

# UNOFFICIAL COPY

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Karen A. Yarbrough  
Cook County Recorder of Deeds  
Date: 02/02/2016 11:25 AM Pg: 1 of 6

**Prepared by:**  
Samina Kheiri  
1511 Diamond Drive  
Hoffman Estates, IL 60192

**Phone:** 847-414-6064

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M.I.S. FILE NO 1433947

## ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY

"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.

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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:** SK

## ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

1. I, Samina Kheiri, of 1511 Diamond Drive Hoffman Estates, Cook County, Illinois, hereby revoke all prior powers of attorney for property executed by me and appoint:

Saqib Kheiri, of 6698 Miravista Dr., Rocklin, Placer County, California

(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 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 through the title of that category.)

(a) Real estate transactions.

(m) Borrowing transactions.

(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 are being granted due to the overseas travel of Principal beginning the last week of December 2015 through February 19, 2016.

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3. The powers granted above shall not include the following powers or shall be modified or limited in the following particulars:

My agent's authorization is limited to sign all documents on my behalf pertaining to the mortgaging or refinancing of real property located at 1511 Diamond Drive, Hoffman Estates, IL 60192 with CitiBank, N.A. regarding loan number 001124228435.

My agent is expressly prohibited from signing any documents for the transfer of ownership of real property or conveying any interest in real property on my behalf except as expressly authorized in paragraph 3.

4. In addition to the powers granted above, I grant my agent the following powers:

My agent is expressly authorized to sign all documents on my behalf pertaining to the mortgaging or refinancing of real property located at 1511 Diamond Drive, Hoffman Estates, IL 60192 with CitiBank, N.A. regarding loan number 001124228435.

(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 4 and 5)

5. This power of attorney shall become effective on the date of its execution.

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

6. This power of attorney shall terminate on February 19, 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 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 6.)

7. 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:

Sana Kheiri, of 6698 Miravista Dr., Rocklin, Placer County, California

For purposes of this paragraph 6, a person shall be considered to be incompetent if and while the

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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.

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.

(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.)

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

Dated: 12.31.15

PRINCIPAL

*Samina A. Kheiri*

Samina Kheiri

(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 Samina Kheiri 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 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: 12-31-2015

*Asif M. Kheiri* [SIGN]

ASIF M. KHEIRI [PRINT], Witness

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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 Illinois )  
County of Franklin ) ss.  
 )  
 )

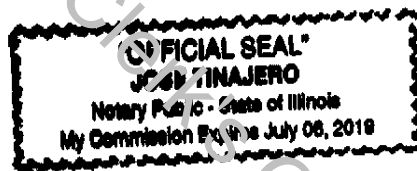
On December 31, 2015 before me, Jose Tinajero, Notary Public,

personally appeared Samina Kheiri and Asif Kheiri [NAME OF WITNESS], who proved to me on the basis 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 the same in his/her/their authorized capacity(ies), and that by his/her/their signatures(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of Illinois that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

[Signature]  
Signature



(seal)

(NOTE: The name, address, and phone number of the person preparing this form or who assisted the principal in completing this form should be inserted below.)

This document was prepared by:

Samina A. Kheiri  
**Samina Kheiri**

1511 Diamond Drive  
Hoffman Estates, IL 60192

Phone: 847-414-6064

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## Fidelity National Title Insurance Company

AGENT TITLE NO.: 200001433942

### LEGAL DESCRIPTION

#### EXHIBIT "A"

THE LAND REFERRED TO HEREIN BELOW IS SITUATED IN THE COUNTY OF COOK, STATE OF ILLINOIS IN DOCUMENT NUMBER 1424849026 AND IS DESCRIBED AS FOLLOWS:

LOT 7 IN HEARTHSTONE UNIT 2, BEING A RESUBDIVISION OF THAT PART OF HOWIE IN THE HILLS, UNIT ONE SUBDIVISION AND VACATED STREETS IN THE NORTH 1/2 OF THE SOUTHWEST 1/4 OF SECTION 19, TOWNSHIP 42 NORTH, RANGE 10, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED JANUARY 4, 1991 AS DOCUMENT 91005615, IN COOK COUNTY, ILLINOIS.

SUBJECT TO BUILDING, BUILDING LINE AND USE OR OCCUPANCY RESTRICTION, CONDITIONS, AND COVENANTS OF RECORD, ZONING LAWS AND ORDINANCES; EASEMENTS FOR PUBLIC UTILITIES; DRAINAGE DITCHES, FEEDERS, LATERALS AND DRAIN TILE, PIPE OR OTHER CONDUIT.

APN: 02-19-150-007-0000

COMMONLY KNOWN AS 1511 DIAMOND DR, HOFFMAN ESTATES, IL 60192  
HOWEVER, BY SHOWING THIS ADDRESS NO ADDITIONAL COVERAGE IS PROVIDED