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Karen A. Yarbrough

Cook County Recorder of Deeds NOTICE TO THE INDIVIDUAL SIDate: 08/10/2016 09:23 AM Pg: 1 of 5

STATUTORY SHORT FORM POWER OF

DRNEY 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 anyth: g 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 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 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 takes at 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 (nless he or she is a licensed attorney who is authorized to practice law in Illinois.

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

You are not required to sign this Power of Attorney, by, 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.

Please place your initials on the following line indicating that you have read this Notice:

Clort's Original Principal's initials"

STEWART TITLE 800 E. DIEHL ROAD **SUITE 180** NAPERVILLE, IL 60563

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#### ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

- 1. I, BRETT SINGER, 609 West Belden Avenue, Unit 1C, Chicago, IL 60614, hereby revoke all prior powers of attorney for property executed by me and appoint: Kimberly Freeland, 618 West Fulton Street, Chicago, IL 60661 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:
  - (a) Real estate transactions.
  - (b) Financial institution transactions.
  - (e) Stock and bond transactions.
  - (d) Tangib rescent property transactions.
  - (e) Safe acpoint box transactions.
  - (f) Incurance and annuity transactions.
  - (g) Retirement ale 1-ransactions.
  - (h) Social Security, or iployment and military service benefits.
  - (i) Tax matters.
  - (i) Claims and litigation
  - (k) Commedity and option are assections:
  - (I) Business operations.
  - (m) Borrowing transactions.
  - (a) Estate transactions.
  - (o) All other property powers and transa tions.
- 2. The powers granted above shall not include the following powers or shall be modified or limited in the following particulars:

Powers shall limited to matters involving the purchar e of 1715 NORTH WELLS STREET, UNIT 51, CHICAGO, LLI INOIS 60614 See attached legal description

- 3. In addition to the powers granted above, I grant my agent the following powers: NONE
- 4. My agent shall have the right by written instrument to delegate any or all of the furegoing 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.
  - 5. My agent shall be entitled to reasonable compensation for services rendered as agent under this power of attorney.
- 6. This power of attorney shall become effective on July 1, 2016 for the closing of 1715 NORTH WELLS STREET, UNIT 51, CHICAGO, ILLINOIS 60614.
- 7. This power of attorney shall terminate on July 31, 2016 for the closing of 1715 NORTH WELLS STREF1, UNIT 51, CHICAGO, ILLINOIS 60614.
- 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:

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.

- 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.

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# **UNOFFICIAL COPY**

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

Dated: 5-18-16	,	-		
Signed BRETT SINGER	ng r			
The undersigned with as principal to the foregoing prodelivering the instrument as the or her to be of sound mind and or mental health service provious operator of a health care facility such parent, situated or descent	tness certifies that BRETT SING tower of attorney, appeared before free and voluntary act of the pd memory. The undersigned with der or a relative of the physician ity in which the principal is a paradant of either the principal or at y blood, marriage, or adoption;	re me and the notary exincipal, for the use ness also certifies th to r provider; (b) an tient or resident; (c) by agent or successo	y public and acknowledged as and purposes therein set at the witness is not: (a) th owner, operator, or relativ a parent, sibling, descendant ar agent under the foregoin;	d signing and forth. I believe him to attending physician to of an owner or ant, or any spouse of g power of attorney,
Dated:	0			
Dated,	/ <sub>x</sub>		Witness	•
or her to be of sound mind an or mental health service provi operator of a health care facility such parent, sibling, or descer whether such relationship is be attorney.  Dated: 5   18   10   State of   L   County of   COOY-	the free and voluntary act of the p d memory. The undersigned with ider or a relative of the physician ity in which the principal is a pa adant of either the principal or an ny blood, marriage, or adoption;  ) ) SS. ) public in and for the above coun	ness also certifies the or provider; (b) an tient or resident; (c) my agent or successor (d) an	nat the witness is not: (a) the owner, operator, or relative a parent, sibling, descended agent under the foregoin necessor agent under the foregoin witness.	ne attending physician re of an owner or ant, or any spouse of g power of attorney, regoing power of
same person whose name is s	nbscribed as principal to the for ) in person and ackno	egoing power of atto wledged signing an	orney, appeared before me d delivering the instrument	and the witness(es) t as the free and
	, for the uses and purposes there	in set forth (, and ce	rtified to the correctness of	t the signature(s) of
the agent(s)). Dated: 5.18:14			Alberta MA	w/
My commission expires	Kimberly Freeland, agent	ine.	Notary Public	~~~~
	[][[a] [br		OFFICIAL SEAL	. }
Kimberly Freeland	BRETT SINGER	<b>\$</b>	ALEXANDRA M ARGIRI OTARY PUBLIC - STATE OF ILI	UNDIS
(successor agent)	(principal)	} \\	MY COMMISSION EXPRESSO	114119
(successor agent)  (North Lough Louiston)  Kimberly Freeland  618 W Fulton St  Chicago, IL 60661  312-506-0320	(principal)			

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### **UNOFFICIAL COPY**

#### 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 constant 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 crear a conflict of interest that is inconsistent with the other principles in this Notice to Agent;
    - (2) do any act beyout 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;
- (5) continue acting on beliate 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 ma triage to the principal.

If you have special skills or expertise, you runst use those special skills and expertise when acting for the principal. You must disclose your identity as an egent 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 greated 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."

(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 reterred to the one required witness as an "additional witness", and it also provides for the signature of an optional "s wond witness".) (Source: P.A. 96-1195, eff. 7-1-11.)

ALTA Commitment (6/17/06)

# UNOFFICIAL COPY COMMITMENT FOR TITLE INSURANCE SCHEDULE A

#### Exhibit A - Legal Description

Unit 51 together with its undivided percentage interest in the common elements in Eugenie Terrace Townhouses Condominium, as delineated and defined in the Declaration recorded as document number 87680770, in Section 33, Township 40 North, Range 14, East of the Third Principal Meridian, in Cook County, Ilinois.

PM# 14-33-414-062-1051 CKa: 1715 14 Willia St # 57 Chicoso, The books AL OF COUNTY CLOTHICS OFFICE