UNOFFICIAL COPY LENOIS STATUTORY SHORT FORM

POWER OF ATTORNEY Poc#. 1607708211 Fee: \$86.00

Karen A. Yarbrough

(NOTICE: THE PURPOSE OF THIS POWER OF ATTORNE COOK County Recorder of Deeds SIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR Date: 03/17/2016 12:51 PM Pg: 1 of 6 ERS TO PLEDGE, SELL OR OTHERWISE DISPOSE OF ANY OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. HIS 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, DISLURSEMENTS 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 PURESSLY PERMITS THE USE OF ANY DIFFERENT FORM OF POWER OF ATTORNEY YOU MAY DESIDE. IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASKA, LAWYER TO EXPLAIN IT TO YOU.)

POWER OF ATTORNEY made this Hay of March, 2016.

- 1. Marvin H. Y. arman and Rose G. Klapman, husband and wife, of 19771 Buckeye Meadow Lane, Northridge, California 91375, nereby appoint: Patrick A. Brennan of the law firm of Much Shelist, P.C., 191 North Wacker Drive, Suite 1800, Chicago, Illinois 60606, as 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 Atom by 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:
 - (a) Real estate transactions;
 - (b) Financial institution transactions; and
 - (m) Borrowing transactions.

(LIMITATIONS ON AND ADDITIONS TO THE AGENT'S ¿O'WERS MAY BE INCLUDED IN THIS POWER OF ATTORNEY IF THEY ARE SPECIFICALLY DESCRIBED DEI OW.)

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 der m at propriate, such as a prohibition or conditions on the sale of particular stock or real estate or special rules on bon parting by the agent):

The powers granted above shall be offly in connection with the purchase and training of the real estate located at 2740 North Pine Grove Avenue. Apartment 13F, Chicar o. Allinois 60614 (collectively, the "Transaction").

3. In addition to the powers granted above, I grant my agent the following powers (he e you may add any other delegable powers including, without limitation, power to make gifts, exercise powers of appoint me m, name or change beneficiaries or joint tenants or revoke or amend any trust specifically referred to below):

(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

16 WNW 417055CRM

His Chicago Title

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1607708211 Page: 2 of 6

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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. A SS' NT AMENDMENT OR REVOCATION, THE AUTHORITY GRANTED IN THIS POWER OF ATTORNEY WILL IFCOME EFFECTIVE AT THE TIME THIS POWER IS SIGNED AND WILL CONTINUE UNTIL YOUR DEATH JULESS A LIMITATION ON THE BEGINNING DATE OR DURATION IS MADE BY INITIALING AND COMPLETING EITHER (OR BOTH) OF THE FOLLOWING:)

This power of attorney shall become effective on the date this power of attorney is signed. This power of atomey shall terminate upon the earlier of the following to occur: (a) the consummation of the Transaction conten plated herein; or (b) March 18, 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 regign or refuse to accept the office of agent, I name the following (each to act alone and successively, in the order name d) as successor(s) to such agent: None.

For purposes of this paragraph 8, a person shall be considered to be incomp tent if and while the person is a minor or an adjudicated incompetent or disabled person or the person is unable to give ricmot 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. Diffico

[SIGNATURE PAGE TO FOLLOW]

1607708211 Page: 3 of 6

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SIGNED:

Jarvin H. Klapman

Rose G. Klapman

(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 ATTACHEL STATE OF CALIFORNIA NOTARY ACKNOWLEDGEMENT]

The undersigned witness certifies that Marvin S. Klapman and Rose G. Klapman, husband and wife. known to me to be the same persons whose names are 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 such principals, for the uses and purposes therein set forth. I believe each of them to be of sound mind and memory.

Dated this Way of March. 2010.

Pr nted Name:

(THE NAME AND ADDRESS OF THE PERSON PREPARITG THIS FORM SHOULD BE INSERTED IF THE AGENT WILL HAVE POWER TO CONVEY ANY INTERES! P. FEAL ESTATE.)

