

UNOFFICIAL COPY



Doc#: 1615301004 Fee: \$64.00  
RHSP Fee: \$9.00 RPRF Fee: \$1.00  
Karen A. Yarbrough  
Cook County Recorder of Deeds  
Date: 06/01/2016 09:30 AM Pg: 1 of 14

This space for recorder's use only

Property of Cook County Clerk's Office

POA

First American Title Insurance Company

Order No. 2690416

Change this verbiage to reflect type of document you are recording

FIRST AMERICAN TITLE  
FILE # 2690416

2063

Prepared By and Mail To:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Y  
S  
P  
S  
S  
INT

# UNOFFICIAL COPY

## POWER OF ATTORNEY NEW YORK STATUTORY GIFTS RIDER AUTHORIZATION FOR CERTAIN GIFT TRANSACTIONS

Attached to a New York Statutory Short Form Power of Attorney  
dated JANUARY 5 2015 made by RAISA YAVLINSKY

**CAUTION TO THE PRINCIPAL:** This OPTIONAL rider allows you to authorize your agent to make gifts in excess of an annual total of \$500 for all gifts described in (I) of the Grant of Authority section of the statutory short form Power of Attorney (under personal and family maintenance), or certain other gift transactions during your lifetime. You do not have to execute this rider if you only want your agent to make gifts described in (I) of the Grant of Authority section of the statutory short form Power of Attorney and you initialed "(I)" on that section of that form. Granting any of the following authority to your agent gives your agent the authority to take actions which could significantly reduce your property or change how your property is distributed at your death. "Certain gift transactions" are described in section 5-1514 of the General Obligations Law. This Gifts Rider does not require your agent to exercise granted authority, but when he or she exercises this authority, he or she must act according to any instructions you provide, or otherwise in your best interest.

This Gifts Rider and the Power of Attorney it supplements must be read together as a single instrument.

Before signing this document authorizing your agent to make gifts, you should seek legal advice to ensure that your intentions are clearly and properly expressed.

**(a) GRANT OF LIMITED AUTHORITY TO MAKE GIFTS**

Granting gifting authority to your agent gives your agent the authority to take actions which could significantly reduce your property.

If you wish to allow your agent to make gifts to himself or herself, you must separately grant that authority in subdivision (c) below.

To grant your agent the gifting authority provided below, initial the bracket to the left of the authority.

(  ) I grant authority to my agent to make gifts to my spouse, children and more remote descendants, and parents, not to exceed, for each donee, the annual federal gift tax exclusion amount pursuant to the Internal Revenue Code. For gifts to my children and more remote descendants, and parents, the maximum amount of the gift to each donee shall not exceed twice the gift tax exclusion amount, if my spouse agrees to split gift treatment pursuant to the Internal Revenue Code. This authority must be exercised pursuant to my instructions, or otherwise for

# UNOFFICIAL COPY

purposes which the agent reasonably deems to be in my best interest.

**(b) MODIFICATIONS:**

Use this section if you wish to authorize gifts in amounts smaller than the gift tax exclusion amount, in amounts in excess of the gift tax exclusion amount, gifts to other beneficiaries, or other gift transactions. Granting such authority to your agent gives your agent the authority to take actions which could significantly reduce your property and/or change how your property is distributed at your death. If you wish to authorize your agent to make gifts to himself or herself, you must separately grant that authority in subdivision (c) below.

(RY) I grant the following authority to my agent to make gifts pursuant to my instructions, or otherwise for purposes which the agent reasonably deems to be in my best interest:

**I grant authority to my agent to make gifts to my spouse, children and more remote descendants, including himself and/or trusts and/or charity in any amounts, even if it exceeds the gift tax exclusion amount.**

**(c) GRANT OF SPECIFIC AUTHORITY FOR AN AGENT TO MAKE GIFTS TO HIMSELF OR HERSELF: (OPTIONAL)**

If you wish to authorize your agent to make gifts to himself or herself, you must grant that authority in this section, indicating to which agent(s) the authorization is granted, and any limitations and guidelines.

(RY) I grant specific authority for the following agent(s) to make the following gifts to himself or herself:

**I grant my agent/s the power to make any gifts or other transfers to himself or herself.**

This authority must be exercised pursuant to my instructions, or otherwise for purposes which the agent reasonably deems to be in my best interest.

**(d) ACCEPTANCE BY THIRD PARTIES:**

I agree to indemnify the third party for any claims that may arise against the third party because of reliance on this Statutory Gifts Rider.

