SOGG 1613158 UNOFFICIAL COPY

SATURN TITLE, LLC 1030 W. HIGGINS RD. **SUITE 365** PARK RIDGE, IL 60068



Doc#: 1621750028 Fee: \$54.00 RHSP Fee:\$9.00 RPRF Fee: \$1.00

Karen A. Yarbrough

Cook County Recorder of Deeds Date: 08/04/2016 10:23 AM Pg: 1 of 9

**Power of Attorney** 

EXHIBIT A

Legal:

LOT 16 IN BLOCK 26 IN O. RUETER AND COMPANY'S FIRST ADDITION TO MORGAN PARK MANOR, BEING A SUBDIVISION OF PLOCKS 1, 2, 7 AND 8 OF SUBDIVISION OF THE WEST 1/2 OF THE SOUTHEAST 1/4 OF SECTION 13, TOWNSHIP 37 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN (EXCEPT THE SOUTH 240 FEET OF THE WEST 1/2 OF BLOCK 2 AND THE NORTH 120 FEET OF SAID BLOCK 2), in COOK COUNTY, ILLINOIS.

Address:

655 745 0///Co 10859 S Washtenaw Ave, Chicago, L. 60655

**PIN #:** 

24-13-410-015-0000

**PIN #:** 

**PIN #:** 

Township: Lake

1621750028 Page: 2 of 9

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Text of Section after amendment by P.A. 96-1195)

Sec. 3-3. Statutory short form power of attorney for property.

- (a) The form prescribed 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 matters. 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 substantially 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 deemed to be in substantially the same format as the statutory form if the explanatory language throughout the form (the language following the designation "NOTE:") is distinguished in some way from the legal paragraphs in the form, such as the use of boldface or other difference in typratae 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 principal'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 requirements 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 invalidate or har 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 (iv) must indicate that the principal has acknowledged his or her signature before a notary public. However, nonstatutory property powers need not conform in any other respect to the statutory property power.

- (c) The Notice to the Individual Signing the Illinois Startiory Short Form Power of Attorney for Property shall be substantially as follows:
- (d) The Illinois Statutory Short Form Power of Attorney for Property shall be substantially noted on page 5.
- (e) Notice to Agent. The following form may be known as "Notice to Agent!" and shall be supplied to an agent appointed under a power of attorney for property

### "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 diligence;
- (3) keep a complete and detailed record of all receipts, disbursements, and significant actions conducted 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;



1621750028 Page: 3 of 9

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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"

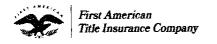
The meaning of the powers granted to you is contained in Section 3-4 of the Illinois Power of Attorney Act, which is incorporated by reference into the body of the power of attorney for property document.

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 should seek legal advice from an atterney."

(f) The requirement of the signature of a witness in addition to the principal and 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.)



1621750028 Page: 4 of 9

# **UNOFFICIAL COPY**

### 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 name successor agents, but you may not name co-agents.

This form does not impose a cluty 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 assets 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.

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.

1621750028 Page: 5 of 9

# **UNOFFICIAL COPY**

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 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 will be able to do if you do sign it.

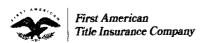
TODORITY OF COOK COUNTY CLOTH'S OFFICE Please place your initials on the following line indicating that you have read this Notice.

Principal's initials

1621750028 Page: 6 of 9

# **UNOFFICIAL COPY**

IL STATUTORY SHORT FORM POWER OF ATTORNEY	
O ILLINOIS STATUTO	
ILLINOIS STATUTO FOWER OF ATTORNI	RY SHORT FORM EY FOR PROPERTY
1. I, Michael Sylvester Hickey III of 1453 5. Prairie, Unit address of principal) Hereby revoke all prior powers of attorn	J. Chicago, IL 60605 , (insert name and ey for property executed by me and appoint:
Sean B. Dore of Duffin & Dore, LLC, 1900 Ravinia Place, Caddress of agent) (NOTE: You may not name co-agents us for me and in my name (in any way I could act in person Section 3-4 of the "Statutory Short Form Power of Attorney to any limitations on or additions to the specified powers instructions."	ing this form.) as my attorney-in-fact (my "agent") to act  i) with respect to the following powers, as defined in y for Froperty Law" (including all amendments), but subject
(NOTE: You must strike out any one or more of the follow have. Failure to strike the title of any category will cause the agent. To strike out a category you must draw a line through	he powers described in that category to be granted to the
<ul> <li>(A) Real estate transactions.</li> <li>(B) Financial institution transactions.</li> <li>(C) Stock and bond transactions.</li> <li>(D) Tangible personal property transactions.</li> <li>(E) Safe deposit box transactions.</li> <li>(F) Insurance and annuity transactions.</li> <li>(G) Retirement plan transactions.</li> <li>(H) Social Security, employment and military service beginning to the property of the</li></ul>	enefits.
<ul> <li>(I) Tax matters</li> <li>(J) Claims and litigation.</li> <li>(K) Commodity and option transactions.</li> <li>(L) Business operations.</li> <li>(M) Borrowing transactions.</li> <li>(N) Estate transactions.</li> <li>(O) All other property transactions.</li> </ul>	
NOTE: Limitations on and additions to the agent's power specifically described below.)	ers may be included in this power of attorney if they are
2. The powers granted above shall not include the follow particulars: (NOTE: Here you may include any specific li conditions on the sale of particular stock or real estate or sp	mitations you deem appropriate, such as a prohibition o
Not Applicable	W. W



1621750028 Page: 7 of 9

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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.)

