



Doc#: 1603349048 Fee: \$46.00
RHSP Fee: \$9.00 RPRF Fee: \$1.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 02/02/2016 09:22 AM Pg: 1 of 5

Power of Attorney

6301 LAKEVIEW DRIVE, ELG
2345 2345 2345 2345 2345 203
2345 2345 2345 2345 2345
15-0940 1/3

ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

PLEASE READ THIS NOTICE CAREFULLY: THE PURPOSE OF THE POWER OF ATTORNEY IS TO GIVE THE PERSON YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY WHICH MAY INCLUDE POWERS TO PLEDGE, SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. THIS FORM DOES NOT IMPOSE A DUTY ON YOUR AGENT TO EXERCISE GRANTED POWERS; BUT WHEN POWERS ARE EXERCISED, YOUR AGENT WILL HAVE TO USE DUE CARE TO ACT FOR YOUR BENEFIT AND IN ACCORDANCE WITH THIS FORM AND KEEP A RECORD OF RECEIPTS, DISBURSEMENTS AND SIGNIFICANT ACTIONS TAKEN AS AGENT. A COURT CAN TAKE AWAY THE POWERS OF YOUR AGENT IF IT FINDS THE AGENT IS NOT ACTING PROPERLY. YOU MAY NAME SUCCESSOR AGENTS UNDER THIS FORM BUT NOT CO-AGENTS, UNLESS YOU EXPRESSLY LIMIT THE DURATION OF THIS POWER IN THE MANNER PROVIDED BELOW, UNTIL YOU REVOKE THIS POWER OR A COURT ACTING ON YOUR BEHALF TERMINATES IT. YOUR AGENT MAY EXERCISE POWERS GIVEN HERE THROUGHOUT YOUR LIFETIME, EVEN AFTER YOU BECOME DISABLED. THE POWERS YOU GIVE YOUR AGENT ARE EXPLAINED MORE FULLY IN SECTION 3-4 OF THE ILLINOIS "STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY LAW" OF WHICH THIS FORM IS A PART (SEE THE BACK OF THIS FORM). THAT LAW EXPRESSLY PERMITS THE USE OF ANY DIFFERENT FORM OF POWER OF ATTORNEY YOU MAY DESIRE. IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU.

POWER OF ATTORNEY

Made this 14th day of December, 2015

I, Valdemar Martinez, 1510 Kinder way, Rockwall, TX 75082 (Insert name and address of principal), hereby appoint Mila Gloria Novak, 2300 W Lake St Melrose Park IL 60160 (Insert name and address of agent) 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:

(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. | (g) Retirement plan transactions. | (l) Business operations. |
| (b) Financial institution transactions. | (h) Social Security, employment and military service benefits. | (m) Borrowing transactions. |
| (c) Stock and Bond transactions. | (i) Tax matters. | (n) Estate transactions. |
| (d) Tangible personal property transactions. | (j) Claims and litigation. | (o) All other property powers and transactions. |
| (e) Safe deposit box transactions. | (k) Commodity and option transactions. | |
| (f) Insurance and annuity transactions. | | |

(LIMITATIONS ON AND ADDITION 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 shall be modified or limited in the following particulars (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):

Limited only to the sale of 1722 N 34th Ave, Stone Park IL 60165

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3. In addition to the powers granted above, I grant my agent the following powers (here you may add any other delegable powers including, without limitations power to make gifts, exercise powers of appointment, or revoke or amend any trust specifically referred to below):

No limitations

(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 THE NEXT SENTENCE, 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 revoked by any agent (including any successor) named by me who is acting under this power of attorney at the time of reference.

(YOUR AGENT WILL BE ENTITLED TO REIMBURSEMENT FOR ALL REASONABLE EXPENSES INCURRED IN ACTING UNDER THIS POWER OF ATTORNEY. STRIKE OUT THE NEXT SENTENCE 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.

(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 EITHER (OR BOTH) OF THE FOLLOWING:

6. (X) This power of attorney shall become effective on: date signed. (Insert a future date or event during your lifetime, such as court determination of your disability, when you want this power to first take effect.)

7. (X) This power of attorney shall terminate on: the termination of the closing (Insert a future date or event during your lifetime, such as court determination of your disability, when you want this power to terminate.)

(IF YOU WISH TO NAME SUCCESSOR AGENTS, INSERT THE NAME(S) AND ADDRESS(ES) OF SUCH SUCCESSOR(S) IN THE FOLLOWING PARAGRAPHS.)

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: _____

For purpose of this 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.

(IF YOU WISH TO NAME YOUR AGENT AS GUARDIAN OF YOUR ESTATE, IN THE EVENT A COURT DECIDES THAT ONE SHOULD BE APPOINTED, YOU MAY, BUT ARE NOT REQUIRED TO, DO SO BY RETAINING THE FOLLOWING PARAGRAPH. THE COURT WILL APPOINT YOUR AGENT IF THE COURT FINDS THAT SUCH 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.

10. I am fully informed as to all the contents of this form and understand the full impact of this grant of powers to my agent.

Signed: Valdemar Martinez
(Principal) Valdemar Martinez

Signed: Gladis F. Martinez
(Witness)

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The undersigned, witness certifies that Valdemar Martinez, known to me to be the same persons 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/her to be of sound mind and memory.

Dated: 01-19-2016

Signed: Gladis F. Martinez
(Witness)

THIS POWER OF ATTORNEY WILL NOT BE EFFECTIVE UNLESS IT IS NOTARIZED, USING THE FORM BELOW.)

State of ~~Illinois~~ TEXAS)
County of ~~Cook~~ ROCKWALL) SS.

The undersigned, a notary public in and for the above county and state, certifies that Valdemar Martinez, (Principal) known to me to be the same person whose name is subscribed as principal to the foregoing power of attorney, appeared before me in person and acknowledged signing and delivering the instrument as the free and voluntary act of the principal, for the uses and purposes therein set forth, and certified to the correctness of the signature(s) of the agent(s).

Dated: 1-16-16
(Seal)

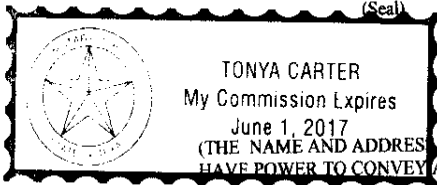
Jo Duwall
Notary Public
My commission expires July 29, 2017

State of ~~Illinois~~ TX)
County of ~~Cook~~ ROCKWALL) SS.

The undersigned, a notary public in and for the above county and state, certifies that GLADIS F. MARTINEZ (Witness) known to me to be the same person whose name is subscribed as witness to the foregoing power of attorney, appeared before me in person and acknowledged signing and delivering the instrument as the free and voluntary act of the principal, for the uses and purposes therein set forth, and certified to the correctness of the signature(s) of the agent(s).

Dated: 1-19-16
(Seal)

Gladis F. Martinez
Notary Public
My commission expires 6-1-17



(THE NAME AND ADDRESS OF THE PERSON PREPARING THIS FORM SHOULD BE INSERTED IF THE AGENT WILL HAVE POWER TO CONVEY ANY INTEREST IN REAL ESTATE.)

Document prepared by:
Mila Gloria Novak
Attorney at Law
2300 W. Lake Street
Melrose Park, IL 60160
(708) 343-9119

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INDIVIDUAL ACKNOWLEDGMENT

State/Commonwealth of TEXAS
County of ROCKWALL } ss.

On this the 16 day of January, 2016, before me,
JO DUVALL, the undersigned Notary Public,
Name of Notary Public

personally appeared VALDEMAR MARTINEZ,
Name(s) of Signer(s)

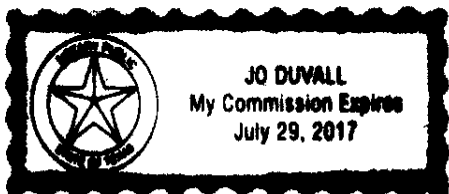
personally known to me - OR -

proved to me on the basis of satisfactory evidence

TX DL 12/2016

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 for the purposes therein stated.

WITNESS my hand and official seal.



Place Notary Seal/Stamp Above

Jo Duvall
Signature of Notary Public

JO DUVALL

Any Other Required Information
(Printed Name of Notary, Expiration Date, etc.)

OPTIONAL

This section is required for notarizations performed in Arizona but is optional in other states. Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

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File Number: 15-0940

EXHIBIT "A"

LEGAL DESCRIPTION

LOT 12 (EXCEPT THE NORTH 13.64 FEET THEREOF) AND THE NORTH 15.00 FEET OF LOT 13 IN BLOCK 12 IN H.O. STONE AND COMPANY'S WORLD FAIR ADDITION, BEING A SUBDIVISION OF PART OF SECTION 4, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, LYING NORTH AND SOUTH OF INDIAN BOUNDARY LINE, ACCORDING TO THE PLAT THEREOF RECORDED JANUARY 21, 1929 AS DOCUMENT 10262949, IN COOK COUNTY, ILLINOIS.

15-04-114-061-0000