# UNOFFICIAL COPY

(e) SIGNATURE OF PRINCIPAL AND ACKNOWLEDGMENT:

In Witness Whereof I have hereunto signed my name on JANUARY 5<sup>th</sup> 2015.

PRINCIPAL signs here: ==> Raisa Yavlinsky

STATE OF NEW YORK

COUNTY OF NEW YORK

SS:

On the 5<sup>th</sup> day of JANUARY 2015, before me, the undersigned, personally appeared **RAISA YAVLINSKY**, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in her/his capacity, and that by her/his signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

  
\_\_\_\_\_  
Notary Public

**BENJAMIN DREW**  
Notary Public, State of New York  
No. 01DR6225834  
Qualified in Kings County  
Commission Expires 07/26/2018

# UNOFFICIAL COPY

**(f) SIGNATURES OF WITNESSES:**

By signing as a witness, I acknowledge that the principal signed the Statutory Gifts Rider in my presence and the presence of the other witness, or that the principal acknowledged to me that the principal's signature was affixed by him or her or at his or her direction. I also acknowledge that the principal has stated that this Statutory Gifts Rider reflects his or her wishes and that he or she has signed it voluntarily. I am not named herein as a permissible recipient of gifts.



Signature of witness 1

1/5/2015

Date

BENJAMIN DREW

Print Name

1654-51<sup>st</sup> ST,

Address

Brooklyn N.Y. 11204

City, State, Zip code



Signature of witness 2

1/5/2015

Date

Maya Rozenblat

Print Name

2231 East 18<sup>th</sup> St

Address

Brooklyn, NY 11229

City, State, Zip code

**(g) This document prepared by: Law Offices of Katya Sverilov.**

# UNOFFICIAL COPY

## EXHIBIT A

### LEGAL DESCRIPTION

Legal Description: PARCEL 1:

UNIT 1459-301 IN BRENTWOOD OF PALATINE CONDOMINIUM, CREATED PURSUANT TO THAT CERTAIN DECLARATION OF CONDOMINIUM OWNERSHIP FOR BRENTWOOD OF PALATINE CONDOMINIUM, OF PART OF THE NORTHWEST QUARTER OF SECTION 12, TOWNSHIP 42 NORTH, RANGE 10 EAST OF THE THIRD PRINCIPAL MERIDIAN, RECORDED IN COOK COUNTY, ILLINOIS ON AUGUST 13, 2004 AS DOCUMENT NO. 0422634016 ("DECLARATION"), AND AS DELINEATED ON EXHIBIT C TO THE DECLARATION, TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS.

PARCEL 2:

EASEMENT FOR INGRESS AND EGRESS FOR THE BENEFIT OF PARCEL 1 AS CREATED BY DECLARATION AND GRANT OF EASEMENT DATED DECEMBER 14, 1972, RECORDED IN COOK COUNTY, ILLINOIS ON DECEMBER 21, 1972, AS DOCUMENT NO. LR2666783

Permanent Index #'s: 02-12-100-128-1057 Vol. 0148

Property Address: 1459 Winslowe Drive Unit 301, Palatine, Illinois 60074

Property of Cook County Clerk's Office

# UNOFFICIAL COPY

New York Statutory Short Form Power of Attorney, 8/18/10, Eff. 9/12/10

## POWER OF ATTORNEY NEW YORK STATUTORY SHORT FORM

(a) **CAUTION TO THE PRINCIPAL:** Your Power of Attorney is an important document. As the “principal,” you give the person whom you choose (your “agent”) authority to spend your money and sell or dispose of your property during your lifetime without telling you. You do not lose your authority to act even though you have given your agent similar authority.

When your agent exercises this authority, he or she must act according to any instructions you have provided or, where there are no specific instructions, in your best interest. “Important Information for the Agent” at the end of this document describes your agent’s responsibilities.

Your agent can act on your behalf only after signing the Power of Attorney before a notary public.

You can request information from your agent at any time. If you are revoking a prior Power of Attorney, you should provide written notice of the revocation to your prior agent(s) and to any third parties who may have acted upon it, including the financial institutions where your accounts are located.

You can revoke or terminate your Power of Attorney at any time for any reason as long as you are of sound mind. If you are no longer of sound mind, a court can remove an agent for acting improperly.

Your agent cannot make health care decisions for you. You may execute a “Health Care Proxy” to do this.

