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Karen A. Yarbrough

Cook County Recorder of Deeds

Date: 12/31/2015 10:26 AM Pg: 1 of 7

NOTICE TO THE INDIVIDUAL SIGNING THE ILLINOIS

パイ・タるつ STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY.

PLEASE READ THIS NOT. CE 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 storm, you may name successor agents, but you may not name co-agents.

This form does not impose a duty upon your agent to bondle 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 egent 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 of 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 Atterney 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:

....<u>П.У.П</u>....

HERITAGE TITLE COMPANY 5849 W LAWRENCE AVE CHICAGO, IL 60630

Principal's initials

CCRD REVIEWER____

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ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

I,Adi J. Hire!! 1935 N California Ave, #4S, Chicago, IL, 60647hereby revoke all prior powers of attorney for property executed by me and appointHelen Barcham 2400 Ravine Way Ste 200 Glenview IL 60020as 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 povers 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 titrough the title of that category.) (a) Real estate transactions. 2861 V Shakespeare Ave Chicago IL 60647 (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. (g) Retirement plan transactions. (g) Retirement plan transactions. (g) Claims and litigation. (k) Commodity and option transactions. (l) Claims and litigation. (k) Commodity and option transactions. (l) Business operations. (l) Business operations. (l) Business operations. (l) All other property powers and transactions. (l) All other property powers and transactions. (l) All other property powers and transactions. (l) All other property described below.) 2. The powers granted above shall not include the following powers or shall be modified or limited in the
2. The powers granted above shall not include the following powers of shall be shall not include the following particulars: (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 agenc)
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

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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 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 or a or both of paragraphs 6 and 7.)

6. (x) This power of attorney shall become effective on December 15, 2015.

(NOTE: Insert a future date or event during your infetime, 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. (x) This power of attorney shall terminate January 37, 2016.

(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 incapable 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 reful I name the following (each to act alone and successively, in the order named agent:	use to accept the office of agent d) as successor(s) to such
	For
purposes of paragraph 8, a person shall be considered to be incompetent if or an adjudicated incompetent or disabled person or the person is unable to consideration to business matters, as certified by a licensed physician.	and while the person is a minor give prompt and intelligent

(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.

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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 as	nd included as part of this form.
Dated: 14/16/2615	OFFICIAL SEAL JAVERIA SIDDIQI State of Illinois
Signe X. (principal)	My Commission Expires Oct 6, 2018
(billialism)	Caun
(NOTE: This power of attorney will not be effective unless signature is notarized, using the form below. The notary of the undersigned witness certifies that	known to me to be the same person whose of attorney, appeared before me and the notary rument as the free and voluntary act of the principal, nor her to be of sound mind and memory. The to the attending physician or mental health (b) an owner, operator, or relative of an owner or a patient or resident; (c) a parent, sibling,
operator of a health care facility in which the principal is descendant, or any spouse of such parent, sibling or descensor agent under the foregoing power of attorney, adoption; or (d) an agent or successor agent under the Dated: 17/16/15	escendant of either the principal or any agent or whether such relationship is by blood, marriage, or
·	Witness \
(NOTE: Illinois requires only one witness, but other juris wish to have a second witness, have him or her certify a	and sign here.)
(Second witness) The undersigned witness certifies that the same person whose name is subscribed as principal me and the notary public and acknowledged signing an act of the principal, for the uses and purposes therein a memory. The undersigned witness also certifies that the health service provider or a relative of the physician or owner or operator of a health care facility in which the processor agent under the foregoing power of attorney adoption; or (d) an agent or successor agent under the Dated:	id delivering the instrument as the free and voluntary set forth. I believe him or her to be or sound mind and e witness is not: (a) the attending physician or mental provider; (b) an owner, operator, or relative of an orincipal is a patient or resident; (c) a parent, sibling, lescendant of either the principal or any agent or whether such relationship is by blood, marriage, or foregoing power of attorney.
	Witness

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State of		
the foregoing power of attorney, appeared (and	person and acknowledged sign oal, for the uses and purposes the	sing and delivering the instrument
Dated: 12/6/15 My commissio i e «pires (0/6/18)	OFFICIAL SEAL JAVERIA SIDDIQI Notary Public - State of Illinois My Commission Expires Oct 3, 2018	Notary Pub
(NOTE: You may, but are not required to, signatures below. If you increde specimen certification opposite the signatures of the	i signatures in this portor or am	ssor agents to provide specimen orney, you must complete the
Specimen signatures of agent (and successors)		I certify that the signatures of my agent (and successors) are genuine.
(agent)	940	(principal)
(successor agent)	040.	(principal)
(successor agent)	9	(principal)
(NOTE: The name, address, and phone principal in completing this form	number of the person preparing should be inserted below.)	4
Name:Law Office of Helen	Barcham Inc	
Address:2400 Ravine Way	Ste 200	
Glenview IL 60025.		
Phone:847-749-5577		

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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 uo 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 be yourd 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 behalf of the principal if you learn of any event that terminates this power of attorney or your authority under this cower 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 autnout, granted to you, you may be liable for any damages, including attorney's fees and costs, caused by your violation.

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To this of the control of th 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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LOT 4 IN KANDLIK'S RESUBDIVISION OF BLOCK 5 IN SCHLESWIG, A SUBDIVISION OF PART OF THE NORTHWEST 1/4 OF SECTION 36, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

P.I.N. 13-36-118-003-0000

C/K/A 2861 W SHAKESPEARE AVENUE, CHICAGO, ILLINOIS, 60647

