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Karen A. Yarbrough

Cook County Recorder of Deeds Date: 06/28/2016 03:22 PM Pg: 1 of 18

ILLINOIS STATUTORY

SHORT FORM

POWER OF ATTORNEY FOR PROPERTY

Prepared by:

Stanley Joseph Czaja, Attorney at law

7521 N. Milwaukee Avenue

Niles, IL 60714

Mail to:

-16/4's Office Stanley Joseph Czaja, Attorney at Law

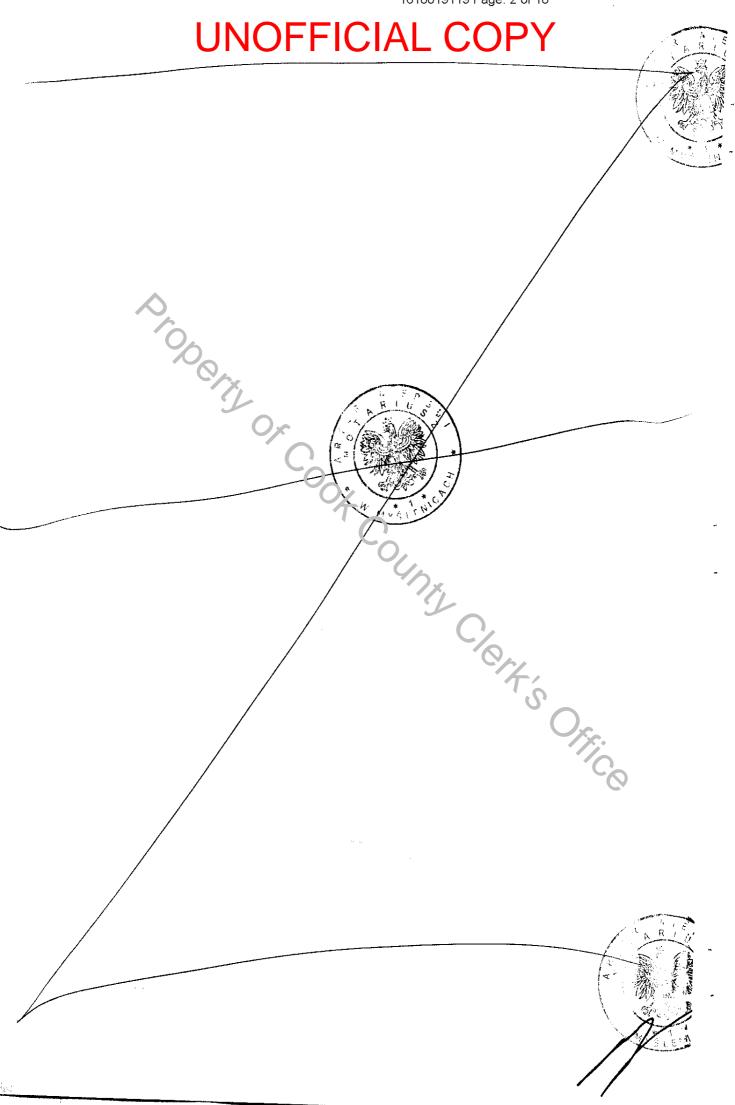
7521 N. Milwaukee Avenue

Niles, IL 60714

HERITAGE TITLE COMPANY 6849 W LAWRENCE AVE CHICAGO, IL 60630



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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 have 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 event 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 get 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.

