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Doc#: 1608950013 Fee: \$54.00  
RHSP Fee: \$9.00 RPRF Fee: \$1.00  
Karen A. Yarbrough  
Cook County Recorder of Deeds  
Date: 03/29/2016 09:28 AM Pg: 1 of 9

## POWER OF ATTORNEY

### Legal:

UNIT 20L TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS IN 720 GORDON TERRACE CONDOMINIUM, AS DELINEATED AND DEFINED IN THE DECLARATION RECORDED AS DOCUMENT NUMBER 24491225 AND REGISTERED IN THE OFFICE OF THE REGISTRAR OF TORRENS TITLES OF SAID COUNTY AS DOCUMENT NO. 3024350, IN THE FRACTIONAL SECTION 16, TOWNSHIP 40 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Address: 720 W Gordon Terr. Unit 20L, Chicago, IL 60613

PIN #: 14-16-303-035-1209

PIN #:

PIN #:

Township: Lake View

AFTER RECORDING, MAIL TO:

SATURN TITLE, LLC  
1030 W. HIGGINS RD.  
SUITE 365  
PARK RIDGE, IL 60068

1 616306

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## 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.

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:

N.P.  
(Principal's initials)

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## Illinois Statutory Short Form Power of Attorney for Property

I, Nathan Palmer, 1115 East 62nd Street, Apt. 303, Chicago, Illinois, hereby revoke all prior powers of attorney for property executed by me and appoint (NOTE: You may not name co-agents using this form):

Name: Jonathan D. Herpy  
Address: 360 West Butterfield Road, Suite 325, Elmhurst, Illinois 60126  
Telephone: (630) 395-9496

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.
- (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.
- (o) All other property powers and transactions.

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(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 shall not include the following powers or shall be modified or limited in the following particulars:

(NOTE: 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)

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3. In addition to the powers granted above, I grant my agent the following powers:  
For the purchase of the property located at **720 West Gordon Terrace,  
Unit 20L, Chicago Illinois**

**Authority to Fund Trust.** My agent is authorized to transfer, and convey any property or interest in property which I may own to the ~~\*\*\*RLT trust name\*\*\*~~, if then in existence, or to any other trust of which I am a beneficiary and under the terms of which I expressly have the power, exercisable alone or with others, to amend or revoke such trust, whether such trust was created before or after the execution of this power of attorney.

**Authority to Engage in Financial Transactions.** My agent is authorized to engage in financial transactions as agent with himself/herself in his/her individual capacity and I waive on behalf of myself and my estate all objections to any such transactions. I waive any conflict which may exist or which I have because my agent (who is a fiduciary when acting pursuant to the authority granted by this instrument) also is a beneficiary of my estate and/or otherwise derives some current or future benefit from such financial transactions.

**Authority to Renounce and Disclaim.** My agent is authorized to renounce and disclaim any property or interest in property or powers to which for any reason and by any means I may become entitled, whether by gift or by testate or intestate succession; my agent is further authorized to release or abandon any property or interest in property or powers which I may now have or hereafter acquire and, in exercising such discretion, my agent may consider, without limitation, such matters as

- the effect of such renunciation or disclaimer upon my estate's liability for estate, inheritance or other death taxes;
- the effect of such renunciation or disclaimer upon persons interested in my estate; and
- the effect of such renunciation or disclaimer upon persons who would receive the renounced or disclaimed property.

**Authority to Compensate Third Party Agents.** My agent is authorized to compensate separately any brokers, attorneys, auditors, depositories, real estate

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managers, investment advisors and other persons reasonably necessary for my agent under this Power of Attorney to exercise his or her powers.

**Authority to Change Accounts.** My agent is authorized to change any of my accounts, joint or otherwise, by renaming such accounts, removing my name from such accounts or otherwise dealing with any savings, checking or other banking or securities accounts with any financial institution or brokerage firm, whether said accounts are in my name alone or in joint tenancy with any other person.

**Trusts.** I authorize my agent to create, fund, amend, modify, or terminate revocable or irrevocable inter vivos trusts; accept transfers or distributions from any trustee of any trust; and add property to an existing or subsequently created trust.

**Enforcement Proceedings.** I authorize my agent to commence enforcement proceedings, at my expense, against any bank, savings and loan association, credit union, financial institution, brokerage firm, stock transfer agent, insurance company, title insurance company, or other person or entity that fails or refuses to honor this durable power of attorney.

**Appointment of a Special or Ancillary Agent.** My agent may appoint, in writing, a corporate fiduciary or an individual to serve as Special Agent to exercise any power under this power of attorney. My agent may revoke any such appointment at will.

