Doc#: 1610334020 Fee: \$50.00 RHSP Fee:\$9.00 RPRF Fee: \$1.00

Karen A. Yarbrough

Cook County Recorder of Deeds Date: 04/12/2016 08:42 AM Pg: 1 of 7

(Space above this line for Recording Data)

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

	1. I, Sambhav Shah, he chy revoke all prior powers of attorney for property executed by me and appoint.  Frank W. Jaffe, of Jaffe & Bedin, LLC, 111 W. Washington Street S
	Frank W. Jaffe, of Jaffe & Sedin, LLC, 111 W. Washington Street, Suite 900, Chicago, Illinois 60602, as
	my attorney-in-fact (my "avent") to any forms and in-
	my attorney-in-fact (my "agent") to act for me and in my name (in any way I could act in person) with
ĩ.	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 with
h	for Property Law" (including all amenoments), but subject to any limitations on or additions to the specified powers inserted in paragraph 2 or 3 behavior
7	NOTE: Von mont stall.
ځ	(NOTE: You must strike out any one or mor. of the following categories of powers you do not want
	THE PARTY OF THE P
Ļ	that category.)
¥	<b>4</b>
<u> </u>	(a) Real estate transactions.
<u>`</u>	(b) Financial institution transactions.
3	(e) 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.
	(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) Commedity and option transactions. (1) Business operations.
	(m) Borrowing transactions.
	AND AND THE PROPERTY OF THE PR

(n) Estate transactions.

(o) All other property transactions.

(NOTE: Limitations on and additions to the agent's powers may be included in this power of attorney if they are specifically described below.)

**Chicago Title** 

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# 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 it shou 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 I directions in this form. Your agent must keep a record of all receipts, disbursements, and significant 5 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-atlaw or otherwise to engage in the practice of law unless he or she is a licensed attorney who is I 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 Attorney Act. This form is a part of that law. The "NOTE" paragraphs throughout this form instructions.

You are not required to sign this Power of Attorney, but it will not take effect with aut your

signature. You should not sign this Power of Attorney if you do not understand ever, ming 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

Chicago Title

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<ol><li>The powers granted above shall not inc following particulars:</li></ol>	clude the following powers or shall be modified or limited in the
(NOTE: Here you may include any savete	c limitations you deem appropriate, such as a prohibition or r real estate or special rules on borrowing by the agent.)
3. In addition to the powers granted above	, I grant my agent the following powers:
Specifically, the power to sion all documents	necessary to consummate the purchase of 1826 S. Indiana
(NOTE: Your age: ()/ill have authority to oproperly exercise the owners granted in thi decisions. If you want to give your agent the others, you should keep per agraph 4, other	employ other persons as necessary to enable the agent to a form, but your agent will have to make all discretionary e right to delegate discretionary decision-making powers to wise it should be struck out.)
The state of the s	instrument to delegate any or all of the foregoing powers y person or persons whom my agent may select, but such agent (including any successor) named by me who is acting the center.
(NOTE: Your agent will be entitled to reim) under this power of attorney. Strike out par to reasonable compensation for services as a	burse ment for all reasonable expenses incurred in acting agraph (if you do not want your agent to also be entitled agent.)
<ol><li>My agent shall be entitled to reasonable of attorney.</li></ol>	compensation for services rendered as agent under this power
at the time this power is signed and will con-	ended or revoked by you at any time and in any manner.  ority granted in this power of couracy will become effective tinue until your death, unless a link ation on the beginning empleting one or both of paragraphs (and 7.)
6. (S) This power of attorney shall become	e effective on March 30, 2016.
(NOTE: Insert a future date or event during disability or a written determination by you power to first take effect.)	your lifetime, such as a court determination of your r physician that you are incapacitated, when you want this
7. (S) This power of attorney shall termin	ate on April 30, 2016.
disability or a written determination by you power to terminate prior to your death.)	is a court determination that you are not under a legal r physician that you are not incapacitated, if you want this ccessor agents, insert the name and address of each

8. If any agent named by me shall die, become incompetent, resign or refuse to accept the office of agent,

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For purposes of this paragraph 8, a person shall be considered to be incompetent if and while the person or an adjudicated incompetent or disabled person or the person is unable to give prompt and interconsideration 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 on should be appointed. To do this, retain paragraph 9, and the court will appoint your agent if the cour 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 interpred 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: 3/25/16 Signed Samon Scal (principal)		
(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.)		
The undersigned witness certifies that Sambay Share, 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 he, to be of sound mind and memory. The undersigned witness also certifies that the witness is not: (a) the attenting 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: 3/25/16 Signed: K. Edwards (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:)		
(Second witness) The undersigned witness certifies that, 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		

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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:	Signed:	(Witness)
State of Illinois	<b>)</b>	
County of Cook	jss.	
appeared before me and the will acknowledged signing and or it uses and purposes therein set for	mess Kadene K. Edwa vering the instrument as the french, (and certified to the correct	and state, certifies that Sambhav Shah, known neipal to the foregoing power of attorney, in person and ee and voluntary act of the principal, for the ectness of the signature(s) of the agent(s))
Dated: 03/25/2016 Signi My commission expires: 04/		(Notary Public) OFFICIAL SEAL DAWN R COOK Notary Public - State of Illinois My Commission Expires Apr 30, 2
(NOTE: You may, but are not specimen signatures below. If complete the certification opp	YIEL RECHIRD CROOM AS / inset	gent and successor agents to provide tures in this power of attorney, you must tents.)
Specimen signatures of Agent (and successors)	I certify that the signal agent (and successors	P.r.s of my
(Agent)	(Principal)	
(Successor agent)	(Principal)	7/4/
(Successor agent)	(Principal)	
NOTE: The name, address, an	d phone number of the perso	On preparing this form or was assisted the

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#### OFFICIAL C

(This page is not part of official statutory form. It is only for the Agent's use in recording this form when necessary for Real Estate Transactions)

For the premises commonly known as: 1826 S. Indiana Avenue, Chicago, IL 60616

Permanent Index Number(s): 117-22-307-67-0000

800

Legal Description: See Exhibit "A" attached hereto and made a part hereof

(The name and address of the person preparing this form should be inserted if the Agent will have the power to convey any interest in Real Estate.)

#### This instrumer c was prepared by:

ank W. Jaffe

ffe & Berlin, LLC

11 W. Washington, Suite 955

hicago, IL 60602

Recorder - Mail recorded document to:

W. Jaffe

in, LLC

m, Suite 900

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#### LEGAL DESCRIPTION

Order No.: 16ST00543RM

For APN/Parcel ID(s): 17-22-307-868-0000

Parcel 1:

Lot 9 in Kensington Park Townhomes, being a Subdivision in the Southwest fractional 1/4 of Section 22, Township 39 North, Range 14, East of the Third Principal Meridian, according to the Plat thereof recorded May 9, 2002 as document number 0020535533, in Cook County, Illinois.

Parcel 2:

Easements for Ingress and Egress for the benefit of Parcel 1 aforesaid, as set forth in the Declaration of covenants, conditions, restrictions and Easements for Kensington Park Townhomes recorded on May 9, 2002 as document number 0020535534, in Dook County, Illinois.