

UNOFFICIAL COPY

CT 166WNW5351990K
2 of 4



Doc#: 1616604001 Fee: \$52.00
RHSP Fee: \$9.00 RPRF Fee: \$1.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 06/14/2016 09:32 AM Pg: 1 of 8

ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

(Space above this line reserved for recording data)

1. I, **JENNA LEVING JACOBSON**, 1312 Brooklyn Avenue, Ann Arbor, MI, 48104, hereby revoke all prior statutory powers of attorney for property executed by me and appoint: **RYAN JACOBSON**, 1312 Brooklyn Avenue, Ann Arbor, MI, 48104, 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.
- (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) Commodity and option transactions.

Y
S
P
S
SC
INT

BOX 333-CT

UNOFFICIAL COPY

- (l) 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.)

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.)

Specifically, the power to sign all documents necessary to consummate the purchase of the property located at **1037 Hayes, Oak Park, Illinois 60302**, and the mortgage loan to acquire said property, including but not limited to the Note, Mortgage, Settlement Statement, Closing Disclosure, and any other documents provided or required to be executed by the title insurance company, mortgage lender, or sellers' attorney.

(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 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.

UNOFFICIAL COPY

(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.)

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 amended or revoked by you at any time and in any manner. Absent amendment or revocation, the authority granted in this power of attorney will become effective at the time this power is signed and will continue until your death, unless a limitation on the beginning date or duration is made by initialing and completing one or both of paragraphs 6 and 7.)

6. () This power of attorney shall become effective on: **May 12, 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 incapacitated, when you want this power to first take effect.)

7. () This power of attorney shall terminate on: **June 30, 2016.**

(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 and 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:

(Include name, address and phone number for any named successors)

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

UNOFFICIAL COPY

(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.)

11. *THIS POWER SHALL NOT BE AFFECTED BY THE DISABILITY OF THE PRINCIPAL.*

12. The Notice to Agent, as set out below, is incorporated by reference and included as part of this form.

Dated: May 3, 2012

Signed:  (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 JENNA LEVING JACOBSON, 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

UNOFFICIAL COPY

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: 5/3/16 Signed: Matthew Elbright
(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 Jenna Leving Jacobson, 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.

Dated: 5/3/16 Signed: Matthew Elbright
(Witness)

State of Michigan)
) SS.
County of _____)

The undersigned, a notary public in and for the above county and state, certifies that **JENNA LEVING JACOBSON**, 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 witness(es) Matthew Elbright (and _____) in person and acknowledged signing and delivering the instrument as the free and voluntary act of the principal, for the uses and purposes therein set forth (and certified to the correctness of the signature(s) of the agent(s)).

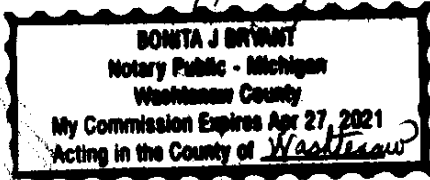
UNOFFICIAL COPY

Dated: May 3, 2016

Signature Bonita J. Bryant
Notary Public

My commission expires: 4/27/2021

(SEAL)



(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 agent (and successors)

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

[Signature]
(agent)

(successor agent)

[Signature]
(principal)

(principal)

This Power of Attorney for the Property expressly relates to the property commonly known as: **1037 Hayes, Oak Park, IL 60302**

PIN#: **16-05-117-025-0000**

(Legal description attached hereto as Exhibit "A")

Send subsequent tax bills to:
Ryan Jacobson
1037 Hayes
Oak Park, IL 60302

Prepared by/
Mail recorded document to:
Michael W. Pinosof
191 Waukegan Road-Suite 305
Northfield, IL 60093

UNOFFICIAL COPY

May 2, 2016

Exhibit
A

To Whom It May Concern:

This letter is in regards to my request for my husband, Ryan D. Jacobson, to act as power of attorney in our upcoming real estate closing. I am currently in my third trimester of pregnancy. Unfortunately, we live out of state, and a five hour drive from the site of the upcoming mid-week closing. Because of my advanced state of pregnancy, it is both safer and more comfortable for my spouse to complete the real estate closing, while I remain in Michigan. Thank you for your understanding this matter.

Regards,



Jenna Leving Jacobson

Property of Cook County Clerk's Office

UNOFFICIAL COPY



**CHICAGO TITLE
COMPANY**

LEGAL DESCRIPTION

Order No.: 16WNW535199OK

For APN/Parcel ID(s): 16-05-117-025-0000

LOT 46 IN BON AIR, BEING A SUBDIVISION OF THE NORTHWEST 1/4 OF SECTION 5, TOWNSHIP 39 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Property of Cook County Clerk's Office