This Instrument Prepared By: Guaranteed Rate, Inc. 3940 N. Ravenswood Chicago, IL 60613

After Recording Return To: Guaranteed Rate, Inc. 3940 N. Ravenswood Chicago, IL 60613

Doc#: 1616229048 Fee: \$84.00 RHSP Fee:\$9.00 RPRF Fee: \$1.00

Karen A. Yarbrough

Cook County Recorder of Deeds Date: 06/10/2016 12:01 PM Pg: 1 of 8

#### 1. 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 Minois 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 me power to pledge, sell, or dispose of any of your real or personal property, even without your consent or any acvalice 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 as to 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.

154 420817:H#1018022 ASV Unless you specifically limit the period of time that this Powe, o'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 auth-rized to practice law in Illinois.

The powers you give your agent are explained more fully in Section 3-4 of the Illino's 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 wil 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 (Borrower(s))

**Chicago Title** 

Illinois Power of Attorney for Illinois Property Eff. 7/1/11

CCRD REVIEV

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### **UNOFFICIAL CC**

#### 2. ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR **PROPERTY**

The space above for Recorders Use Only

This Power of Attorney is being created for the purpose of Purchase of the property located at:

Street address: 2923 S Arch Street City Chicago State IL Zip 60608

Permanent Tax ID#

I, Tamir Mizan

Street Address. 4810 Edgerton Cv

City: Austin State: FX Zip: 78730

(insert name and aduress of principal above) hereby revoke all prior powers of attorney for property executed by me and appoint:

Danny Slo

Street Address: 1122 Lunt Ave 22

City: Chicago State: IL Zip: 60626

(NOTE: You may not name co-agents using 'nix form.) (insert name and address of agent) as my attorney-in-fact (my "agent") to act for me and in my name (i.. c wway 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 a ditions to the specified powers inserted in paragraph 2 or 3

(NOTE: You must strike out any one or more of the following zategories of powers you do not want your agent to have. Failure to strike the title of any category will cause the sovers described in that category to be granted to the agent. To strike out a category you must draw a line through the 'all' of that category.) tha.

- (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) l'ax matters:
- —(j) Claims and litigation.
- (k) Commodity and option transactions.
- (I) Business operations.
  - (m) Borrowing transactions.
  - (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.)

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.) Not Applicable

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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.)

Not Applicable

(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 age: .. shall have the right by written instrument to delegate any or all of the foregoing powers involving discretional; 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 wi.l. 's entitled to reimbursement for all reasonable expenses incurred in acting under this power of attorney. Strike at paragraph 5 if you do not want your agent to also be entitled to reasonable compensation for services :: 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 arrended or revoked by you at any time and in any manner. Absent amendment or revocation, the authority graved in this power of attorney will become effective at the time this power is signed and will continue until your & a., unless a limitation on the beginning date or duration is made by initialing and completing one or both of paragraphs 6 and 7.)

6. (XX) This power of attorney shall become effective on (Month/Date/Year): 6/6/2016

(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 incapabilited, when you want this power to first take effect.)

7. (XX) This power of attorney shall terminate on (Month/Dat./Year):5 Days after close.

(NOTE: Insert a future date or event, such as a court determination, that you are not under 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 (n.4 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:

Not Applicable

For purposes of this paragraph 8, a person shall be considered to be incompetent if and while or 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.)

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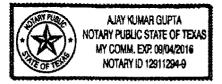
# **UNOFFICIAL COPY**

