## **UNOFFICIAL COPY**

ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY Doc#. 1534549003 Fee: \$78.00

Karen A. Yarbrough

Cook County Recorder of Deeds
Date: 12/11/2015 10:00 AM Pg: 1 of 4

- 1. I, KAREN L. DIEMOZ, hereby revoke all prior powers of attorney for property executed by me and appoint: DOUGLAS A. DIEMOZ 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 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 insutution transactions.
  - (c) Borrowing transactions.

| No        | ne C  |
|-----------|---|
|           |   |
|           | 77.   |
|           |   |
|           |   |
| In ad     | dition to the powers granted above, I grant my agent the following powers:    |
|           | 3,  |
| <u>To</u> | sign any and all documents necessary to complete the purchase of the property |
| con       | nmonly known as 2623 Commons Drive, Glenview, Illinois.                       |
|           | - CO  |
|           |   |
|           |   |
|           |   |

5. (X) This power of attorney shall become effective on November 24, 2015...

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

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- (X) This power of attorney shall terminate on December 24, 2015.
- 7. 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.
- 8. 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.

| ,   |   |   |
|---|---|---|
| Dated: November 24  | , 2015  |   |
| Karen L. Diemez   |   | Luca L Dienson  |
| Principal's Nante   | Prin  | ncipal's Signature  |
| principal to the foregoing power of attorsigning and delivering the instrumer, as purposes therein set forth. I believe him witness also certifies that the witness are a relative of the physician or provide health care facility in which the principal spouse of such parent, sibling, or descent | rney, appeared is the free and von or her to be one; (a) the attern; (b) an owner all is a perient of either er such relation | be the same person whose name is subscribed as before me and the notary public and acknowledged coluntary act of the principal, for the uses and of sound mind and memory. The undersigned ending physician or mental health service provider c, operator, or relative of an owner or operator of a parent; (c) a parent, sibling, descendant, or any the principal or any agent or successor agent under aship is by blood, marriage, or adoption; or (d) an afterney. |
| Dated: November 24  | , 2015  | Rutho M. Keys Witness   |
| State of  | _ )<br>) SS.  | Withess   |
|   | _ )   |   |
| <b>DIEMOZ</b> , known to me to be the same power of attorney, appeared before me  | e person whose<br>and the witness   | we county and state, certifies that KAREN L.  e name is subscribed as principal to the foregoing in person and acknowledged signing art of the principal, for the uses and purposes therein   |
| Dated: November, 2015   |   |   |
|   |   | Notary Public   |
| This document was prepared by: $\ell$ vName: Michael Samuels  | nailto:   |   |

Address: 720 Osterman Avenue

Deerfield, IL 60015

Phone: 847-948-5500

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A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

| State of OMUFORNA  |
|--|
| County of San Francisco  |
|  |
| on November 24,2015 Defore me, P.G. Civilar,   |
| NOTARY PUBLIC personally appeared KMEN L. DIEMOZ-  |
| who proved to me on the pasis of satisfactory evidence to be the person(s) whose name(s) (is) are subscribed to the within instrument and acknowledged to me that he/she/they executed tree same in his/her/their authorized capacity(iss), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) act id, executed the instrument.  I certify under PENALTY OF PERJURY under the laws of the State of |
| CALIFORNIA that the foregoing paragraph is true and correct.   |
| WITNESS my hand and official seal.   |
| P. G. CUELLAR COMM. # 2085247 NOTARY PUBLIC • CALIFORNIA SAN FRANCISCO COUNTY Co Exp. NOV. 4, 2018   |
| ADDITIONAL DOCUMENT DETAILS (Optional, Used for Document Security)   |
| Name/Title of Document:  |
|  |
| Document Date:   |



## **Exhibit A - Legal Description**

UNIT 31, BUILDING 4, IN THE PATRIOT COMMONS AT THE GLEN NO. 2 CONDOMINIUMS, AS DELINEATED ON A PLAT OF SURVEY OF THE FOLLOWING DESCRIBED TRACT OF LAND; PART OF LOT 1, IN THE PATRIOT COMMONS AT THE GLEN, BEING A SUBDIVISION OF PART OF THE SOUTHWEST QUARTER OF SECTION 27, TOWNSHIP 42 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED AUGUST 14, 2007, AS DOCUMENT NO. 0722615110, WHICH PLAT OF SURVEY IS ATTACHED AS EXHIBIT "A" TO THE DECLARATION OF CONDOMINIUM OWNERSHIP RECORDED AUGUST 06, 2009, AS DOCUMENT NO. 0921844016, AS AMENDED FROM TIME TO TIME, TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS, ALL IN COOK COUNTY, ILLINOIS.

PIN: 04-27-302-012-1032