Any and all powers related to the purchase of property located at 10859 \$. Washtenaw, Chicago, IL 60655, which is legally described on the attached Exhibit A; including, but not limited to signing any and all loan documents and closing documents related to said purchase.

(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 reasunable compensation for services rendered as agent under this power of attorney.

(NOTE: This power of attorney may be a needed 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. (MSH) This power of attorney shall become effective on August 1, 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. (1)54 ) This power of attorney shall terminate on <u>Upon closing of the acove-referenced property but no later</u> than October 31, 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:

#### Not Applicable

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.

(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.



1621750028 Page: 8 of 9

# **UNOFFICIAL COPY**

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.)

	ce to Agent is incorporated by reference and inci 7-29-20/6 Signed:	uded as part of this form.		
	power of attorney will not be effective unless ing the form below. The notary may not also sign	it is signed by at least one witness and your signature is a sa witness.)		
the same pe the notary p principal, for undersigned or a relative care facility parent, siblin attorney, who	tublic and actnowledged signing and delivering the uses and purposes therein set forth. I be witness also certified that the witness is not: (a) of the physician or provider; (b) an owner, of the principal is a patient or resident; ag, or descendant of either the principal or any	known to me to be the foregoing power of attorney, appeared before me and ng the instrument as the free and voluntary act of the lieve him or her to be of sound mind and memory. The the attending physician or mental health service provider perator, or relative of an owner or operator of a health (c) a parent, sibling, descendant, or any spouse of such agent or successor agent under the foregoing power of or adoption; or (d) an agent or successor agent under the		
,	(W tjes			
(NOTE: Illinois requires only one witness, but other jurisd ctions may require more than one witness. If you wish to have a second witness, have him or her certify and sign here:)				
(Second with	ess)			
same person notary public for the uses witness also of the physic which the pri descendant such relation attorney.	c and acknowledged signing and delivering the and purposes therein set forth. I believe him o certifies that the witness is not: (a) the attendin- cian or provider; (b) an owner, operator, or re- incipal is a patient or resident; (c) a parent, sible of either the principal or any agent or success iship is by blood, marriage, or adoption; or (d) a	known to me to be the foregoing power or attorney, appeared before me and the instrument as the five and voluntary act of the principal, riher to be of sound midd and memory. The undersigned giphysician or mental health service provider or a relative ative of an owner or operator of a health care facility in ing, descendant, or any species of such parent, sibling, or or agent under the foregoing power of attorney, whether an agent or successor agent under the foregoing power of		
Dated:	Signed:	-0		
(Witness)				

1621750028 Page: 9 of 9

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STATE OF $\frac{1}{2}$	///nois, COUNTY OF_	<u>Cook</u> )ss	
known to me appeared befo delivering the i	to be the same person whose re me and witness(es)	name is subscribed as principa (and) in iry act of the principal, for the us	hat Michael Sylvester Hickey III al to the foregoing power of attorney, person and acknowledged signing and es and purposes therein set forth (, and
Dated: _	7-29-2016		
My commissi	or, expires: <u>4-2-3 - 2030</u>	Notary Public	tyay la RYAN
	100 PM	TERESA RYAN Official Seal Notary Public - State of Illinois My Commission Expires Apr 23, 2021	Notary Public of Minois  No Commission Experience 2020
(NOTE: You me below. If you is signatures of the	nay, but are not required to, requi nolude specimen signatures in thi	est <u>your agent and succes</u> sor a	gents to provide specimen signatures omplete the certification opposite the
~	signatures of agent (and successo	rs) I certify th	at the signatures of my agent (and
оросинон		,	successors) are genuine.
	Sean & lou o	Lift-	lust Report
	Sean B. Dore (agent)		ichael Sylvester Hickey III (principal)
		'	
,	(successor agent)	040	(principal)
	(successor agent)	<u> </u>	(principal)
	ame, address, and phone number s form should be inserted below.)		
Name:	Sean B. Dore		975
Company:	Duffin & Dore LLC		20
Address:	1900 Ravinia Place		
City/State/Zip:			() <sub>~</sub>
Phone:	(312) 566-0911		T/x.