11. The Notice to Agent is incorporated by refe Dated: 6/6/20/6 Signed	rence and included	•	
Olghed	<u> </u>	(Principal)	
(NOTE: This power of attorney will not be effect	ctive unless it is sign	ned by at least one witness and your sign	aturo is
notarized, using the form below. The notary ma	ry not also sign as a	witness.)	uture is
, , , , , , , , , , , , , , , , , , , ,	,		
The undersigned witness certifies that	Tamir Nitzan	, know	n to me
to be the same person whose name is subscribed and the notary public and acknowledged signing principal, for the uses and purposes therein set if undersigned witness also certifies that the witner provider one relative of the physician or provide health care facility in which the principal is a pasuch parent, siblian, or descendant of either the of attorney, who her such relationship is by block the foregoing power of attorney.	d as principal to the g and delivering the forth. I believe him ess is not: (a) the atte er; (b) an owner, op atient or resident; (c principal or any age	foregoing power of attorney, appeared be instrument as the free and voluntary act or her to be of sound mind and memory, ending physician or mental health service perator, or relative of an owner or operator, a parent, sibling, descendant, or any specient or successor agent under the foregoin	of the The e or of a ouse of
Dated: 6/6//6			
Signed		(Witness)	
	A 400-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	(Withess)	
(NOTE: Illinois requires only one withers but of	other jurisdictions n	nay require more than one witness. If you	ewish to
have a second witness, have him or her cart for a	and sign here:)	77	
(Second witness) The undersigned witness certi- same person whose name is subscribed as princi- notary public and acknowledged signing and de- for the uses and purposes therein set forth. I beli- witness also certifies that the witness is not: (a)	ipal o the foregoing livering the instrum ieve him at her to be the attending playsic	nent as the free and voluntary act of the pure of sound mind and memory. The under cian or mental health service provider or	and the rincipal, signed a
relative of the physician or provider; (b) an own	or operator, or rela	sive of an owner or operator of a health c	are
facility in which the principal is a patient or resi	dent; (o) a parent, s	pling, descendant, or any spouse of such	parent,
sibling, or descendant of either the principal or a	any agent of success	sor agent under the foregoing power of at	itorney,
whether such relationship is by blood, marriage, power of attorney.	, or adoption; or (a)	an agent or successor agent under the for	regoing
Dated: 6/6/2016		-61.	
Signed Signed		(3)24.4[3]	
Signed		(Witness)	
State of TEXAS		0.	
		( )	
County of TRAVIS			
The undersigned a notary public in and for the	above county and st	rate, certifies that <u>Tamir</u>	
Nitzan , known to me t	to be the same perso	on whose name is subscribed as principal	to the
Nitzan , known to me to foregoing power of attorney, appeared before me	e and the witness(es	SALONI MERCHANT (and	
free and voluntary act of the principal, for the us the signature(s) of the agent(s)).			
Space below for Notary Seal	Dated: 6	16/2016	

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Notary Public
Signature:
My commission xpires: 09/04/2016

(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.)

Specimen signatures of

I certify that the signatures agent (and successors) of my agent (and successors) are genuine.

(agent) (principal)

(successor agent) (principal)

(NOTE: The name, address, and of one number of the person preparing this form or who assisted the principal in completing this form should be insert a billow.)

Name:

Address:

City: State: Zip.

#### 3. NOTICE TO AGENT

(The following form shall be supplied to an agent appointed under a power of citorney for property)

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 con furted 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 authority granted in this power of attorney;
- (3) commingle the principal's funds with your funds;
- (4) borrow funds or other property from the principal, unless otherwise authorized;

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(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 show discelled advice from an attorney."

#### Regulatory information regarding the Illinois Power of Attorney:

Text of Section after an endment by P.A. 96-1195) Sec. 3-3. Statutory short form power of attorney for property.

(a) The form proscribed in this Section may be known as "statutory property power" and may be used to grant an agent powers with respect to property and financial nations. The "statutory property power" consists of the following: (1) Notice to the Individual Signing the Illinois Statutory Short Form Power of Attorney for Property; (2) Illinois Statutory Short Form Power of Attorney for Property; and (3) Notice to Agent. When a power of attorney in substantify the form prescribed in this Section is used, including all 3 items above, with item (1), the Notice to Individual Signing the Illinois Statutory Short Form Power of Attorney for Property, on a separate sheet (coversheet) in 14-point type and the notarized form of acknowledgment at the end, it shall have the meaning and effect prescribed in this Act.

(b) A power of attorney shall also be activated to be in substantially the same format as the statutory form if the explanatory language throughout the form (the language following the actignation "NOTE:") is distinguished in some way from the legal paragraphs in the form, such as the use of boldface or other difference in typeface and font or point size, even if the "Notice" paragraphs at the beginning are not on a separate sheet of paper or are not in 14-point type, or if the "ringipal's initials do not appear in the acknowledgement at the end of the "Notice" paragraphs.