The law governing Powers of Attorney is contained in the New York General Obligations Law, Article 5, Title 15. This law is available at a law library, or online through the New York State Senate or Assembly websites, [www.senate.state.ny.us](http://www.senate.state.ny.us) or [www.assembly.state.ny.us](http://www.assembly.state.ny.us).

If there is anything about this document that you do not understand, you should ask a lawyer of your own choosing to explain it to you.

(b) **DESIGNATION OF AGENT(S):**

I, RAISA YAVLINSKY with an address at 240 E 82nd St., Apt 16D, New York NY 10028

hereby appoint:

ALINA YAVLINSKY

with an address at 240 E 82nd St., Apt 16D, New York NY 10028 and

GLEB YAVLINSKY

with an address at 1317 Fairfield Crt, Wheeling, IL 60090

**UNOFFICIAL COPY**

New York Statutory Short Form Power of Attorney. 8/18/10, Eff. 9/12/10

as my agent(s).

If you designate more than one agent above, they must act together unless you initial the statement below.

My agents may act SEPARATELY.

**(c) DESIGNATION OF SUCCESSOR AGENT(S): (OPTIONAL)**

If any agent designated above is unable or unwilling to serve, I appoint as my successor agent(s):

*(name of successor agent)*

Successor agents designated above must act together unless you initial the statement below.

My successor agents may act SEPARATELY.

You may provide for specific succession rules in this section. Insert specific succession provisions here:

**(d) This POWER OF ATTORNEY shall not be affected by my subsequent incapacity unless I have stated otherwise below, under "Modifications".**

**(e) This POWER OF ATTORNEY DOES NOT REVOKE any Powers of Attorney previously executed by me unless I have stated otherwise below, under "Modifications".**

If you do NOT intend to revoke your prior Powers of Attorney, and if you have granted the same authority in this Power of Attorney as you granted to another agent in a prior Power of Attorney, each agent can act separately unless you indicate under "Modifications" that the agents with the same authority are to act together.

**(f) GRANT OF AUTHORITY:**

To grant your agent some or all of the authority below, either

- (1) Initial the bracket at each authority you grant, or
- (2) Write or type the letters for each authority you grant on the blank line at (P), and initial the bracket at (P). If you initial (P), you do not need to initial the other lines.

I grant authority to my agent(s) with respect to the following subjects as defined in sections 5-1502A through 5-1502N of the New York General Obligations Law:

(A) real estate transactions;

(B) chattel and goods transactions;

(C) bond, share, and commodity transactions;

(D) banking transactions;

(E) business operating transactions;



# UNOFFICIAL COPY

New York Statutory Short Form Power of Attorney, 8/18/10, Eff. 9/12/10

- (F) insurance transactions;
- (G) estate transactions;
- (H) claims and litigation;
- (I) personal and family maintenance: If you grant your agent this authority, it will allow the agent to make gifts that you customarily have made to individuals, including the agent, and charitable organizations. The total amount of all such gifts in any one calendar year cannot exceed five hundred dollars;
- (J) benefits from governmental programs or civil or military service;
- (K) health care billing and payment matters; records, reports, and statements;
- (L) retirement benefit transactions;
- (M) tax matters;
- (N) all other matters;
- (O) full and unqualified authority to my agent(s) to delegate any or all of the foregoing powers to any person or persons whom my agent(s) select;
- (P) EACH of the matters identified by the following letters: A through O inclusive

You need not initial the other lines if you initial line (P).

**(g) MODIFICATIONS: (OPTIONAL)**

In this section, you may make additional provisions, including language to limit or supplement authority granted to your agent. However, you cannot use this Modifications section to grant your agent authority to make gifts or changes to interests in your property. If you wish to grant your agent such authority, you MUST complete the Statutory Gifts Rider.

- (Q) I specifically authorize my attorney(s)-in-fact to create trusts on my behalf and to finance such trusts; to engage in reacquisition of assets in trusts, and to engage in medical, benefits, estate, trust, and tax planning.
- (R) I give my attorney(s)-in-fact the power to act in my name and in the following matters: Social Security, Medicare, Medicaid, and all governmental benefits.
- (S) I give my attorney(s)-in-fact the power to represent me or obtain representations for me at hearings or appeals and to disclaim on my behalf any bequests, gifts, retirement benefits or insurance proceeds made to me and to relinquish any rights and powers held by me in any trust.
- (T) to act on my behalf with regard to my IRAs, retirement plans, insurance plans, and trusts;
- (U) Should I become a resident of a nursing facility, hospital, rehabilitation center, I hereby declare it my intention that I return to my home and my agent[s] shall take all steps possible to effectuate same.

