

RECORDING, MAIL TO:  
TURN TITLE, LLC  
100 W. HIGGINS RD.  
SUITE 365  
PARK RIDGE, IL 60068

**UNOFFICIAL COPY**

Prepared by:  
Whitacre & Stefanczuk  
Attorneys at Law  
6841 W. Belmont Ave.  
Chicago, IL 60634



Doc# 1627050012 Fee \$54.00  
RHSP Fee:\$9.00RPRF Fee \$1.00  
Karen A. Yarbrough  
Cook County Recorder of Deeds  
Date: 09/26/2016 07:03 AM Pg: 1 of 9

Mail to:  
Whitacre & Stefanczuk  
Attorneys at Law  
6841 W. Belmont Ave.  
Chicago, IL 60634

1617737 1 of 3

## Illinois Statutory Short Form Power of Attorney For Property

**PIN#** 14-08-120-021-0000

**Commonly Known as:** 5334 N Magnolia Ave, Chicago IL 60640

**Legal Description:** LOT 10 AND THE NORTH TWELVE AND ONE-HALF FEET OF LOT 11 IN BLOCK 10 IN COCHRANS THIRD ADDITION TO EDGEWATER, BEING A SUBDIVISION OF THE EAST 1/2 OF THE NORTHWEST 1/4 OF SECTION 8, TOWNSHIP 40 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS.

# 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 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 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 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:

MS (Principal's initials)

# UNOFFICIAL COPY

## ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

1. I, J. MARK GOODE, hereby revoke all prior powers of attorney for property executed by me and appoint:

DANIEL STEFANCZUK, 6841 W. BELMONT AVE., CHICAGO, IL 60634

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) <del>Financial institution transactions.</del>                        |
| (c) <del>Stock and bond transactions.</del>       | (d) <del>Tangible personal property transactions.</del>                   |
| (e) <del>Safe deposit box transactions.</del>     | (f) <del>Insurance and annuity transactions.</del>                        |
| (g) <del>Retirement plan transactions.</del>      | (h) <del>Social Security, employment and military service benefits.</del> |
| (i) <del>Tax matters.</del>                       | (j) <del>Claims and litigation.</del>                                     |
| (k) <del>Commodity and option transactions.</del> | (l) <del>Business operations.</del>                                       |
| (m) <del>Borrowing transactions.</del>            | (n) <del>Estate transactions.</del>                                       |
| (o) <del>All other property transactions.</del>   |   |

2. The powers granted above shall not include the following powers or shall be modified or limited in the following particulars:

POWERS TO EXECUTE ANY AND ALL NECESSARY DOCUMENTS, INCLUDING, BUT NOT LIMITED TO, TITLE DOCUMENTS, IN ORDER TO SELL PROPERTY LOCATED AT 5334 N. MAGNOLIA AVE, CHICAGO, IL 60640.

3. In addition to the powers granted above, I grant my agent the following powers:

\_\_\_\_\_

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.

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,

# UNOFFICIAL COPY

unless a limitation on the beginning date or duration is made by initialing and completing one or both of paragraphs 6 and 7.)

6. ( *ME* ) This power of attorney shall become effective on  
8/11/2016

(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. ( *ME* ) This power of attorney shall terminate on

CLOSING ON SALE OF PROPERTY.

9. 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: 8/11/2016

Signed *J. Mark Goode* (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 J. MARK GOODE, 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 pwer of attorney.

Dated: 8/11/2016

*J. Mark Goode*  
Witness

# UNOFFICIAL COPY

(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 ....., 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: .....

.....  
Witness

State of ILLINOIS.....)

) SS.

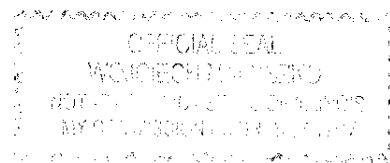
County of COOK.....)

The undersigned, a notary public in and for the above county and state, certifies that J. MARK GOODE, 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) KATHRYN C. WHITACRE (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)).

Dated: 8/11/2016.....

Wojciech Malachuk  
Notary Public

My commission expires 7/12/17.....



# UNOFFICIAL COPY

(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.)

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

Specimen signatures of and (and successors)

The image shows two handwritten signatures. The one on the left is a dense, scribbled signature, and the one on the right is a more legible signature. Both are written in black ink over a dotted line.

(agent)

(principal)

.....

(successor agent)

(principal)

.....

(successor agent)

(principal)

(NOTE: The name, address, and phone number of the person preparing this form or who assisted the principal in completing this form should be inserted below.)

Name: WHITACRE & STEFANCZUK LLC

Address: 6841 W. BELMONT AVE, CHICAGO, IL 60634

Phone: 773-622-6100

Property of Cook County Clerk's Office

# 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 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 not consistent 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;

(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"

# UNOFFICIAL COPY

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 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 referred to the one required witness as an "additional witness", and it also provides for the signature of an optional "second witness".)

Property of Cook County Clerk's Office



# UNOFFICIAL COPY

## AGENT'S CERTIFICATION AND ACCEPTANCE OF AUTHORITY

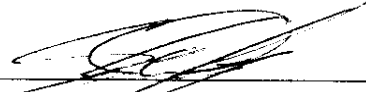
I, DANIEL STEFANCZUK, certify that the attached is a true copy of a power of attorney naming the undersigned as agent or successor agent for J. MARK GOODE.

I certify that to the best of my knowledge the principal had the capacity to execute the power of attorney, is alive, and has not revoked the power of attorney; that my powers as agent have not been altered or terminated; and that the power of attorney remains in full force and effect.

I accept appointment as agent under this power of attorney.

This certification and acceptance is made under penalty of perjury.

Dated: 5/11/2016

\_\_\_\_\_  
 (agent's signature)

DANIEL STEFANCZUK (print agent's name)

\_\_\_\_\_ (agent's address)

**Whitacre & Stefanczuk**  
Attorneys at Law  
6841 W. Belmont Avenue  
Chicago, IL 60634