If my agent determines that it is necessary or desirable to appoint an Ancillary Agent to act under this power of attorney in a jurisdiction other than this one, my agent may do so. In making an appointment, my agent may sign, execute, deliver, acknowledge and make declarations in any documents that may be necessary, desirable, convenient or proper in order to carry out the appointment.

A Special or Ancillary Agent may exercise all powers granted by this power of attorney unless expressly limited elsewhere in this power of attorney or by the instrument appointing the Special or Ancillary Agent. A Special or Ancillary Agent may resign at any time by delivering written notice of resignation to my agent. Notice of resignation shall be effective in accordance with the terms of the notice.

**Insurance Transactions.** I authorize my agent to engage in insurance transactions, including applying for, maintaining, canceling, paying premiums on, increasing or decreasing, coverage, collecting, borrowing from, transferring ownership, surrendering and/or purchasing insurance policies.

**Authority to Apply for Reverse Mortgage.** My agent is authorized to apply for a reverse mortgage, including but not limited to signing the Mortgage and Note.

**Real Estate Transactions, Fixtures and Personalty.** I authorize my agent to engage in real estate transactions or transactions which involve any proprietary lease or stock evidencing my ownership of a cooperative apartment, including all fixtures and articles of personal property used in connection with the real property (my agent may include such property in the deeds, mortgages, agreements, and any other instruments to be executed and delivered in connection with real estate

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transactions and which may be described in said instruments with more particularity).

**Business Activities.** I authorize my agent to invest in, contribute to, establish, create, and fund any existing or newly created partnership, corporation, limited liability company, limited liability partnership, limited partnership, or other entity and to exercise all rights pertaining thereto.

**Business Succession Agreements.** My agent is authorized to enter into buy/sell agreements and any other business succession agreements.

**Employment of Professionals.** Retain, discharge and pay, in the sole discretion of my agent, for the services of attorneys, accountants, financial planners, geriatric care managers, social workers and any other health care professionals. My agent is not obligated to retain or pay for any health care professional on behalf of the principal.

(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.)

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 and 7.)

6. This power of attorney shall become effective immediately.

(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 take effect.)

7. This power of attorney shall terminate on 03/24/2016

(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.)

This Power of Attorney shall not be affected by disability of the principal or lapse of tie. It is Grantor's intention that the Attorney shall have all the powers stated above irrespective of any disability, incompetence, or incapacity that Grantor may suffer at any time or times, whether or not the same shall be adjudicated by any court.



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(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:

Name: Lisa M. Anderson  
 Address: 360 West Butterfield Road, Suite 325, Elmhurst, Illinois 60126  
 Telephone: (630) 395-9496

Name: Jena D. Gust  
 Address: 360 West Butterfield Road, Suite 325, Elmhurst, Illinois 60126  
 Telephone: (630) 395-9496

Name: Brandon C. Hall  
 Address: 360 West Butterfield Road, Suite 325, Elmhurst, Illinois 60126  
 Telephone: (630) 395-9496

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.

(NOTE: If you wish to, you may name your agent as guardian of your estate if a court 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 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 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.)

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

Dated: March 15, 2016

Signed: \_\_\_\_\_

Nathan Palmer, Principal

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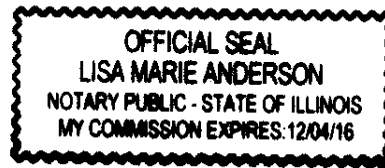
(NOTE: This power of attorney will not be effective unless it is signed by at least one witness and your signature is notarized, using the form below. The notary may not also sign as a witness.)

STATE OF ILLINOIS                    )  
  ) SS  
COUNTY OF COOK                    )

The undersigned, a notary public in and for the above county and state, certifies that Nathan Palmer, known to me to be the same person whose name is subscribed to the foregoing document, appeared before me in person and acknowledged signing and delivering the instrument as his free and voluntary act, for the uses and purposes therein set forth.

Dated: March 15, 2016

Lisa Marie Anderson  
Lisa M. Anderson, Notary Public



The undersigned witness certifies that Nathan Palmer, 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: March 15, 2016

Jena D. Gust  
Jena D. Gust  
300 West Butterfield Road, Suite 325  
Elmhurst, Illinois 60126



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(NOTE: Illinois requires only one witness, but other jurisdictions may require more than one witness. If you wish to have a second witness, have him or her certify and sign here)

The undersigned witness certifies that Nathan Palmer, 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: March 15, 2016




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Joel J. Funk  
 360 West Butterfield Road, Suite 325  
 Elmhurst, Illinois 60126

Prepared By:  
 Jonathan D. Herpy  
 360 W. Butterfield Rd.  
 Elmhurst IL 60126