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Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 11/04/2016 11:09 AM Pg: 1 of 4

Prepared by and Mail to:
Jonathan Pope
Bazos, Freeman, Schuster & Braithwaite, LI
1250 Larkin Avenue, Ste 100
Elgin, IL 60123

PRAIRIE TITLE
6821 W. NORTH AVE.
OAK PARK, IL 60302

ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

1615902 2013

I, THOMAS SCHMIDT, 17062 Briardale Road, Derwood, MD 20855 (insert name and address of principal) hereby appoint:

CALLI SCHMIDT, 17062 Briardale Road, Derwood, MD 20855

(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 3-4 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.
- ~~(c) Stock and bond transactions.~~
- ~~(d) Tangible personal property transactions.~~
- ~~(e) 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 litigation.~~
- ~~(k) Commodity and option transactions.~~
- ~~(l) Business operations.~~
- (m) Borrowing transactions.
- ~~(n) Estate transactions.~~
- (o) All other property transactions.

2. The powers granted above shall be limited to the following property:

Property located at 4003 N. KENMORE AVENUE, UNIT #2, CHICAGO, IL 60613

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(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 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.~~

6. () This power of attorney shall become effective on the **DATE OF EXECUTION OF THIS POWER OF ATTORNEY**.

7. () This power of attorney shall terminate on **November 30, 2016**.

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: None

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.

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

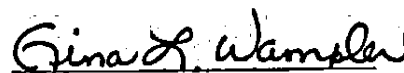
Dated: 10.4.2016

Signed 
(principal)-Thomas Schmidt

(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 THOMAS SCHMIDT, 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: 10/04/2016


Witness

(NOTE: Illinois requires only one witness, but other jurisdictions may require more than one witness. If you wish to

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have a second witness, have him or her certify and sign here:)

(Second witness) The undersigned witness certifies that THOMAS SCHMIDT, 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: _____

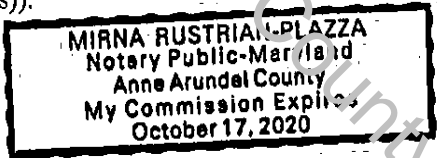
_____ Witness

State of Maryland, ss.

County of Anne Arundel

The undersigned, a notary public in and for the above county and state, certifies that THOMAS SCHMIDT, 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) _____ (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: 10/4/2016



Mirna Rustrian-Plazza
Notary Public

My commission expires _____

Specimen signatures of agent (and successors)

Calli Schmidt
(agent)-Calli Schmidt

(successor agent)

(successor agent)

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

Thomas Schmidt
(principal)-Thomas Schmidt

(principal)

(principal)

PREPARED BY:

Jonathan Pope
Bazos, Freeman, Schuster, & Braithwaite, LLC
1250 Larkin Avenue, Suite 100
Elgin, IL 60123
847-742-8800

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Legal Description:

PARCEL 1:

UNIT NUMBER 4003-2 IN KENMORE MANOR CONDOMINIUM AS DELINEATED ON A SURVEY OF THE FOLLOWING DESCRIBED REAL ESTATE:

LOTS 1 TO 3 IN COLLINS AND MORRIS SUBDIVISION OF LOTS 18 AND 21 IN BLOCK 6 IN INGLEHART'S SUBDIVISION OF THE WEST 1/2 OF THE SOUTHEAST 1/4 OF SECTION 17, TOWNSHIP 40 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, ALSO LOT 4 (EXCEPT THE WEST 50 FEET THEREOF) IN FEET'S SUBDIVISION OF LOT 24 IN SUBDIVISION OF THE WEST 205 FEET OF LOTS 18 AND 21 IN BLOCK 6 IN INGLEHART'S SUBDIVISION OF THE WEST 1/2 OF THE SOUTHEAST 1/4 OF SECTION 17, TOWNSHIP 40 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN;

WHICH SURVEY IS ATTACHED AS EXHIBIT "B" TO THE DECLARATION OF CONDOMINIUM RECORDED AS DOCUMENT NUMBER 96078813 TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS IN COOK COUNTY, ILLINOIS.

PARCEL 2:

THE EXCLUSIVE RIGHT TO THE USE OF P. 12, A LIMITED COMMON ELEMENT AS DELINEATED ON THE SURVEY ATTACHED TO THE DECLARATION AFORESAID RECORDED AS DOCUMENT 96078813.

COMMONLY KNOWN AS: 4003 N. Kenmore Ave., ^{At} Unit 2, Chicago, IL 60613

PERMANENT INDEX NUMBER: 14-17-404-059-1011

Property of Cook County Clerk's Office