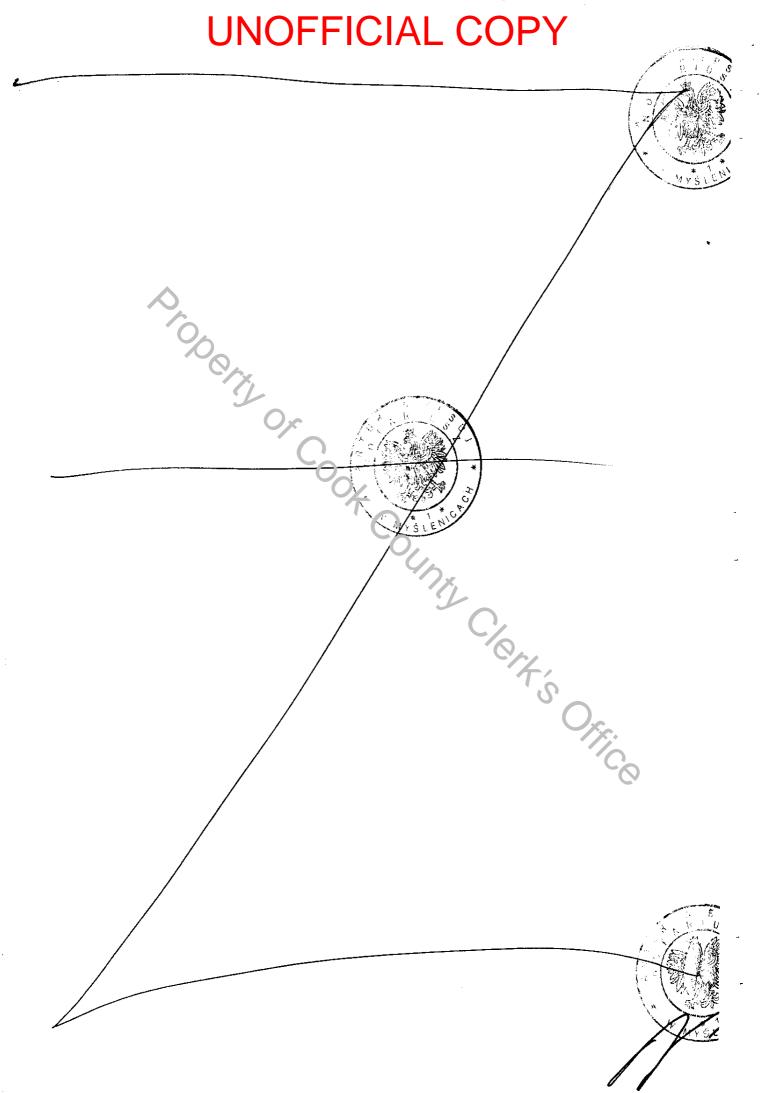
The powers you give your agent are explained more fully in Section 3-4 of the Illinois Power of Attorney Act. This form is a part of that law. The "NOTE" paragraphs throughout this form are instructions.

You are not required to sign this Power of Attorney, but it will not to ke 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, PATRYK MATEUSZ MAKLOWICZ, presently residing at LIPOWA 2, MYSLENICE, POLAND 32400 hereby revoke all prior powers of attorney for property executed by me and appoint: WITOLD SPYTKOWSKI currently residing at 920 Beau Dr, Unit 212, Des Plaines, IL 60016 (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 | aw" (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. Fa lure 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 trades ations.
- (d) Tangible personal progerty transactions.
- (e) Safe deposit box transactions
- (f) Insurance and annuity transactions.
- (g) Retirement plan transactions
- (h) Social Security, employment ar d r ill ary 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.

(NOTE: Limitations on and additions to the agent's powers may be i icluded 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:

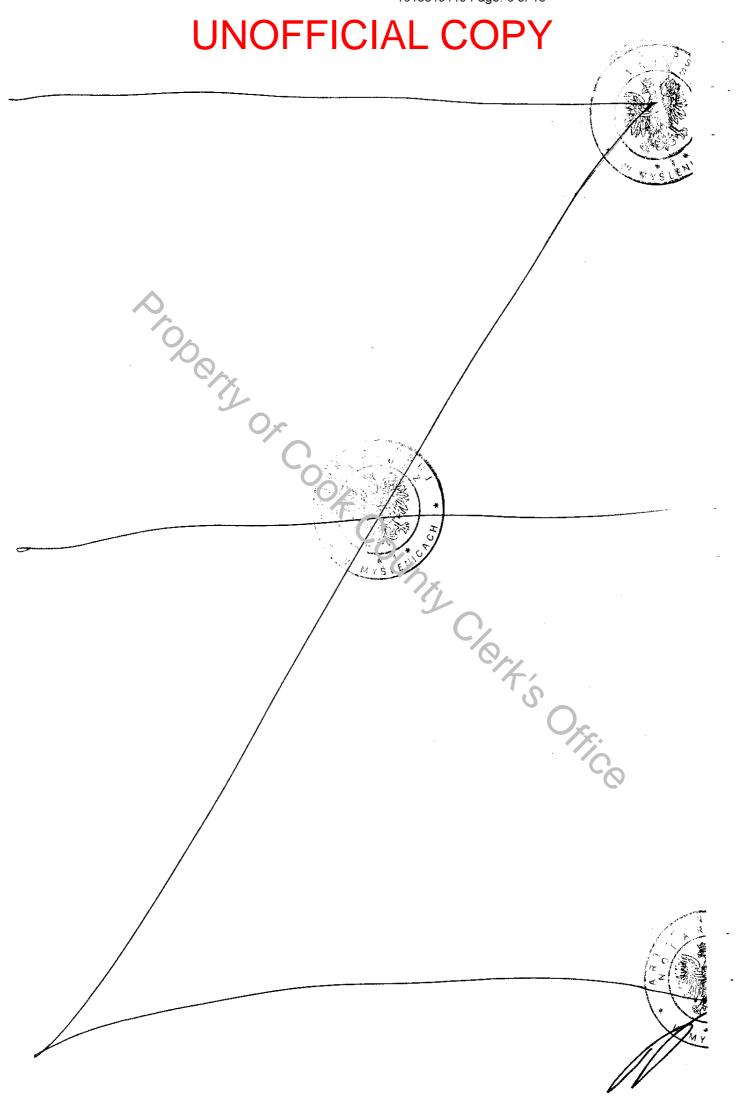
(NOTE: Here you may include any specific limitations you deem appropriate, such as a prohibition or conditions on the sale of particular stock or real estate or special rules on borrowing by the agent.)

NAME	
NUNE	

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 documents necessary to sell the real property located at 5200 Carriageway Drive, Unit 210, Rolling Meadows, IL 60008 more fully described in Exhibit "A" attached hereto and incorporated herein by reference.

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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.

(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 atturney.

(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. (PNM ) This power of allowey shall become effective on JUNE 13 ,2016

(NOTE: Insert a future date or event du inc) your lifetime, such as a court determination of your disability or a written determination by your physician to at you are incapacitated, when you want this power to first take effect.)

7. ( PMM ) This power of attorney shall erminate on JUNE 13 , 2017

(NOTE: Insert a future date or event, such as a court de emination 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:

#### NONE

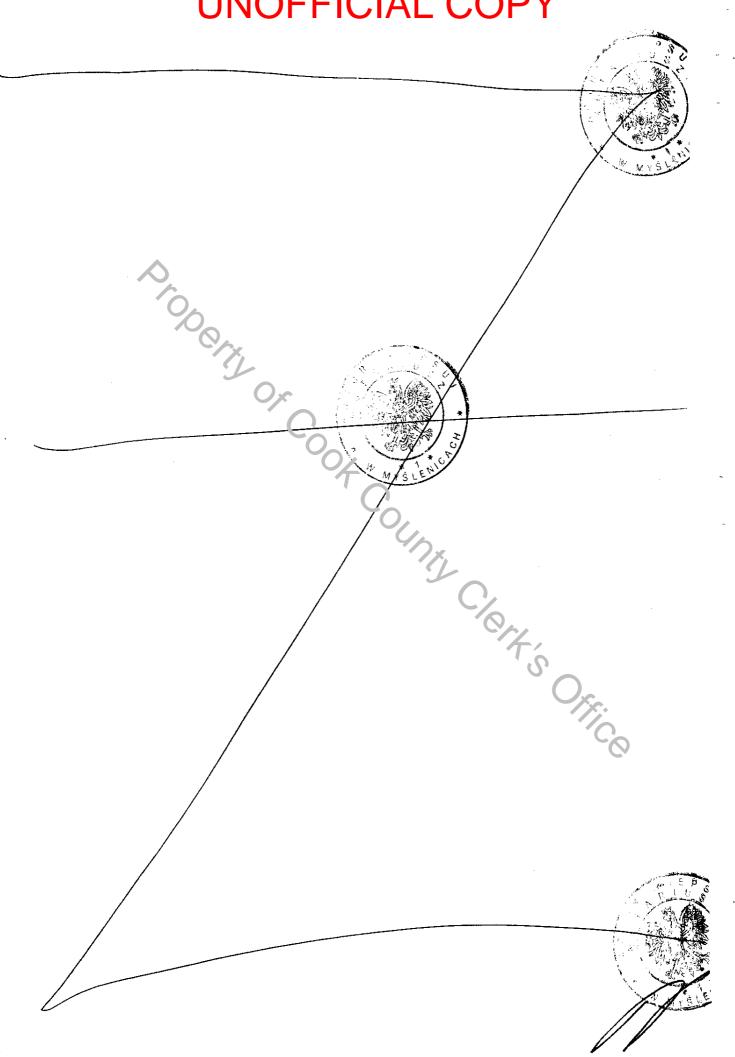
For purposes of paragraph 8, a person shall be considered to be incompetent if and while the pr. son is a minor or an adjudicated incompetent or disabled person or the person is unable to give prompt and intelligent consideration to business matters, as certified by a licensed physician.

(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.



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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. The Notice to Agent is incorporated by reference and included as part of this form.

Dated: JUNE 13 , 2016	
Signed PATRIK MATEUSZ MAKLOWIC	Moderner Cr

(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 cartifies that PATRYK MATEUSZ MAKLOWICZ 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 ack lowledged 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 with as 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 parant, 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:	JUNE	13	2016

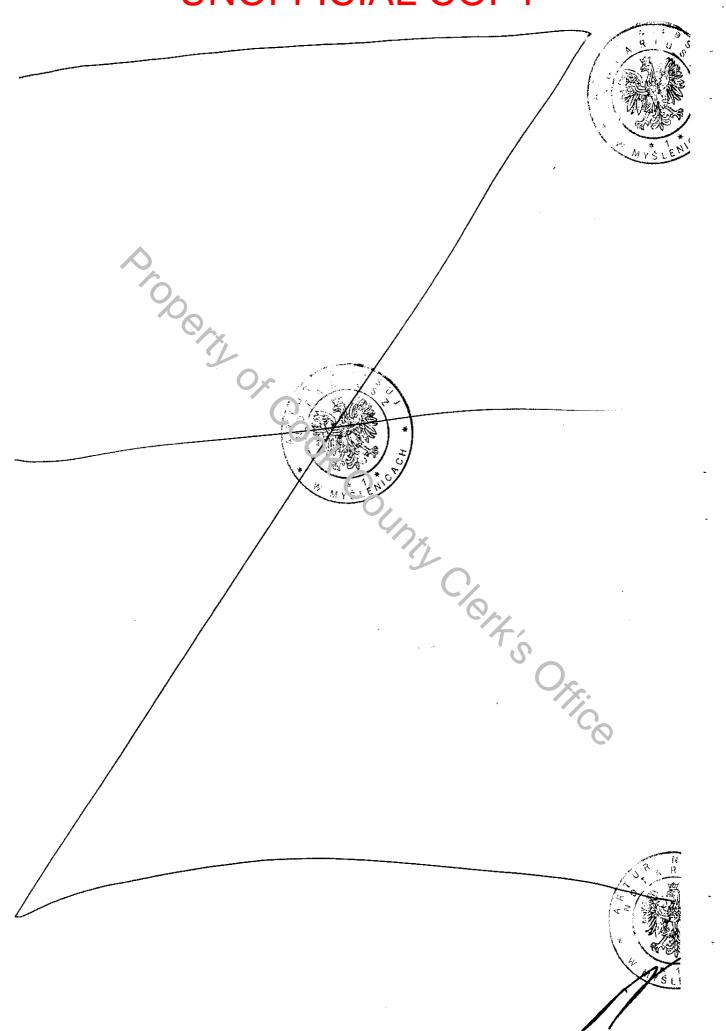
Di Mole Witness

(NOTE: Illinois requires only one witness, but other jurisdictions may sequire 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 <u>PATRYK MATEUSZ MAKLOWICZ</u> known to me to be the same person whose name is subscribed as principal to the foregoing rover 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. It believe him or her to be of sound mind and memory. The undersigned witness also certifies that the witness is nut; (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:	
	Witness

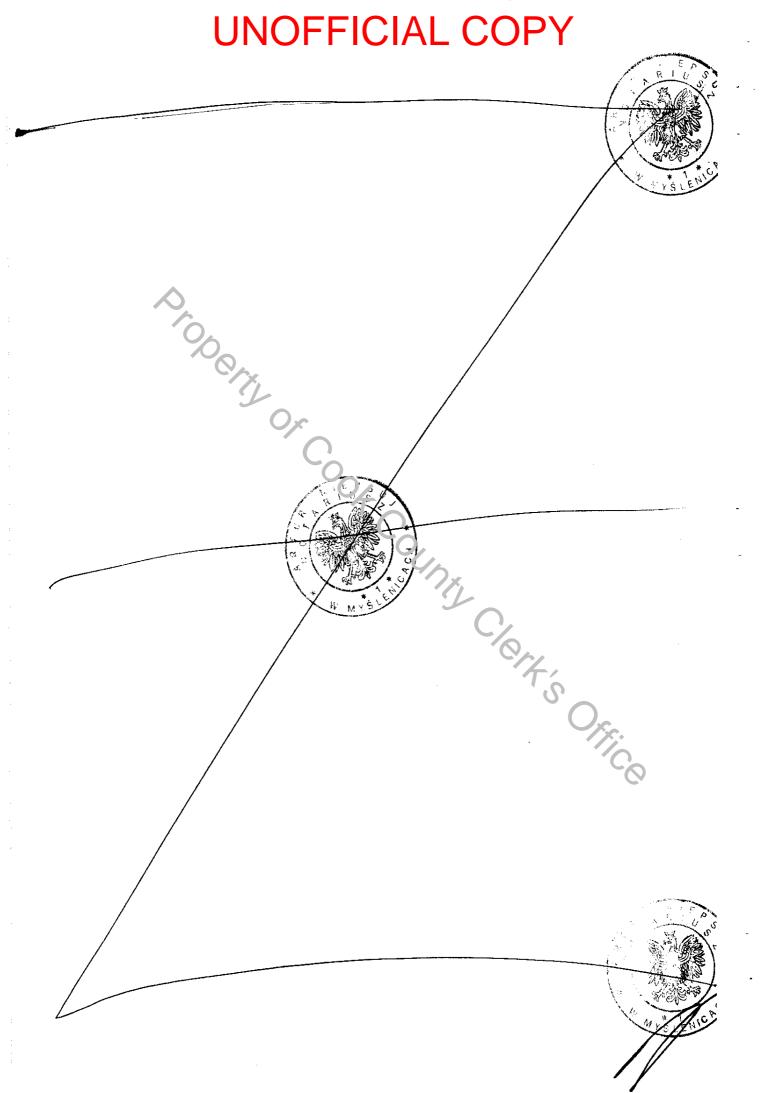
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AND THE STATE OF T	•
	•
No.	
State of) SS.	
County of)	
The undersigned, a notary public in and for the about MATEUSZ MAKLOWICZ known to me to be the same the foregoing power of attorney, appeared before me (and acknowledged signing and delivering the instrument auses and purposes therein set forth (, and certified to	and the witness(es) ) in person and as the free and voluntary act of the principal, for the
Dated: <u>JI'NE</u> , <u>2016</u>	
O <sub>A</sub>	Notary Public
100	
My commission expires	
	to movide enecimen
(NOTE: You may, but are not required to, request you	ur agent and successor agents to provide specimen
signatures below. If you include specimen signatures	s in this power of altorney, you must complete the
certification opposite the signatures of the agents.)	
Out of the engineering of	I certify that the signatures
Specimen signatures of agent (and successors)	of my agent (and successors)
agent (and successors)	are genuine.
4	*
	(principal)  (principal)  (principal)
(agent)	(principal)
	0,
``````````````````````````````````````	(avincinal)
(successor agent)	(principal)
( , , , , , , , , , , , , , , , , , , ,	(principal)
(successor agent)	(pinopal)
(NOTE: The name, address, and phone number of t	the person preparing tit's form or who assisted the
principal in completing this form should be in	nserted below.)
Stanley Joseph Czaja	7
Attorney at Law	0, _
7521 N. Milwaukee Avenue	
Niles, IL 60714	V/Sc.
·	
(847) 647-2088	

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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

(3) keep a complete and detailed record of all receipts, disbursements, and significant actions

conducted for the principal; (+) at empt to preserve the principal's estate plan, to the extent actually known by the agent, if pressiving the plan is consistent with the principal's best interest; and

(5) cc operate 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 to is to create a conflict of interest that is inconsistent with the other principles in this Notice to Agent;

(2) do any ac' beyond the authority granted in this power of attorney;

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

4) borrow funds or caner 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 agen w lenever 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:

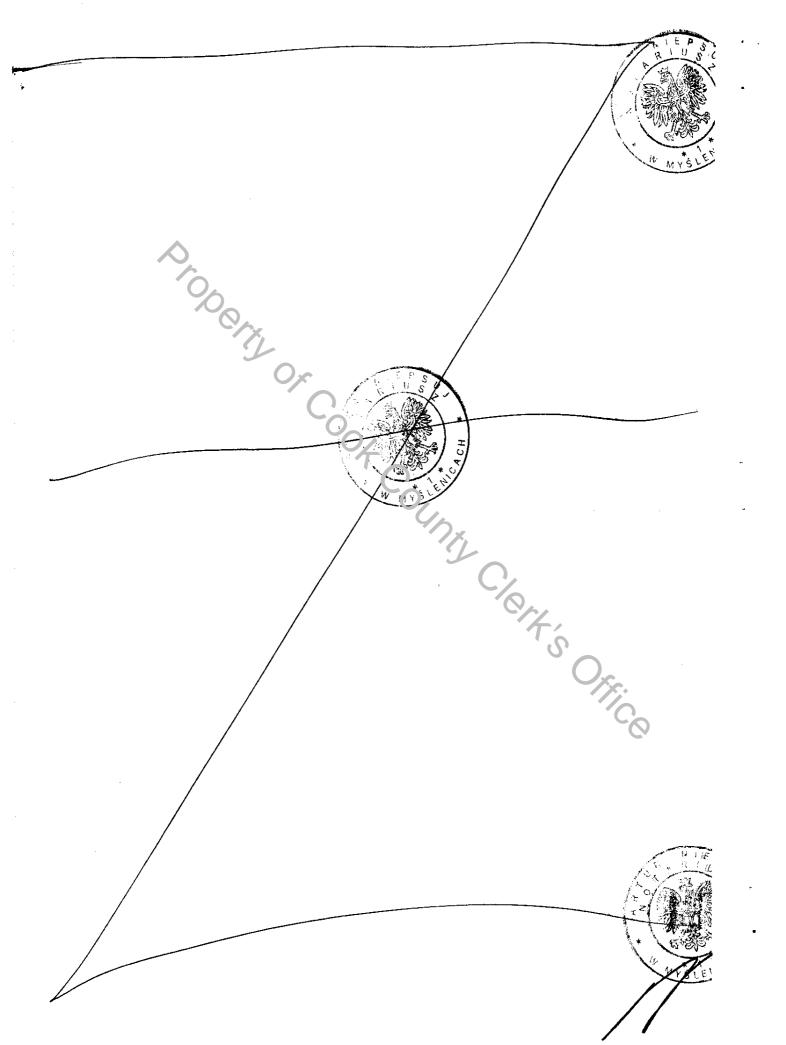
### "PATRYK MATEUSZ MAKLOWICZ by WITO'LD SPYTKOWSKI, as agent"

The meaning of the powers granted to you is contained in Section 7-4 of the Illinois Power of Attorney Act, which is incorporated by reference into the body of the power of attome, 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 should seek legal advice from an attorney."

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### EXHIBIT "A" LEGAL DESCRIPTION

PARCEL 1:

UNIT 210 AND P-73 IN CARRIAGE WAY COURT BUILDING NUMBER 5200 AS DELINEATED ON A SURVEY OF THE FOLLOWING DESCRIBED REAL ESTATE:

THAT PART OF LOTS 4 AND 5 OF THREE FOUNTAINS AT PLUM GROVE (ACCORDING TO THE PLAT THEREOF RECORDED JULY 8, 1968 AS DOCUMENT 20543261) BEING A SUBDIVISION IN SECTION 8, TOWNSHIP 41NORTH, RANGE 11, EAST OF THE THIRD PRINCIPAL MERIDIAN; WHICH STRYEY IS ATTACHED AS EXHIBIT "B" TO THE DECLARATION OF CONDOMINIUM RECORDED AS DOCUMENT 25945969, AS AMENDED FROM TIME TO TIME, TOGETHER WITH ITS UNDIVIDED PERCENTAGE

INTEREST IN THE COMMON ELEMENTS, IN COOK COUNTY, ILLINOIS

#### PARCEL 2:

EASEMENTS FOR INGRUSS AND EGRESS FOR THE BENEFIT OF PARCEL 1 AS SET FORTH IN DECLARATION OF COVENANTS, CONDITION, RESTRICTIONS AND EASEMENTS FOR THE CARRIAGE WAY COURT HOME OWNERS ASSOCIATION DATED JULY 9, 1981 AND RECORDED JULY 22, 1981 AS DOCUMENT 25945335 AND AS CREATED BY DEED FROM AMERICAN NATIONAL BANK AND TRUST COMPANY OF CHICAGO, A NATIONAL BANKING ASSOCIATION, AS TRUSTEE UNDER TRUST AGREEMENT DATEL NOVEMBER 7, 1979 AND KNOWN AS TRUST NUMBER 48050 TO CARL W. HOAGLAND AND FRANCE'S J HOAGLAND RECORDED NOVEMBER 17, 1982 AS DOCUMENT 26414775, IN COOK COUNTY CLINOIS

#### PARCEL 3:

EASEMENT FOR INGRESS AND EGRESS FOR THE PANEFIT OF PARCEL 1 AS SET FORTH IN THE GRANT OF EASEMENTS DATED SEPTEMBER 25, 1963 AND RECORDED OCTOBER 18, 1968 AS DOCUMENT 20649594 AND AS CREATED BY DEED FROM 7. HREE FOUNTAINS EAST DEVELOPMENT ASSOCIATES, A LIMITED PARTNERSHIP TO ANTHONY R. LICATA DATED NOVEMBER 23, 1979 AND RECORDED JANUARY 3, 1980 AS DOCUMENT 25303970 FOR INGRESS AND EGRESS OVER AND ACROSS LOT 2 IN THREE FOUNTAINS AT 7 LUM GROVE SUBDIVISION IN COOK COUNTY, ILLINOIS

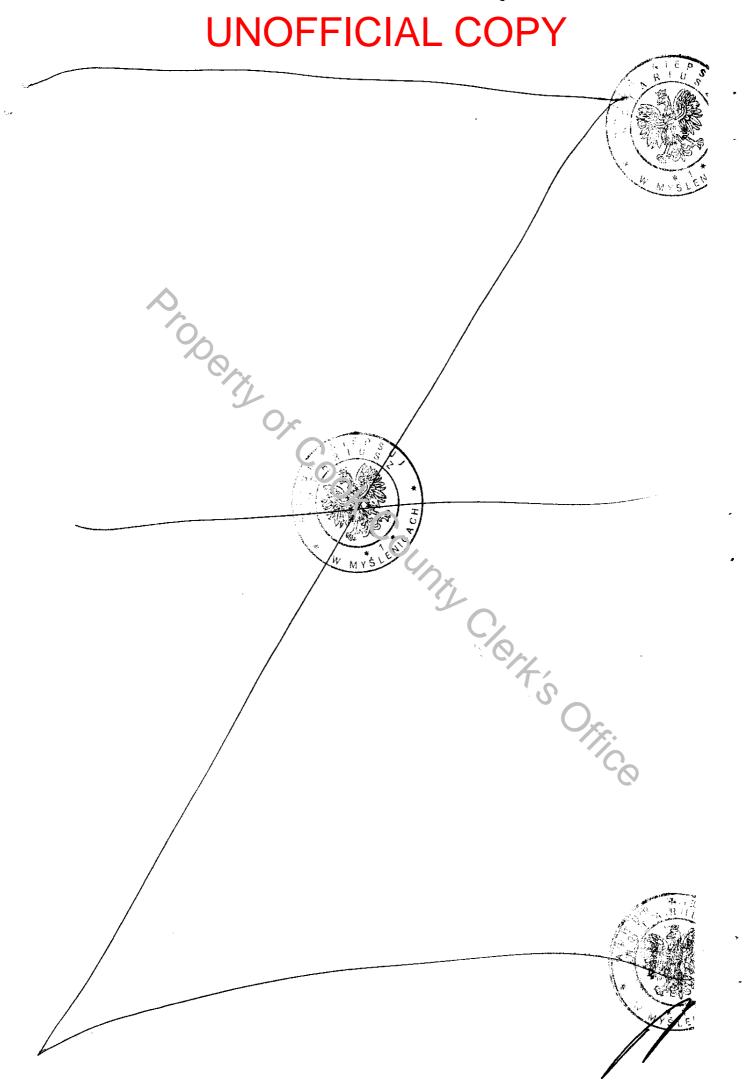
#### PARCEL 4:

EASEMENT FOR THE BENEFIT OF PARCEL 1 OVER THE NORTH 60 FEET OF THAT PART OF LOT 1 FALLING WITHIN THE EAST 1/2 OF THE WEST 1/2 OF SECTION 8 AFORESAID FOR THE PURPOSE OF REASONABLE PEDESTRIAN TRAFFIC AS CREATED BY GRANT OF FASEMENT MADE BY HIBBARD, SPENCER BARTLETT TRUST TO THREE FOUNTAINS EAST DEVELOPMENT ASSOCIATES, A LIMITED PARTNERSHIP RECORDED JUNE 20, 1969 AS DOCUMENT 2/87/1478, IN COOK COUNTY, ILLINOIS

P.1.N. 08-08-301-057-1038 & 08-08-301-057-1160

PROPERTY ADDRESS: 5200 CARRIAGEWAY DRIVE, UNIT 210 AND P-73, ROLLING MEADOWS, ILLINOIS 60008

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KANCELARIA NOTARIALNA w Myślenicach, ul.M.J.Piłsudskiego nr 16/4-5 Lucjan Niepsuj, Artur Niepsuj Spółka Cywilna tel/fax: (0-12) 274-33-09

Repertorium A numer: 2934/2016
Dnia trzynastego czerwca dwa tysiące szesnastego roku (13-06-2016 r.), ja notariusz <b>Artur Niepsuj</b> w Kancelarii Notarialnej w Myślenicach przy ulicy Marszałka Józefa Piłsudskiego nr 16/4-5 <b>poświadczam, że:</b>
1. Pan Patryk Mateusz Makłowicz, syn Włodzimierza i Marii (PESEL:74011300231), zamieszkały pod adresem: 32-400 Myślenice, ulica Lipowa nr 2, którego tożsamość ustaliłem na podstawie dowodu osobistego seria i numer ATI759055
- dziś wobec mojo w tutejszej Kancelarii swoje podpisy na załączonym dokumencie zatytułowanym "ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY" złożyli własnoręcznie.

P o b r a n o tytułem w nacrodzenia za dokonanie czynności notarialnej zgodnie z § 13 pkt 1 lit. b) rozporz.Min.Spraw. z dnia 28 czerwca 2004 r. w sprawie maksymalnych stawek taksy notarialnej (tekst jednońży z dnia 23 stycznia 2013 r. Dz.U. z 2013 r. poz. 237) łączną kwotę 40,00 złotych oraz podarck od towarów i usług w stawce 23% na podstawie art.41 ust.1 w związku z art. 146a ustawy o tym podatku z dnia 11 marca 2004 r. (tekst jednolity: Dz.U. z 2011 r. Nr 177, poz. 1054 z późn. zm.), tj. w kwocie 9 złotych i 20 groszy.