**UNOFFICIAL COPY**

New York Statutory Short Form Power of Attorney, 8/18/10, Eff. 9/12/10

(V) to petition the Court or otherwise participate in the establishment of a Supplemental Needs Trust for my sole use and benefit;

(W) to disclose medical records and other personal information;

(X) to arrange, retain, pay for, supervise, and discharge the services of attorneys, accountants, financial planners, and all health care and health related services, including but not limited to physicians, nurses, geriatric care managers, social workers, physical therapists, occupational therapists, speech therapists, attendants, aides, nutritionists, care managers, companions, home services, caretakers, consultants, and specialists.

(Y) to commence legal proceedings for actual and punitive damages against any third party who refuses to honor and accept this instrument;

(Z) to sign tax returns and settle tax disputes;

(AA) I authorize my attorney-in-fact to enter any safety deposit box and to remove the contents and to make additions, substitutions, and replacements.

(BB) I authorize my agent to care for my pet/pets and to spend the owner's money on the pet's care (day to day, veterinarian, etc). I also authorize the agent the power to place the pet/pets with a long-term caregiver.

(CC) The authority to enter into a "Personal Service Contract" or "Caregiver Agreement" on behalf of the principal with third parties, including the agent.

(DD) My attorney-in-fact shall have (i) the power to access, use and control my digital devices, including but not limited to, desktops, laptops, tablets, peripherals, storage devices, mobile telephones, smartphones, and any similar digital device which currently exists or may exist as technology develops or such comparable items as technology develops for the purpose of accessing, modifying, deleting, controlling or transferring my digital assets and (ii) the power to access, modify, delete, control and transfer my digital assets, including but not limited to, my emails received, email accounts, digital music, digital photographs, digital videos, software licenses, social network accounts, file sharing accounts, financial accounts, domain registrations, DNS service accounts, web hosting accounts, tax preparation service accounts, online stores, affiliate programs, other online accounts and similar digital items which currently exist or may exist as technology develops or such comparable items as technology develops.

(EE) In the event that a power granted in this section "(g) MODIFICATIONS" conflicts with any power granted in section "(f) GRANT OF AUTHORITY" of this Power of Attorney, then the broadest power of attorney granted shall supersede and replace the conflicting power.

(FF) EACH of the matters identified by the following letters: Q to FF, **inclusive**.

**You need not initial the other lines if you initial line (FF).**

**UNOFFICIAL COPY**

New York Statutory Short Form Power of Attorney, 8/18/10, Eff. 9/12/10

**(h) CERTAIN GIFT TRANSACTIONS: STATUTORY GIFTS RIDER (OPTIONAL)**

In order to authorize your agent to make gifts in excess of an annual total of \$500 for all gifts described in (I) of the grant of authority section of this document (under personal and family maintenance), you must initial the statement below and execute a Statutory Gifts Rider at the same time as this instrument. Initialing the statement below by itself does not authorize your agent to make gifts. The preparation of the Statutory Gifts Rider should be supervised by a lawyer.

(RY) (SGR) I grant my agent authority to make gifts in accordance with the terms and conditions of the Statutory Gifts Rider that supplements this Statutory Power of Attorney.

**(i) DESIGNATION OF MONITOR(S): (OPTIONAL)**

If you wish to appoint monitor(s), initial and fill in the section below:

( ) I wish to designate NONE, whose address(es) is (are) \_\_\_\_\_, as monitor(s). Upon the request of the monitor(s), my agent(s) must provide the monitor(s) with a copy of the power of attorney and a record of all transactions done or made on my behalf. Third parties holding records of such transactions shall provide the records to the monitor(s) upon request.

**(j) COMPENSATION OF AGENT(S): (OPTIONAL)**

Your agent is entitled to be reimbursed from your assets for reasonable expenses incurred on your behalf. If you ALSO wish your agent(s) to be compensated from your assets for services rendered on your behalf, initial the statement below. If you wish to define "reasonable compensation", you may do so above, under "Modifications".

(RY) My agent(s) shall be compensated at a rate of \$ZERO /hr. for services rendered pursuant to this power of attorney.

( ) My agent(s) shall be entitled to reasonable compensation for services rendered.