This document was prepared by: ΦMAI

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

Clort's Office [SIGNATURE AND NOTARY PAGE TO POWER OF ATTORNEY]



1607708211 Page: 4 of 6

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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 California	}
County of Los Angeles	- '
On Mach 1th 2016 before me.	Erika Rodriguez Noterry Public (Here insert dame and title of the officer)
personally appeared Marylin Li	Klaman Ros - Cillian
will biosed to the Oli the Dasis of satis	factory evidence to be the
	n instrument and acknowledged to me that per/their authorized capacity(ies), and that by
which the person(s) acted, executed the	Hell Uie Derson(s) or the entity upon habits of
the foregoing paragraph is true and co	Y under the laws of the State of California that
WITNESS my hand and official seal.	ERIKA RODRIGUEZ Commission # 1985646
Notary Public Signature/	Notary Public - California Los Angeles County My Comm. Expires Aug 17, 2016
·	
ADDITIONAL OPTIONAL INFORMAT DESCRIPTION OF THE ATTACHED DOCUMENT	1 103 JOHN COMPUES WITH ENTRONE COMPANY COMPANY COMPANY
	if needed, should be completed and attached to the document. Acknowledgments from other states may be completed for documents being and to that state so long as the wording does not require the California notary to vio ate California notary.
(Title or description of attached document)	State and County information must be the State and County where the document signer(s) personally appeared before the potant public for solver.
(Title or description of attached document continued)	must also be the same date the acknowledgment is completed.
Number of Pages Document Date	 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). Print the name(s) of document signer(s) who personally appear at the time of notarization.
CAPACITY CLAIMED BY THE SIGNER Individual (s)	 Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/hey; is /are) or circling the correct forms. Failure to correctly indicate this information may lead to rejective up the correct forms.
☐ Corporate Officer	The notary seal impression must be clear and photographically.
(Title) □ Partner(s)	sufficient area permits, otherwise complete a different acknowledgment form. Signature of the notary public must match the signature on the public public must match the signature on the public public must match the signature on the public pu
☐ Attorney-in-Fact ☐ Trustee(s)	Additional information is not required but could but a
Other	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 cornective officer when the most of the cornective o
(015 Version www NotaryClasses com 600 673 9565	 Securely attach this document to the signed document with a staple.

1607708211 Page: 5 of 6

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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 financial affairs, which may include the power to pledge, sell, or dispose of any of your real or pursunal property, even without your consent or any advance notice to you. When using the Statuton Short Form, you may name successor agents, but you may not name co-agents.

This form area 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, competance, 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 courl, 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-atlaw or otherwise to engage in the practice of law unices 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 incoughout 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

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Principal's initials

PAGE 1 of 1

1607708211 Page: 6 of 6

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EXHIBIT 'A'

Order No.: 16WNW417055CRM

For APN/Parcel ID(s): 14-28-309-031-1106

UNIT NUMBER 13F IN PARK VIEW TOWERS CONDOMINUM AS DELINEATED ON A SURVEY OF THE FOLLOWING DESCRIBED REAL ESTATE:

LOTS 56 AND 57 IN SUBDIVISION BY ANDREW STAFFORD AND COLEHOUR'S OF BLOCKS 1 AND 2 OF OUT LOT "A" IN WRIGHTWOOD BEING A SUBDIVISION OF THE SOUTHWEST 1/4 OF SECTION 28, TOWN SHIP 40 NORTH, RANGE 14 ALSO LOT 11 IN LEHMAN DIVERSEY BOULEVARD ADD.TY. IN THE SOUTHWEST 1/4 OF SECTION 28, TOWNSHIP 40 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS, WHICH SURVEY IS ATTACHED AS EXHIBIT A TO THE DECLARATION OF CONDOMINIUM RECORDED AS DOCUMENT 25386511 TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS.