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Karen A. Yarbrough

Cook County Recorder of Deeds

Date: 11/18/2015 10:50 AM Pg: 1 of 9

3/4/2 STC0/146-38332

ILLINOIS STATUTORY

SHORT FORM

POWER OF ATTORNEY FOR PROPERTY

Prepared by: Jeffrey S Evens, 6767 N. Milwaukre Ave., Suite 202, Niles, II 60714

Mail to: Peter Fetzer, 734.5 W. Barry, Unit 1N, Chicago, 12 60657

STEWART TITLE 800 E. DIEHL ROAD SUITE 180 NAPERVILLE, IL 60563

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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:

Principal's initials

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ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

。
1. I, Peter Fetzer, 2245 Janet Drive, Glenview, IL, 60026
(Insert name and address of principal)
hereby revoke all prior powers of attorney for property executed by me and appoint:
Peter D. Fetzer, 2245 Janet Drive, Glenview, IL, 60026
(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 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 he ve. 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.)
70_
(a) Real estate transactions.
(b) Financial institution transactions.
(c) Stockworkworkworkwork
(d) Ranginia ponesolational in terminal for the control of the con
(e) Safe de poet de proposition de la company de la compan
(t) NAMEN AND STANDARY MANAGEN COM X
(g) Mananananananananananananananananananan
(y) Notingwightyheinnineinaloituna.
(h) SZOCIAN NEGEWARD (NAMERIKA MAKA MAKA MAKA MAKA MAKA MAKA MAKA M
(i) Rexponeded (ii)
(j) Steikoskandklittigationik
(k) Bedindshing and oppositions achoose.
(I) Brasinesk xammachanex
(m) Borrowing transactions.
(n) Becaratores
(I) BUSIDES XNEODEN ARTS CROSS. (II) BUSIDES XNEODEN OF CROSS. (II) BOSCON XOONS CROSS. (II) BISCON XOONS CROSS (CO.) CROSS
(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 sinali be modified or limited in
the following particulars:
the following particulars.
The property of the second sec
(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.)
No Limits on Agent's Power
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.)
No Additional Powers
INO Additional FOWEIS

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(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 again shall be entitled to reasonable compensation for services rendered as agent under this

(NOTE: This powe, of attorney may be amended or revoked by you at any time and in any manner. Absent amendment of evocation, 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 initiating and completing one or both of paragraphs 6 and 7.)

6. () This power of attorney shall become effective on Immediately upon my execution hereof.

(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 the you are incapacitated, when you want this power to first take effect.)

7. () This power of attorney shall terminate on December 10, 201

(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	
agent, I name the following (each to act alone and successively, in the order named)	ar successor(s) to
such agent:	

For purposes of 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.)

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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.)

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

Dated: . November 10. 2015
Signed
Peter Fetzer (principal)
(NOTE: This payer at attarnay will not be affective unlong it in signed by at least any with
(NOTE: This power of attorney will not be effective unless it is signed by at least one witness and your signature is notarized, as ing the form below. The notary may not also sign as a witness.)
orginature is notalized, while the form below. The flotally may flot also sign as a witness.
The undersigned witness certifies that Peter Fetzer, 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 provide: a relative of the physician or provider; (b) an owner,
operator, or relative of an owner or operator of 4 health care facility in which the principal is a patient or
resident; (c) a parent, sibling, descendant, or any snouse 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: 11-12-15
Dated:
1844
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 Peter Fetzer , known to
(Second witness) The undersigned witness certifies that Peter Fetzer , 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 incomment 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:
Witness

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State of QQ			
State of QQ)ss. County of COV)ss.			
The undersigned, a notary Peter Fetzer subscribed as principal to the foregometric for the uses and purpose of the agent(s)). Dated: (NOTE: You may, 'ut are not requisignatures below. If you include spirits as pieces.)	known loing power of attor and and delivering the stherein set forth ("OFFICE ROSEMAN Notary Publi My Commission ired to, request your ecimen signatures."	e instrument as the free, and certified to the control of the cont	e person whose name is me and the witness(es) ee and voluntary act of the orrectness of the signature(s) Notary Public ragents to provide specimen
Specimen signatures of agent (and successors)	s of the agents.)	l certify that the si (and successors)	gnatures of my agent are genuine
Peter D, Fetzer	(agent)	Peter Fetzer	(principal)
(se	uccessor agent	Peter Fetzer	(principal)
(s	uccessor agent)	Peler Fetzer	(principal)
(NOTE: The name, address, and p principal in completing this			form or who assisted the
Name: Jeffrey S Evens			7 ′
Address: <u>6767 N. Milwaukee</u>	Ave., Suite 202	: '	0
Niles, II 60714		,	175.
Phone: 773-907-020)7		Office

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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 any 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 Apent:
- (2) do any act bayend 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 benaif 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 at 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:

Peter Fetzer by Fetzer 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 grante 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 use erstand, you should seek legal advice from an attorney."

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ILLINOIS STATUTORY

SHORT FORM

POWER OF ATTORNEY FOR PROPERTY Addendum

Property Address: 734.5 W. Barry, Unit 1N

Chicago, IL 60657

n Derry Or Cook County Clerk's Office Permanent 1. dex Number: 14-28-104-110-1011

Legal Descripton

ALTA Commitment (6/17/06)

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COMMITMENT FOR TITLE INSURANCE SCHEDULE A

Exhibit A - Legal Description

UNIT 734.5 N-1, TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS, IN BARRY COURT CONDOMINIUM AS DELINEATED AND DEFINED IN THE DECLARATION RECORDED AS DOCUMENT NUMBER 98201035, IN THE NORTHWEST 1/4 OF SECTION 28, TOWNSHIP 40 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