**(k) ACCEPTANCE BY THIRD PARTIES:**

I agree to indemnify the third party for any claims that may arise against the third party because of reliance on this Power of Attorney. I understand that any termination of this Power of Attorney, whether the result of my revocation of the Power of Attorney or otherwise, is not effective as to a third party until the third party has actual notice or knowledge of the termination.

**(l) TERMINATION:**

This Power of Attorney continues until I revoke it or it is terminated by my death or other event described in section 5-1511 of the General Obligations Law.

# UNOFFICIAL COPY

New York Statutory Short Form Power of Attorney, 8/18/10, Eff. 9/12/10

Section 5-1511 of the General Obligations Law describes the manner in which you may revoke your Power of Attorney, and the events which terminate the Power of Attorney.

**(m) SIGNATURE AND ACKNOWLEDGMENT:**

In Witness Whereof I have hereunto signed my name on the 5<sup>th</sup> day of JANUARY, 2015  
PRINCIPAL signs here: ==> Raisa YAVLINSKY

STATE OF NEW YORK )  
COUNTY OF NEW YORK ) ss:

On the 5<sup>th</sup> day of JANUARY, 2015 before me, the undersigned, personally appeared RAISA YAVLINSKY, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

  
Notary Public

**BENJAMIN DREW**  
Notary Public, State of New York  
No. 01DR6225834  
Qualified in Kings County  
Commission Expires 07/26/2018

**(n) IMPORTANT INFORMATION FOR THE AGENT:**

When you accept the authority granted under this Power of Attorney, a special legal relationship is created between you and the principal. This relationship imposes on you legal responsibilities that continue until you resign or the Power of Attorney is terminated or revoked. You must:

- (1) act according to any instructions from the principal, or, where there are no instructions, in the principal's best interest;
- (2) avoid conflicts that would impair your ability to act in the principal's best interest;
- (3) keep the principal's property separate and distinct from any assets you own or control, unless otherwise permitted by law;
- (4) keep a record or all receipts, payments, and transactions conducted for the principal; and
- (5) disclose your identity as an agent whenever you act for the principal by writing or printing the principal's name and signing your own name as "agent" in either of the following manners: (Principal's Name) by (Your Signature) as Agent, or (your signature) as Agent for (Principal's Name).

# UNOFFICIAL COPY

New York Statutory Short Form Power of Attorney. 3/18/10, Eff. 9/12/10

**(o) AGENT'S SIGNATURE AND ACKNOWLEDGMENT OF APPOINTMENT:**

It is not required that the principal and the agent(s) sign at the same time, nor that multiple agents sign at the same time.

I/we, ALINA YAVLINSKY and GLEB YAVLINSKY, have read the foregoing Power of Attorney. I am/we are the person(s) identified therein as agent(s) for the principal named therein.

I/we acknowledge my/our legal responsibilities.

Agent(s) sign(s) here: ==>

*Alina Yavlinsky*  
\_\_\_\_\_  
*Gleb Yavlinsky*  
\_\_\_\_\_

STATE OF NEW YORK )  
COUNTY OF NEW YORK )

SS:

On the 5<sup>th</sup> day of JANUARY, 2015, before me, the undersigned, personally appeared ALINA YAVLINSKY, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

*[Signature]*  
\_\_\_\_\_  
Notary Public

**BENJAMIN DREW**  
Notary Public, State of New York  
No. 0706225834  
Qualified in Kings County  
Commission Expires 07/26/2018

STATE OF Illinois )  
COUNTY OF COOK )

SS:

On the 8 day of April, 2015, before me, the undersigned, personally appeared GLEB YAVLINSKY, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

*Natasha V Razin*  
\_\_\_\_\_  
Notary Public

**NATASHA V. RAZIN**  
OFFICIAL SEAL  
Notary Public - State of Illinois  
My Commission Expires  
September 18, 2017

# UNOFFICIAL COPY

New York Statutory Short Form Power of Attorney, 8/18/10, Eff. 9/12/10

STATE OF NEW YORK  
COUNTY OF NEW YORK

ss:

On the 5<sup>th</sup> day of JANUARY, 2015, before me, the undersigned, personally appeared ALINA YAVLINSKY, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

Notary Public

**BENJAMIN DREW**  
Notary Public, State of New York  
No. 01DR6225834  
Qualified in Kings County  
Commission Expires 07/26/2018

STATE OF Illinois  
COUNTY OF COOK

ss:

On the 8 day of April, 2015, before me, the undersigned, personally appeared GLEB YAVLINSKY, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.



Notary Public

Property of COOK COUNTY Clerk's Office