (, and certified to the compared to the c	known to me to be fattorney, appeared to free and voluntary a	be the same personant personant of the principal	on whose name is and acknowledged for the uses and
		}		7

Prepared by:

Tharp & Associates, Ltd. 102 North Evergreen Arlington Heights, Illinois 60004 847-787-7000

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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 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;
- (5) continue acting on the alf 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 same "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 autocity 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.: 15016488LP

For APN/Parcel 10(a): 14-29-216-003

LOTS 26 AND WEST 172 OF LOT 25 IN SICKEL AND KAGEBEIN'S SUBDIVISION OF THE NORTH 1/2 OF BLOCK 1 IN THE SUBDIVISION OF OUTLOT 6 IN CANAL TRUSTEE SUBDIVISION OF THE EAST 1/2 OF SECTION 29, TOWNSHIP 40 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS