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Karen A. Yarbrough

Cook County Recorder of Deeds Date: 02/29/2016 10:52 AM Pg: 1 of 7

POWER OF ATTORNEY

FIRST AMERICA: TITLE 343

S P P S S S N N

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**ILLINOIS** 

# NOTICE TO THE INDIVIDUAL SIGNING THE ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

(Pursuant to 755 ILCS §45/3-3(c))

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 fiver cial 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 unst, 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 unie 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 aiso revoke this Power of Attorney if you wish.

This Power of Attorney does not authorize your agent to ar pear in court for you as an attorney-atlaw 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:

NOTICE: ALLREGS provides this material to facilitate the identification of state-specific documentation necessary to a mortgage loan transaction. This does not constitute legal advice or counsel and no license is hereby granted for its replication or dissemination. Contact AllRegs for licensing information.

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#### 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 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.

(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 LITHER (OR BOTH) OF THE FOLLOWING:)

6. This power of attorney shall become effective on the date this power of attorney is signed.

7. This power of attorney she'll terminate upon the earlier of the following to occur: (a) the consummation of the Transaction contemplated herein; or (b) February 29, 2016.

(insert a future date or event, such as court determination of your disability, when you want this power to terminate prior to your death)

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

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 accessor(s) to such agent: None.

For purposes 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.

9. 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.

[SIGNATURE PAGE TO FOLLOW]

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### ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

(NOTICE: THE PURPOSE OF THIS 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 THE 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 POWER OF ATTORNEY ACT. THAT LAW EXPRESSLY PERMI'S 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 iii . 12 day of February, 2016.

- 1. Marvin H. Klapman and Rose G. K. 2pman, husband and wife, of 19771 Buckeye Meadow Lane, Northridge, California 91326, hereby appoint: Patrick A. Brennan of the law firm of Much Shelist, P.C., 191 North Wacker Drive, Suite 1800, Chicago, Illinois 60606, a our attorney-in-fact (our "agent"), to act for us and in our name (in any way either of us 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 Lav" (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 institution transactions; and
  - (m) Borrowing transactions.

(LIMITATIONS ON AND ADDITIONS TO THE AGENT'S POWERS MAY BE INCLUDED IN THIS POWER OF ATTORNEY IF THEY ARE SPECIFICALLY DESCRIBED BELOW.)

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2. The powers granted above shall not include the following powers or shall be modified cc limited in the following particulars (here you may include any specific limitations you deem appropriate, such as a pach bition or conditions on the sale of particular stock or real estate or special rules on borrowing by the agent):

The powers granted above shall be only in connection with the purchase and financing of the real estate located at 630 North Franklin Street, Unit 717, Chicago, Illinois 60654 (collectively, the "Transaction").

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 limitation, power to make gifts, exercise powers of appointment, name or change beneficiaries or joint tenants or revoke or amend any trust specifically referred to below):

None

(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

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SIGNED:

Marvin H. Klapman

Rose G. Klanman

(THIS POWER OF ATTORNEY WILL NOT BE EFFECTIVE UNLESS IT IS NOTARIZED AND SIGNED BY AT LEAST ONE ADDITIONAL WITNESS, USING THE FORM BELOW.)

[SEE ATTACHED STATE OF CALIFORNIA NOTARY ACKNOWLEDGEMENT]

The undersigned witness cerifies that Marvin S. Klapman and Rose G. Klapman, husband and wife, known to me to be the same persons whose rames are subscribed as principal to the foregoing power of attorney, appeared before me and the notary public and ack low edged signing and delivering the instrument as the free and voluntary act of such principals, for the uses and purposes therein set forth. I believe each of them to be of sound mind and memory.

Dated this 15 day of February, 2016.

Signature of Witness

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

This document was prepared by: 4 Noull

Patrick A. Brennan, Esq. Much Shelist, PC 191 North Wacker Drive, Suite 1800 Chicago, Illinois 60606

[SIGNATURE AND NOTARY PAGE TO POWER OF ATTORNEY]

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# CALIFORNIA ALL- PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

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 Calliornia

County of Lange les	_ }
On Feb 15 2010 before me,	Erika Rodrauz Notary Ablic
who proved to me on the basis of satis name(s) is/are subscribed to the within be/she/they executed the same in is/h	factory evidence to be the person(s) whose instrument and acknowledged to me that er/their authorized capacity(ies), and that by ent the person(s), or the entity upon behalf of
I certify under PENALTY OF PERJURY the foregoing paragraph is true and col	d' under the laws of the State of California that rrect.
WITNESS my hand and official seal.	ERIKA RODRIGUEZ Commission # 1985646 Notary Public - California Los Angeles County
Notary Public Signature (N	otary Public Seal)
ADDITIONAL OPTIONAL INFORMAT  DESCRIPTION OF THE ATTACHED DOCUMENT  THAT NOIS STATUTORY Short  Form Pauler OF Attorney For  (Title or description of attached document) Property  (Title or description of attached document continued)	if needed, should be completed and attached to the docum.m. Acknowledgments from other states may be completed for documents being s. nt to that state so long as the wording does not require the California notary to viola e. C. lifornia notary law.  • State and County information must be the State and County where the documen signer(s) personally appeared before the notary public for acknowledgment.  • Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
Number of Pages Document Date	<ul> <li>The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).</li> <li>Print the name(s) of document signer(s) who personally appear at the time or notarization.</li> </ul>
CAPACITY CLAIMED BY THE SIGNER ☐ Individual (s) ☐ Corporate Officer ☐ (Title)	<ul> <li>Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/they, is /are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.</li> <li>The notary seal inor cover text or lines. If seal impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits at heavier a correlate of the forms.</li> </ul>
(Title)   Partner(s)   Attorney-in-Fact   Trustee(s)   Other	sufficient area permits, otherwise complete a different acknowledgment form.  Signature of the notary public must match the signature on file with the office of the county clerk.  Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document. Indicate title or type of attached document, number of pages and date.  Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CFO, CFO, Secretary).  Securely attach this document to the signed document with a staple.

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#### **EXHIBIT** A

#### LEGAL DESCRIPTION

Legal Description: UNIT 717 TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS IN 630 N. FRANKLIN CONDOMINIUM, AS DELINEATED AND DEFINED IN THE DECLARATION RECORDED AS DOCUMENT NUMBER 0529303035, IN THE WEST 1/2 OF THE WEST 1/2 OF THE NORTHEAST 1/4 OF SECTION 9, TOWNSHIP 39 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index #'s: 17-09-222-020-1081 Vol. 0500

Property Aduress: 630 North Franklin Street, Unit 717, Chicago, Illinois 60654

SS: 630 Nor.

OF COOK COUNTY CLORES OFFICE