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1614634043 Fee: \$50.00 RHSP Fee:\$9.00 RPRF Fee: \$1.00

Karen A. Yarbrough

Cook County Recorder of Deeds Date: 05/25/2016 11:07 AM Pg: 1 of 7

ILLINOIS STATUTORY

SHORT FORM

POWER OF ATTORNEY FOR PROPERTY

egal description

THE SOUTH 30 FEET OF LOT 8 IN BLOCK 16 IN MANDELL AND HYMAN SUBDIVISION OF THE EAST HALF OF THE SOUTH WEST QUARTER OF SECTION 20, TOWNSHIP 39 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Pin: 16-20-336-005-0000

Dropont.

0/4/5 Prepared by: Richard A. Kocurek, Attorney At Law, 3306 S. Grove Ave., Belwy I. 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 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:

Principal's initials

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ILLINOIS STATUTORY SHORT FORM

POWER OF ATTORNEY FOR PROPERTY

1. I, MICHAEL J. ARENDT, of 2109 S. 60th Court, Cicero, IL 60804, hereby appoint; LYNDA P. ARENDT .now of 2109 S. 60th Court, Cicero, IL 60804

(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 transactions.
- (d) Tangible personal property transactions.
- (e) Safe deposit box transactions.
- (f) Insurance and annuity transactio is.
- (g) Retirement plan transactions.
- (h) Social Security, employment and military service benefits.
 - (i) Tax matters.
- (i) Claims and litigation.
- (k) Commodity and option transactions.
- (I) Business operations.
- (m) Borrowing transactions.
- (n) Estate transactions.
- (o) All other property transactions as set forth in paragraph 3 balow.

(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: 2109 S. 60* Court, Cicero, IL 60804, 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: 2109 S. 60th Court, Cicero, IL 60804.

(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.)

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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.)

(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.)

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11. The Notice to Agent is incorp	orated by reference and included as part of this form.
Dated:	Signed Name 579/16
	MICHAEL J. ARENDT
	not be effective unless it is signed by at least one witness and your m below. The notary may not also sign as a witness.)
is subscribed as principal to the fore acknowledged signing and delivering uses and purposas therein set forth witness also certifies that the witness a relative of the physician or provide care facility in which the principal is such parent, sibling, or obscendant foregoing power of attorney, whether successor agent under the foregoing	mat Michael T. Answir, known to me to be the same person whose name agoing power of attorney, appeared before me and the notary public and any the instrument as the free and voluntary act of the principal, for the state of the principal, for the state of the principal, for the undersigned as is not: (a) the attending physician or mental health service provider or ser; (b) an owner, operator, or relative of an owner or operator of a health a patient or resident; (c) a parent, sibling, descendant, or any spouse of of either the principal or any agent or successor agent under the ser such relationship is by blood, marriage, or adoption; or (d) an agent or any power of attorney.
Dated: 5-9-16	
Dated:	19
	Witness GROAGE BOUMAN
/MOTE: Illinois requires only one w	ritness, ຜູ້ກ່າວther jurisdictions may require more than one witness. If you
wish to have a second witness, hav	ve him or har certify and sign here:)
me and the notary public and acknown act of the principal, for the uses and memory. The undersigned witness health service provider or a relative owner or operator of a health care descendant, or any spouse of such successor agent under the foregoing	ubscribed as principal to the foregoing power of attorney, appeared before owledged signing and delivering the instrument as the free and voluntary dipurposes therein set iouth I believe him or her to be of sound mind and also certifies that the witners is not: (a) the attending physician or mental of the physician or provider; (b) an owner, operator, or relative of an facility in which the principal is a patient or resident; (c) a parent, sibling, a parent, sibling, or descendant of entire the principal or any agent or any power of attorney, whether such relationship is by blood, marriage, or as or agent under the foregoing power of attorney.
	3,
Dated:	Vitness
. Fc	
State of	· Co
State of FC County of DINKUPS.	
	to me to be the same person whose name is subscribed as principal to ppeared before me and the witness(es). Grand delivering the instrument
	proceed before me and the witness(es) 6 2066 & 600 MM
	I IN POLECUI SUU SUKUKUMIHIDUHU SIULIIIU GUU GERACININ IIIO IIIOO IIIIO
as the free and voluntary act of the	e principal, for the uses and purposes therein set forth (, and certified to
the correctness of the signature(s)	of the agent(s)).
	1111-nl
Dated: 5/9//6	of the agent(s)). CHARMAINE DOUMANIAN Notary Public
, ,	MY COMMISSION # EE GIGITA
My commission expires	* E CHRES. June 18, 2017

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(NOTE: You may, but are not required to, request your agent and successor agents to provide specimen signatures below. If you include specimen signatures in this power of attorney, you must complete the certification opposite the signatures of the agents.)

of my agent (and successors) are genuine.
(principal)
(principal)
(principal)
pelow.)

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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 on 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 authority granted in this power of attorney;

(3) commingle the principal's run is with your funds;

(4) borrow funds or other property 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 grantee 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 no understand, you should seek legal 450 Price advice from an attorney."