NOTARY SA

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Notarial Office in Myslenice, ul. M. J. Pilsudskiego, nr16/4-5 Lucjan Niepsuj, Artur Niepsuj Partnership tel/fax (0-12) 274-33-09

Repertory A number: 2934/2016
This thirteenth day of June, two thousand sixteen (06-13-2016), I notary public <b>Artur Niepsuj</b> ir Notarial Office in Myslenice located at ul. Marszalka Jozefa Pilsudskiego, nr 16/4-5 <b>certify that:</b>
1. Mr Patryk Mateusz Maklowicz, son of Wlodzimierz and Maria (PESEL: 74011300231) residing at the address: 32-400 Myslenice, ulica Lipowa nr 2, whose identity I established on the basis of identification card series and number ATI759055
2. Mr. Danie, Wojciech Piskorski, son of Waldemar and Maria (PESEL: 73103000813) residing – according to statement – at the address: 32-400 Myslenice, ulica 3 Maja nr 23, whose identity I established on the basis of identification card series and number CAV743326
today, in my presence in this office signed the enclosed document titled "ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY" personally.
Notary fee collected oursuant to paragraph 15 pkt 1 lit b) Ministry of Justice ordinance

Notary fee collected pursuant to paragraph 15 pkt 1 lit b) Ministry of Justice ordinance dated June 28, 2004 on the maximum notarial (codification dated January 23, 2013, Law Journal 2013, item 237), the total amount of 40.00 zloty and goods and services tax at a rate of 23% based on article 41 statue 1 with article 14t a statue about said tax from March 11, 2004 (codification: Law Journal 2011, item 1054 with amendments), which is a total of 9 zloty and 20 grosze.

### TRANSLATION CERTIFICATION

I, MALGORZATA POPOWSKA, hereby certify that I translated the attached document from POLISH into ENGLISH and that, to the best of my ability, it is a true and correct translation. I further certify that I am competent in both Polish and English to render and certify such translation.

Malgorzata Popowska

Date