The validity of a power of attorney as meeting the lequirements of a statutory property power shall not be affected by the fact that one or more of the categories of optional powers listed in the form are struck out or the form includes specific limitations on or additions to the agent's powers, as permitted by the form. Nothing in this Article shall invariantee or bar use by the principal of any other or different form of power of attorney for property. Nonstatutory property powers (i) must be executed by the principal, (ii) must designate the agent and the agent's powers, (iii) must be signed by at least one witness to the principal's signature, and (i) must indicate that the principal has acknowledged his or her signature before a notary public. However, nonstatutory property powers need not confirm in any other respect to the statutory property power.

The requirement of the signature of a witness in addition to the principal only the notary, imposed by Public Act 91-790, applies only to instruments executed on or after June 9, 2000 (the effective date of that Public Act) (NOTE: This amendatory Act of the 96th General Assembly deletes provisions that referred to the one required witness as an "additional witness", and it also provides for the signature of an optional "second witness".) (Source: P.A. 96-1195, eff. 7-1-11.)

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#### **LEGAL DESCRIPTION**

Order No.: 16SA4408171HH

For APN/Parcel ID(s): 17-29-325-012-0000

JBL E SOU.

PRINCIP.

OR COUNTY CLEARLY OFFICE LOT 34 IN HAY MES SUBDIVISION OF LOTS 1 AND 2 IN BLOCK 27 IN CANAL TRUSTEES SUBDIVISION OF THE SOUTH FRACTION OF SECTION 29, TOWNSHIP 39 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN. IN COOK COUNTY, ILLINOIS.

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Doc#: 1616229048 Fee: \$84.00 RHSP Fee: \$9.00 RPRF Fee: \$1.00

Karen A. Yarbrough

Cook County Recorder of Deeds
Date: 06/10/2016 12:01 PM Pg: 1 of 8

(Space Above Reserved for Recorder's Stamp)

#### AFFIDAVIT FOR RECORDER'S LABELING OF SIGNATURES AS COPIES

REQUEST TO RECORD PHOTOCOPIED (	DOCUMENTS PURSUANT TO §55 ILCS 5/3-5013			
Wichael Gunderson, being duly swom, s	tate that I have access to the copies of the attached			
document(s), for which I am listing the type(s) of doc	cument(s) below:			
Power of Attacky (print document				
(print documen	t types on the above line)			
which were originally executed by the following parti	es whose names are listed below:			
Tamir Nitzan				
(print name(s) of executor/grantor)	(print name(s) of executor/grantee)			
for which my relationship to the document(s) is/are a	s follows: (example - Title Company, Agent, Attorney, etc.)			
Attorney	0,			
(print your relationship to	the documer (3) on the above line)			
OATH REGARDING ORIGINAL				
I state under oath that the original of this document is n	now LOST or NOT IN LOSSESSION of the party seeking to			
now record the same. Furthermore, to the best of my knowledge, the original comment was NOT INTENTIONALLY				
destroyed, or in any manner <u>DISPOSED OF</u> for the purpose of introducing this pnc to be recorded in place of				
original version of this document. Finally, I, the Affiant, swear I have personal knowledge that the foregoing oath				
statement contained therein is both true and accurate.				
MAL	01 /2 2 / 2			
Affina Va Clandow About	06/08/2016			
Affiant's Signature Above	Date Affidavit Executed/Sign. o			
THE BELOW SECTION IS TO BE COMPLETED BY THE NOTA	RY THIS AFFIDAVIT WAS SUBSCRIBED AND SWORN TO BEFORE			
1 0 1				
6-8-16				
Date Document Subscriber 8 Sworn Before Me	GPPICIAL SEAL			
	NOTARY PUBLIC - STATE OF ILLINOIS			
Mhhhht-	MY COMMISSION EXPIRES:12/27/16			
Signature of Notary Public				
SPECIAL NOTE; This is a courtesy form from the CCRD, and while a similar	lar emdayif is necessary for any photocopied documents, you may use your own			
document so long as it includes substantially the	a come information on leaded to the above documents, you may use your own			

CCRD REVIEW\_