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Prepared by: Bonnie M. Keating Attorney at Law 6230 N. Leona Avenue Chicago, IL 60646 (773) 763 8095

Doc#. 1629316050 Fee: \$66.00 Karen A. Yarbrough Cook County Recorder of Deeds

Date: 10/19/2016 12:48 PM Pg: 1 of 10

SOFFICE

Return to: Sarah Dahm 2025 W. Touhy Avenue Chicago, IL 60641

100000 W 100000

## ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

1. 1, SARAH DAHM of 202 Hayes Street, Seattle, WA 98109

Hereby revokes all prior STATUTOPY powers of attorney for property executed by me and appoint

JOSHUA DAHM of 202 Hayes Stree . Seattle, WA 98109

(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 3-1 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:

(NOTE: You must strike out any one or more of the following cater ries of powers you do not want you agent to have. Failure 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 or nigh the title of that category.)

- a. Real Estate Transactions
- b. Financial institution transactions
- ca Stool and bond transactions
- d. Tangible personal property transactions
- c. Safe deposit box transactions
- f. Insurance and annuity transactions
- g. Retirement plan transactions
- h. Social security, employment and military service benefits
- i. Tax matters
- j. Claims and hitigation
- k. Commodity and option transactions
- + Pusinees operations
- m. Borrowing transactions
- n. Estate transactions
- o. All other property powers and transactions.

(NOTE: LIMITATIONS ON AND ADDITIONS TO THE AGENTS POWERS MAY BE INCLUDED IN THIS POWER OF ATTORNEY IF THEY ARE SPECIFICALLY DESCRIBED BELOW.)

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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):

3. In add tich 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):

My agent shall have the power to execute, in my name personally, all closing and mortgage related documents pertaining to my pi rchase of residential real estate located at 2025 W. Touhy Avenue, Chicago, IL 60641 including but not limited to a Master Settlement Statement, title company affidavits and closing documents, leader documents to include a Closing Disclosure, Mortgage, Promissory Note and all related lender documents required to be executed in my name personally pertaining to said purchase, for financing in the amount of \$390,450 at an interest rate of 3.635% fixed for a 30 year conforming loan, with no points, from Quicken Loans. The legal description of the property will be attached to this Power of Attorney as Exhibit A when presented for Recording with the Cook County Recorder of Deeds

(NOTE: YOUR AGENT WILL HAVE AUTHORITY TO EMPLOY OTHER PERSONS AS NECESSARY TO ENABLE THE AGENT TO PROPERLY EXERCISE THE POWERS 3. PANTED 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 that 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 attorney.

1629316050 Page: 3 of 10

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(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 ENDING DATE OR DURATION IS MADE BY INITIALING AND COMPLETING ONE OR BOTH OF PARAGRAPHS 6 AND 7.)

6.	This power of attorney shall become effective on _execution
disabi powei	(NCTE: Insert a future date or event during your lifetime, such as court determination of you lity or a written determination by your physician that you are incapacitated, when you want this to first take effect.)
7.	(A) This power of attorney shall terminate 60 days after the closing date.

NOTE: Insert a future date or event, such as court determination that you are not under a legal disability or a written determination by your physician that you are not incapacitated, when you want this power to terminate prior to your death.)

8. If any agent named by me shall ite, become incompetent, resign or refuse to accept the office of agent, I name the following (each to accelone and successively in the order named) as successor(s) to such agent:

#### NO SUCCESSOR IDENTIFIED

For purposes of 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 of 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 GUALDIAN OF YOUR ESTATE IF A COURT DECIDES THAT ONE SHOULD BE APPOINTED. TO DO THIS, PETAIN PARAGRAPH 9, AND THE COURT WILL APPOINT YOUR AGENT IF THE COURT FINDS THAT I HIS 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 rating 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.

(NOTE: THIS FORM DOES NOT AUTHORIZE YOUR AGENT TO APPEARIN 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.)

Dated: 30/14

SARAH DAHM

1629316050 Page: 4 of 10

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(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 SARAH DAHM, 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 of mental health service provider of 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 a 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 rower of attorney.

Dated: 09-20-2016 formula U. Willis Witness
(NOTE: ILLINOIS REQUIRES INLY 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 SARAH DAHM, 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 before him or her to be of sound mind and memory. The undersigned witness also certifies that the witness is not (a) the attending physician of mental health service provider of 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 panent or resident; (c) a parent, sibling, descendant or a 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 a lood, marriage or adoption; or (d) an agent or successor agent under the foregoing power of attorney.
Dated:Witness

1629316050 Page: 5 of 10

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ILLinois	
STATE OF WASHINGTON )	
COUNTY OF COOK ) SS.	
attorney, appeared before me AND THE y	ose name is subscribed as principal to the foregoing power of VITNESS(ES) Rocald A. ():  ;
in person and acknowledged signing and principal, for the uses and purposes set for	delivering this instrument as the free and voluntary act of the rth, (and certified to the correctness of signatures of the agents).
Dated: 9-20-2016	Hent Keislier Notary Public
in person and acknowledged signing and principal, for the uses and purposes set for Dated: 9-20-2016	TRENT KERSHAW Official Seat Notary Puetic - State of Illinois My Commission Expires Jun 20, 2020
	TO, REQUEST YOUR AGENT AND SUCCESSOR AGENTS BELOW. IF YOU INCLUDE SPECIMEN SIGNATURES MUST COMPLETE THE CERTIFICATION OPPOSITE THE
Charles of the control of	
Specimen Signatures of Agent (and successors)	I certify that the signatures of my agent (and successors) are genuine.
JOSHUA DAHM, Agent	SARAH FAHM
(and successors)	(and successors) are genuine.

1629316050 Page: 6 of 10

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### AGENT'S CERTIFICATION AND ACCEPTANCE OF AUTHORITY

I, JOSHUA DAHM, certify that the attached is a true copy of a power of attorney naming the undersigned as agent or successor agent for SARAH DAHM.

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 the approximent as agent under this power of attorney.

This certification and acceptance is made under penalty of perjury.\*

Dated:

JOSHUA DAHM

\*(NOTE: Perjury is defined in Section 32-2 of the Criminal Code of 1961, and is a Class 3 felony.)

1629316050 Page: 7 of 10

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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 you 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 coagents.

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, fince 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 digence. 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. Your pay 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 Sation 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)

1629316050 Page: 8 of 10

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#### NOTICE TO AGENT POWER OF ATTORNEY FOR PROPERTY

(NOTE: This notice is incorporated by reference and included as a part of this Power of Attorney for Property.)

When you (the agent) 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;

1629316050 Page: 9 of 10

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- (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"

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 cutside 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 daties 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 (Public Act 96-1195, effective July 1, 2011) 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".)

1629316050 Page: 10 of 10

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#### **LEGAL DESCRIPTION**

Order No.: 16WSA428183NA

THE WEST 16 2/3 FEET OF LOT 5 AND LOT 6 (EXCEPT THE WEST 33 1/3 FEET THEREOF) IN ROUNCIPAL.

TODORTHO OF COULDING Clarks Office BLOCK 6 IN ROGERS PARK IN SECTION 31, TOWNSHIP 41 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.