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Doc#. 1616556057 Fee: \$56.00

Karen A. Yarbrough

Cook County Recorder of Deeds Date: 06/13/2016 12:23 PM Pg: 1 of 5

RECORDER'S STAMP

#### ILLINOIS STATUTORY SECRT FORM

POWER OF ATTORNEY

Address:

Copy Office 600 N. Kingsbury Street, #1410, Chicago, IL 60654

PIN:

**17-09-126-022-1089** & 17-09-126-022-1183

Mail to:

Prepared By: Donatelli & Coules, Ltd.

15 Salt Creek Lane, Ste 312

Hinsdale, IL 60521

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## ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

(NOTICE: THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO PLEDGE, SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. THIS FORM DOES NOT IMPOSE A DUTY ON YOUR AGENT TO EXERCISE GRANTED POWERS; BUT WHEN A POWER IS EXERCISED, YOUR AGENT WILL HAVE TO USE DUE CARE TO ACT FOR YOUR BENEFIT AND IN ACCORDANCE WITH THIS FORM. A COURT CAN TAKE AWAY THE POWERS OF YOUR AGENT IF IT FINDS THE AGENT IS NOT ACTING PROPERLY. YOU MAY NAME SUCCESSOR AGENTS UNDER THIS FORM BUT NOT CO-AGENTS. UNLESS YOU EXPRESSLY LIMIT THE DUKATION OF THIS POWER IN THE MANNER PROVIDED BELOW, UNTIL YOU REVOKE THIS FOWER OR A COURT ACTING ON YOUR BEHALF TERMINATES IT, YOUR AGENT MAY EXERCISE THE POWERS GIVEN HERE THROUGHOUT YOUR LIFETIME, EVEN AFTER YOU BECOME DISABLED. THE POWERS YOU GIVE YOUR AGENT ARE EXPLAINED MORE FULLY IN SECTION 3-4 OF THE ILLINOIS "STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY LAW" OF WHICH THIS FORM IS A PART. THAT LAW EXPRESSLY PERMITS THE USE OF ANY DIFFERENT FORM OF POWER OF ATTORNEY YOU MAY DESIRE. IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU

POWER OF ATTORNEY made May 16, 2016 and shall expire on June 10, 2016.

1. I, Murali Sundaresan, of Sunnyvale, Santa Clora County, California, hereby appoint my Attorney, Peter Coules, Jr., 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:

(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;
- (b) Contracts;
- (c) Deeds;
- (d) Notes;
- (e) Mortgages;
- (f) Trustee Deeds;
- (g) Assignments of Rents;

- (h) Waiver of Homesteads Rights;
- (i) Affidavits;
- (j) Bill of Sale; and
- (k) Any other instruments and to endorse and negotiate checks and bills of exchange requisite or proper to effectuate the purchase of the premises commonly known as 600 N. Kingsbury Street, Unit 1410, Chicago, IL 60654 (see attached legal).

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(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 lim	ited in th	e follow	ing par	ticular	s (he	ere you	may	include an	y specifi	c li	mitatio	ons
you deer	n appro	priate, su	ich as a j	orohibi	tion or	con	ditions o	on th	e sale of p	articular	stoc	k or r	eal
estate or	special	rules on	borrowin	g by th	e agen	nt.):			_				
	•	No	ne	•	_								

3. In addition to the powers granted above, I grant my agent the following powers (here you may add ary 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 specifica'ly referred to below):

None

(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 THE NEXT SENTENCE, OTHER WISE 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 rivoked by any agent (including any successor) named by me who is acting under this power of attorney at the time of reference.

(YOUR AGENT WILL BE ENTITLED TO REIMBURSEMENT FOR ALL REASONABLE EXPENSES INCURRED IN ACTING UNDER THIS POWER OF ATTOPMEY. STRIKE OUT THE NEXT SENTENCE IF YOU DO NOT WANT YOUR AGENT TO ALSO BE ENTITLED TO REASONABLE COMPENSATION FOR SERVICES AS AGENT.)

Myrali Sundaresan, Principal

(THIS POWER OF ATTORNEY WILL NOT BE EFFECTIVE UNLESS IT IS NOTARIZED, USING THE FORM BELOW.)

### **UNOFFICIAL COPY**

The undersigned witness certifies that Murali Sundaresan, 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 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.

 Witness

A notary public or other officer completing this dertificate vertifies only the identify of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

UNITS 1410 AND P-313 TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS IN PARK PLACE CHICAGO CONDOMINIUM AS DEFINEATED AND DEFINED IN THE DECLARATION RECORDED AS DOCUMENT NO. 0020921139, AS AMENDED, IN THE NORTHWEST 1/4 OF SECTION 9, TOWNSHIP 39 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

DESCRIPTION

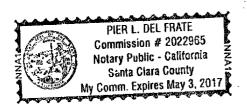
Commonly Known As:

600 N. Kingsbury Street, #1410, Chicago, II oc654

PIN:

17-09-126-022-1089 & 17-09-126-022-1183

This document prepared by: Peter Coules, Jr., Donatelli & Coules, Ltd., 15 Salt Creek Lane, Suite 312, Hinsdale, IL 60521



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#### **CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**

**CIVIL CODE § 1189** 

A notary public or other officer completing this certificate document to which this certificate is attached, and not the	e verifies only the identity of the individual who signed the truthfulness, accuracy, or validity of that document.
State of California )	
County of SALTA (CACA)	
On <u>5-/6-//</u> before me, <u>Prec</u> [rate  personally appeared MURALI SUNDANE.	L DEL FRATE- NOTARY
(lat)	Here Insert Name and Title of the Officer
personally appeared MURALI SUMBANE	SAN
	Name(s) of Signer(s)
subscribed to the within instrument and acknowle	evidence to be the person(s) whose name(s) is/are dged to me that he/she/they executed the same in her/their signature(s) on the instrument the person(s), ed, executed the instrument.
O C	certify under PENALTY OF PERJURY under the laws the State of California that the foregoing paragraph true and correct.
PIER L. DEL FRATE Commission # 2022965	gnature Spharure of Notary Public
	The state of the s
Place Notary Seal Above	ONAL —
	formation can deter alteration of the document or
Description of Attached Document  Title or Type of Document: fower or Aironary  Number of Pages: Signer(s) Other Than	For hopas Document Date: 5-/6-/6  Named Above:
Capacity(ies) Claimed by Signer(s)	
Signer's Name:  Corporate Officer — Title(s):	Signer's Name:
☐ Corporate Officer — Title(s): ☐ Partner — ☐ Limited ☐ General	☐ Corporate Officer — Title(s):
☐ Faither ☐ ☐ Limited ☐ General ☐ Individual ☐ Attorney in Fact	☐ Partner — ☐ Limited ☐ General ☐ Individual ☐ Attorney in Fact
☐ Trustee ☐ Guardian or Conservator	☐ Trustee ☐ Guardian or Conservator
☐ Other:Signer Is Representing:	Other:
Signor to Hoprosonting.	Signer Is Representing: