Doc#. 1601949041 Fee: \$58.00

Karen A. Yarbrough

Cook County Recorder of Deeds Date: 01/19/2016 09:09 AM Pg: 1 of 6

Propared After Recording

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1601949041 Page: 2 of 6

ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY Effective 7.1.11

Preparer File:

FATIC No.:

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 may 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; and (3) Notice to Agent. When a power of attorney in substantially the form prescribed 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 effect prescribed in this Act.

(b) A power of attorney shall also be deemed to be in substantially the same format as the statutory form if the explanatory language throughout the form (the language following the designation "NOTE:") 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 rower of attorney as meeting the requirements of a statutory 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 design use 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 med not conform in any other respect to the statutory property power.

(c) The Notice to the Individual Starting the Illinois Statutory Short Form Power of Attorney for Property shall be substantially as follows:

"NOTICE TO THE INDIVIDUAL SIGNING THE ILLINOIS STATUTORY SHORT FOR MISONER 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 it is 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 all note.

The powers you give your agent are explained more fully in Section 3-4 of the Illinois Power of Attorney (at 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"

1601949041 Page: 3 of 6

ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY Effective 7.1.11

(d) The Illinois Statutory Short Form Power of Attorney for Property shall be substantially as follows:

"ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

| 1. 1, Craig J. Morse | (insert name and address of principal) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Hereby revoke all prior powers of attorney for property executed by me and | appoint: |
| Edward Leszynski | (insert name and address of agent) |
| (NOTE: You may not name co-agents using this form.) as my attorney-in-faname (in any way I could act in person) with respect to the following por "Statutory Short Form Power of Attorney for Property Law" (including limitations on or additions to the specified powers inserted in paragraph 2 of | owers, as defined in Section 3-4 of the all amendments), but subject to any |
| (NOTE: You must strike out any one or more of the following categories of have. Failure to strike the title of any category will cause the powers describe agent. To strike out a category you must draw a line through the title of | cribed in that category to be granted to |
| (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 | |
| (J) Claims and litigation. | |
| (K) Commodity and option transactions. | |
| (L) Business operations. | |
| (M) Borrowing transactions. (N) Estate transactions. | |
| (N) Estate transactions.(O) All other property transactions. | |
| (5) The other property dampacuons. | |
| NOTE: Limitations on and additions to the agent's powers may be included in this described below.) | s co ver of attorney if they are specifically |
| 2. The powers granted above shall not include the following powers or sh | all he madified as limited in the following |
| particulars: (NOTE: Here you may include any specific limitations you deem appron the sale of particular stock or real estate or special rules on borrowing by the age | opriate, such as a prohibition or conditions |
| NONE | 7 |
| | |
| 3. In addition to the powers granted above, I grant my agent the following powdelegable powers including, without limitation, power to make gifts, exercise peneficiaries or joint tenants or revoke or amend any trust specifically referred to be Execute any and all necessary closing documents for 2630 Dryden Place, Arlington | powers of appointment, name or change low.) |
| | |
| | A MILL STATE OF THE STATE OF TH |
| (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.)

1601949041 Page: 4 of 6

ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY Effective 7.1.11

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 one or both of paragraphs 6 e of 7.)

6. () This power of attorney shall become effective on January 9, 2016

(NOTE: Insert a future data 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 want this power to first take effect.)

7. () This power of attorney shall terminate on

(NOTE: Insert a future date or event, e.c., 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 name the following (each to act alone and successively, in the order named) as successor(s) to such agent:

NONE

For purposes of this paragraph 8, a person shall be considered to the 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 sount 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 guardiant.)

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

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

Dated:

Signed:

Principal) (Craia J. Mors

1601949041 Page: 5 of 6

ORT FORM POWER OF ATTORNEY FOR PROPERTY Effective 7.1.11

(NOTE: This power of attorney will not be effective unless it is signed by at least one witness and your signature is notarized, using the form below. The notary may not also sign as a witness.)

| The undersigned witness certifies that same person whose name is subscripublic and acknowledged signing and purposes therein set forth. I believe if the witness is not: (a) the attending prowner, operator, or relative of an own parent, sibling, descendant, or any successor agent under the foregoing agent or successor agent under the foregoing. | bed as principal to to delivering the instrainm or her to be of s hysician or mental har or operator of a har spouse of such par power of attorney, w | ument as the for ound mind and ealth service properties nealth care fac- rent, sibling, or thether such re | ower of attornee and volunt memory. The rovider or a re lity in which the r descendant | tary act of the property and ersigned which the property and the property | rincipal, for the uses and vitness also certifies that sician or provider; (b) an patient or resident; (c) a rincipal or any agent or |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| Dated: 1/17/16 | <u></u> " | | | | |
| Signed: | | | | | |
| (Witness) Cluriss | a Martinez | • | | | |
| (NOTE: Illinois requires only one with cocond witness, have him or her certifications) | ness, but other juris fy an I-rign here:) | dictions may r | oquiro moro t | han one witnes | s. If you wish to have a |
| | | | | | |
| (Second witness)—The undersigned weame person whose name is subscriptublic and acknowledged signing and purposes therein set forth. I believe the witness is not: (a) the attending pleamer, operator, or relative of an own parent, sibling, descendant, or any esuccessor agent under the foregoing agent or successor agent under the fe | bed as principa to the the delivering the me', in or her to be of waysician or mental hear or operator of a heap ower of atterney, w | ment as the from the | ee and volunt memory. The evider er a rel lity in which the deceendant | ary act of the property act of the property active of the physic principal is a confident to the confident to the principal is a confident to the confi | incipal, for the uses and diness also cortifies that sician or provider; (b) an patient or resident; (c) a incipal or any acent or |
| Dated: | | | C | | |
| Signed: | | 14 | <u> </u> | 975 | |
| (Witnose) STATE OF <u>ILL:INOIS</u> , COUNTY OF _ | Ector |) \$\$ | | C |) /Sc. |
| Texas The undersigned, a notary public in an known to me to be the same person before me and the witness(es) \(\frac{1}{2} \) \(1 | whose name is suf SSA Waltine & and delivering the in | oscribed as pri and strument as th | incipal to the e free and vo | foregoing powe |), |
| Dated: 1/12/2016 |) | · | , | - 1 - | |
| My commission expires: 9/17/ | 2018 | Notary P | ublic | 2015 | |
| | | | NOIO | CY MICHELLE VA IV Public, State of Commission Exp | f Texas |

1601949041 Page: 6 of 6

UNOFFICIAL COPY

Address Given:

2630 N. Dryden Pl.

Arlington Hts., IL 60004

Property Tax No(s).: 03-17-211-001-0000

Legal Description:

LOT 1 IN MERRIE GREEN SUBDIVISION IN THE NORTH EAST 1/4 OF SECTION 17, TOWNSHIP 42 NORTH, RANGE 11, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF REGISTERED IN THE OFFICE OF THE REGISTRAR OF TITLES OF COOK COUNTY, ILLINOIS, ON SEPTEMBER 13, 1967, AS DOCUMENT NUMBER LR2347244.

