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Doc# 1628010023 Fee \$52.00 RHSP Fee:\$9.00RPRF Fee \$1.00 Karen A.Yarbrough Cook County Recorder of Deeds Date: 10/06/2016 10:25 AM Pg: 1 of 8

Prepared By and Return To: James J. Karras Kelly & Karras, Ltd.
1010 Jorie Boulevard, Suite 100
Oak Brook, IL 60523
Phone Number: 630-575-0202

LLINOIS STATUTORY SHORT FORM

POWER OF ATTORNEY FOR PROPERTY

hereby revoke all prior powers of attorney for property executed by me and appoint:

, (insert name and address of principal)

80

William D. Kelly

1010 Jorie Boulevard, Suite 100

I San Jose, CA 95125

Kevin Hughes, 747 Cre Ave.,

Oak Brook, IL 60523

(insert name and address of agent), my __attorney _______ (relationship to me) (NOTE: You may not name co-agents using this form.) as my sterney-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 interney for Property Law" (including all amendments), but subject to any limitations on or addition to the specified powers inserted in paragraph 2 or 3 below:

- (a) Real estate transactions.
- (b) Financial institution transactions.
- (c) Borrowing transactions.
- 2. The powers granted above shall not include the following powers or shall be modified or limited in the following particulars:

I authorize my agent to act on my behalf with respect to the purchase and finance or refinance of the following real property (legal description):

MAIL

See attached Exhibit A for legal description of subject property

PrimeLending 2015 — Illinois

Near North National Title

222 N. LaSalle Chicago, IL 60601 Page | of 6



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also known as (street address):	712 W. Waveland Ave., #2D			
	Chicago, IL 60613			
3. 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.				
4. This power of attorney shall continue despite my 'ster disability	l become effective on the date of my signature below, and will or incapacity until my death.			
5. I am fully informed as to all this grant of powers to my age at.	the contents of this form and understand the full import of			
6. The Notice to Agent is inco	r poraled by reference and included as part of this form.			
Dated: September 20, 2016	04			
	Signed: Terri Types (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 new not also sign as a witness.)				
appeared before me and the notary as the free and voluntary act of the him or her to be of sound mind and is not: (a) the attending physician or provider; (b) an owner, operator which the principal is a patient or r parent, sibling, or descendant of foregoing power of attorney, whether an agent or successor agent under the state of the successor agent under the state of the successor agent under the successor agent under the successor agent under the state of the successor agent under the successor agent un	e is subscribed as principal to the foregoing power of attorney, public and acknowledged signing and delivering the instrument principal, for the uses and purposes therein set fort. I believe memory. The undersigned witness also certifies that the witness or mental health service provider or a relative of the physician r, or relative of an owner or operator of a health care facility in resident; (c) a parent, sibling, descendant, or any spouse of such either the principal or any agent or successor agent under the her such relationship is by blood, marriage, or adoption; or (d)			
Dated: 9/27/16	Jon Si			

Witness

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CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT CIVIL CODE § 1189 A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document. State of California County of Winter 2016 before me, <u>Verus E. Picci</u> N Here Insert Name and Title of the Of evin Hughes personally appeared Name(s) of Signer(s) who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person/s) acted, executed the instrument. certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct. VENUS E. RICCI WITNESS my hand and official seal. Signature Place Notary Seal Above **OPTIONAL** Though this section is optional, completing this information can deter alteration of the ducument or fraudulent reattachment of this form to an unintended document. **Description of Attached Document** Title or Type of Document: Illinois. Power of Attrined Document Date: Number of Pages: ______ Signer(s) Other Than Named Above: _ Capacity(ies) Claimed by Signer(s) Signer's Name: Signer's Name: _ □ Corporate Officer — Title(s): _ ☐ Corporate Officer — Title(s): ☐ Partner — ☐ Limited ☐ General ☐ Partner — ☐ Limited ☐ General ☐ Individual ☐ Attorney in Fact □ Individual ☐ Attorney in Fact □ Trustee ☐ Guardian or Conservator ☐ Trustee ☐ Guardian or Conservator ☐ Other: ☐ Other: Signer Is Representing: _____ Signer Is Representing:

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State of Illinois)
) SS
County of)
The undersigned, a n	ary public in and for the above county and state, certifies that
22.0	my proze in the 202 has been of the state, continued that
Kevin Hughes	, known to me to be the same person whose name is the foregoing power of attorney, appeared before me and the witness
subscribed as principal	the foregoing power of attorney, appeared before me and the witness
in the second of the first of	in person and acknowledged signing and delivering the
mstrument at the free at	voluntary act of the principal, for the uses and purposes therein set forth.
Dated: September 2	2016
	Notary Public
,	My commission expires
	004
	California
Du attachel	, cauge
/ / / / / / / / / / / /	California Acknowledgment
M. Purposi	The state of the s
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	Acknowledgme to Chin

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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 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 pover of attorney;
- (3) commingle the principal's funds with your funds;
- (4) borrow funds or other property from the principal, unless therwise 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"

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.

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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).

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 affeirs, 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 coagents.

This form does not impose a July 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 the 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 sway 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:

Principal's initials

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AGENT'S CERTIFICATION AND ACCEPTANCE OF AUTHORITY

I, <u>W</u>	illiam D. Kelly	(insert name of agent), certify	that the
attached is a	true copy of a power of att	orney naming the undersigned as agent or s	uccessor
agent for	Kevin Hughes	(insert name of principal).	
power of atto have not been effect.	procy, is alive, and has not	nowledge the principal had the capacity to e revoked the power of attorney; that my pow d that the power of attorney remains in full to his power of attorney.	ers as ago
Inis ceruiic	ation and acceptance is in	ade under penalty of perjury.	
Dated: Se	eptember 20, 2016		
		4 Will & Kelly	
		(Agent's Signature)	
		William D Kelly	
		(Print Agent's Name)	
		1010 Jorie Boulevard, Suite 100)
		0,,	
		Oak Brook, IL 60523	
		(Agent's Address)	0.

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EXHIBIT "A"

UNIT 2D IN THE PINE GROVE PLACE CONDOMINIUM, AS DELINEATED ON SURVEY OF THE FOLLOWING **DESCRIBED REAL ESTATE:**

LOT 4 IN BRADLEY'S ADDITION TO LAKEVIEW, BEING A SUBDIVISION OF LOTS 6 AND 7 IN BLOCK 5 IN HUNDLEY'S SUBDIVISION OF LOTS 3 TO 21, AND 33 TO 37, IN PINE GROVE IN SECTION 21, TOWNSHIP 40 NORTH, RANGE 10, EAST OF THE THIRD PRINCIPAL MERIDIAN,

WHICH SUPVEY IS ATTACHED TO THE DECLARATION OF CONDOMINIUM RECORDED AUGUST 9, 2001 AS DOCUMENT 0010730406, AS AMENDED FROM TIME TO TIME, IN COOK COUNTY, ILLINOIS

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Ate Inde.

Of Column Clarks Office Commonly Know 1 As: 712 W. Waveland Avenue, #2D, Chicago, IL 60613

Permanent Real Cotte Index Number: 14-21-105-037-1011