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Doc#: 1609146219 Fee: \$50.00 RHSP Fee: \$9.00 RPRF Fee: \$1.00

Karen A. Yarbrough

Cook County Recorder of Deeds
Date: 03/31/2016 02:15 PM Pg: 1 of 7

ILLINOIS STATUTORY

SHORT FORM

POWER OF ATTORNEY FOR PROPERTY

PROPERTY: 2511 WILLOW STREET, FRANKLIN PARK, IL 60131

P.I.N.: 12-27-408-077-0000

DOOD C

LEGAL DESCRIPTION:

THE SOUTH 9 FEET OF LOT 29 AND 28 (EXCEPT THE SOUTH 2 FEET THEREOF) IN BLOCK 18 IN W. G. MCINTOSH COMPANY'S RIVER PARK ADDITION, BEING A SUBDIVISION OF PART OF FRACTIONAL SECTION 27 AND SECTION 34, TOWNSHIP 40 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

Prepared by: Richard A. Kocurek, Attorney At Law, 3306 S. Grove Ave., Berwyn, IL 60402

Mail to: Richard A. Kocurek, Attorney At Law, 3306 S. Grove Ave., Berwyn, IL 60402

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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 are 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 incapacitate a 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" pare graphs 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

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ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

1. I, **VICTORIA HERNANDEZ**, of Franklin Park, Illinoisa, hereby appoint; **RICHARD A. KOCUREK**, of Berwyn, Illinois.

(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 as set forth in paragraph 3 below.
- (b) Financial institution transactions as set forth in paragraph 3 below.
- (c) Stock and bond tran sactions.
- (d) Tangible personal property transactions.
- (e) Safe deposit box transactions.
- (f) Insurance and annuity transpections.
- (g) Retirement plan transactions.
- (h) Social Security, employment and a littary service benefits.
- (i) Tax matters.
- (j) Claims and litigation.
- (k) Commodity and option transactions.
- -(1) Business operations.
- (m) Borrowing transactions.
- (n) Estate transactions.
 - (o) All other property transactions as set forth in paragreph 3 below.

(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.) Power is limited to all power necessary to represent me in a sale of the property at: **2511 WILLOW STREET, FRANKLIN PARK, IL 60131**, including but not limited to contract negotiations, closing documents and lenders documents.

3. In addition to the powers granted above, I grant my agent the following powers: (NOTE: 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.) to execute any and all papers necessary, including, but not limited to: the deed, Altas, RESPA, contract, bill of sale, affidavit of title, transfer declarations, Fannie Mae forms, forms necessary for purchasers mortgage, and affidavits to sell the property located at: **2511 WILLOW STREET, FRANKLIN PARK, IL 60131.**

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(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 small be entitled to reasonable compensation for services rendered as agent under this power of attorney.

(NOTE: This power of at orney 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 on March 18, 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.)
- 7. Whis power of attorney shall terminate on War: 28, 2016(NOTE: Insert a future date or event, such as a court determination that you are not uncer 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 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:
For purposes of 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.

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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:	7-18-1-	Signed	met Time	
	• •	y will not be effective unless it is sig sing the form below. The notary ma	· ·	
person whose me and the m and voluntary her to be of so not: (a) the at provider; (b) a which the pri such parent, the foregoing	e narie is subser- otary public and y act of the prince ound mind and stending physicia an owner, operate ncipal is a patie sibling, or desce- power of attorner or successor age	rifies that VICTORIA HERNANDEZ ribed as principal to the foregoing participal, for the uses and purposes the memory. The undersigned witness are nor mental health service provide tor or relative of an owner or operator resident; (c) a parent, sibling, and ant of either the principal or an ey, whether such relationship is by not under the foregoing power of attentions.	power of attorney, appeared before ing the instrument as the free erein set forth. I believe him or also certifies that the witness is or or a relative of the physician or attor of a health care facility in descendant, or any spouse of y agent or successor agent under blood, marriage, or adoption; or	
		77/2	Witness	
(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:)				
be the same pappeared before instrument a forth. I believe certifies that relative of the a health care descendant, cagent or succession, marrial attorney.	person whose nation or me and the rest the free and vote him or her to be the witness is not physician or profacility in which or any spouse of essor agent undinge, or adoption;	igned witness certifies that VICTO ame is subscribed as principal to the notary public and acknowledged signal public and acknowledged signal public and memory. The object of sound mind and memory. The ot: (a) the attending physician or movider; (b) an owner, operator, or resident the principal is a patient or resident such parent, sibling, or descendant or the foregoing power of attorney, or (d) an agent or successor agent	ne to regoing power of attorney, gring and delivering the e uses and purposes therein set e undersigned witness also tental health service provider or a elative of an owner or operator of ent; (c) a parent, sibling, at of either the principal or any whether such relationship is by	
Dated:				
			Witness	

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State of Illinois)	
)	SS.
County of Cook)	l
The undersigned, a no	tary public in and for the above county and state, certifies that
VICTORIA HERNANDEZ, kno	own to me to be the same person whose name is subscribed as
principal to the foregoing power	er of attorney, appeared before me and the witness(es)
Char Com	(and) in person and
	ivering the instrument as the free and voluntary act of the
	rposes therein set forth (,and certified to the correctness of the
signature(s) of the agent(s)).	
Dated:3/18/16	OFFICIAL SEAL
	ILDA HERRERA
	Notary Public - State of Illinois
Notary Public	My Commission Expires 12/18/2018
My commission expires	
	Equired to, request your agent and successor agents to provide
	yean clude specimen signatures in this power of attorney, you mus
complete the certification oppos	site the signatures of the agents.)
Specimen signatures of	I certify that the signatures
agent (and successors)	of my agent (and successors)
,	are genuine.
	0,
	() ()
(agent)	(principal)
(successor agent)	(principal)
(
(successor agent)	(principal)
(NOTE: The same of the same	
(NOIE: The name, address, an	nd phone number of the person preparing this for n or who assisted ting this form should be inserted below.)
the principal in complet	ting this form should be inserted below.)
Name: Richard A. Kocı	ırek
A 1 1 000 C 0 0	
Address: 3306 S. Grov	7e Avenue
Berwyn, IL 60402	
Phone: 708-795-0230	

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"NOTICE TO AGENT

When you accept the authority granted under this power of attorney a special legal relationship, known as agency, is created between you and the principal. Agency imposes upon you duties that continue until you resign or the power of attorney is terminated or revoked.

As agent you must:

- (1) do what you know the principal reasonably expects you to do with the principal's property;
- (2) act in good faith for the best interest of the principal, using due care, competence, and diligence;
- (3) keep a complete and detailed record of all receipts, disbursements, and significant actions conducted for the principal;
- (4) attempt to preserve the principal's estate plan, to the extent actually known by the agent, if preserving the plan is consistent with the principal's best interest; and
- (5) cooperate with a person who has authority to make health care decisions for the principal to carry out the principal's reasonable expectations to the extent actually in the principal's best interest As agent you must not do any of the following:
- (1) act so as to create a conflict of interest that is inconsistent with the other principles in this Notice to Agent;
 - (2) do any act beyond the suthority granted in this power of attorney;
 - (3) commingle the principal's fonds with your funds;
 - (4) borrow funds or other prope ty from the principal, unless otherwise authorized;
- (5) continue acting on behalf of the principal if you learn of any event that terminates this power of attorney or your authority under this power of attorney, such as the death of the principal, your legal separation from the principal, or the dissolution of your marriage to the principal.

If you have special skills or expertise, you must use those special skills and expertise when acting for the principal. You must disclose your identity as an agent whenever you act for the principal by writing or printing the name of the principal and signing your own name "as Agent" in the following manner:

"(Principal's Name) by (Your Name) as Agent"

The meaning of the powers granted to you is contained in Section 3-4 of the Illinois Power of Attorney Act, which is incorporated by reference into the body of the power of attorney for property document.

If you violate your duties as agent or act outside the authority granted to you, you may be liable for any damages, including attorney's fees and costs, caused by your violation.

If there is anything about this document or your duties that you do not understand, you should seek legal advice from an attorney."