Prepared By and
Mail To
Cara J. Dudzik
4228 Garden Ave
Western Springs IL 60558
Acquest Title Services, LLC

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2016100168 1of 3

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Doc# 1632134058 Fee $88.00
RHSP FEE:$9.00 RPRF FEE: $1.00
KAREN A.YARBROUGH
COOK COUNTY RECORDER OF DEEDS
DATE: 11/16/2016 11:48 AM PG: 1 OF 9

NOTICE TO INDIVIDUAL SIGNING THE ILLIN
STATUTORY SHORT FORM POWER OF ATTORNEY

RETURN TO:
Acquest Title Services, LLC
2800 W. Higgins Rd. # 180
Hoffman Estates, IL 60169

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 include powers to pledge, sell or otherwise dispose of any real or personal property 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 on 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. Your agent must act in accordance with the law and with the directions in this form. Your agent must keep a record of receipts, disbursements and significant actions taken as agent.

Unless you specifically limit the period of time that the power of attorney will be in effect, your agent may exercise the powers given 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 your agent is not acting properly. You also may revoke this power of attorney if you wish.

This power of attorney does not authorize your agent to appear in court for you as attorney-at-law or otherwise 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 Statutory Short Form Power of Attorney for Property Law. This form is a part of that law.

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 to indicate that you have read this Notice:

CRDREVIEW RV

Principal's initials-AMY BOYLE (AB)

ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

I, AMY BOYLE, having an address at 11104 HERITAGE DRIVE, UNIT 2A, PALOS HILLS, ILLINOIS 60465, hereby make, constitute and appoint my attorney, **CAROL J. DUDZIK**, having an address at 4228 Garden Avenue, Western Springs, Illinois 60558. If she is unable or unwilling or unavailable to act, then **CAROL BOYLE, MY MOTHER**, having an address in Hickory Hills, Illinois, as my agent TO ACT in my name, place and stead in any way which I could do, if I were personally present, with respect to the following matters as each of them is defined in Section 3-4 of the Illinois Statutory Short Form Power of Attorney for Property Law (including all amendments), to the extent that I am permitted by law to act through an agent:

(NOTE: You must strike out any one or more of the following categories of powers you do not want your 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 through the title of that category.)

(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 options transactions.~~
(l) ~~Business operations~~.
(m) ~~Borrowing transactions.~~
(n) ~~Estate transactions~~.
(o) All other property powers and transactions.

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). None

This power shall apply to any and all documents relating to the sale and closing of the sale of the property located at 11104 HERITAGE DRIVE, UNIT 2A, PALOS HILLS, ILLINOIS 60465.
P.I.N. 23-22-200-064-1005

Legal Description:

BUILDING B, UNIT 2A TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS IN HERITAGE HILLS CONDOMINIUM AS DELINEATED AND DEFINED IN THE DECLARATION RECORDED AS DOCUMENT NUMBER 88386649, AS AMENDED FROM TIME TO TIME, IN THE NORTHEAST ¼ OF SECTION 22, TOWNSHIP 37 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

This power shall be valid for one year from the date of this document.

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.

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.

This power of attorney is a durable power of attorney, and it shall not be affected by my becoming disabled, incompetent or incapacitated or the lapse of time. It is my intent that the authority conferred herein shall be exercisable notwithstanding my physical disability or mental incompetence.

It may be necessary for my agent to have access to my medical records to establish whether medical bills are valid and appropriate or for other purposes. I grant to my agent the authority and power to serve as my personal representative for all purposes of the Health Insurance Portability and Accountability Act of 1996, the regulations in 45 C.F.R. Sec. 160 et seq., and any other applicable federal, state or local laws or regulations (collectively "HIPAA"), including the authority to request, receive, obtain and review, and be granted full and unlimited access to, and consent to the disclosure of complete unredacted copies of any and all health, medical and financial information and any information or records referred to in 45 C.F.R. Sec. 164.501 and regulated by the Standards for Privacy of Individually Identifiable Health Information found in 65 Fed. Reg. 82462 as protected private records or otherwise covered under HIPAA. I understand that health and medical records can include information relating to subjects such as sexually transmitted diseases, acquired immunodeficiency syndrome (AIDS), AIDS-related complex (ARC) and human immunodeficiency virus (HIV), behavioral or mental health services, and treatment for alcohol or drug abuse or addiction. I understand that I may have access to or receive an accounting of the information to be used or disclosed as provided in 45 C.F.R. Sec. 164.524 et seq. I further understand that authorizing the disclosure of this health information is voluntary and that I can refuse to sign this authorization. I further understand that any disclosure of this information carries with it the potential for an unauthorized further disclosure of this information by third parties and that such further disclosure may not be protected under HIPAA. In order to induce the disclosing party to disclose the aforesaid private and/or protected confidential information, I forever release and hold harmless said disclosing party who relies upon this instrument from any liability under confidentiality rules arising under HIPAA as a consequence of said disclosure. I authorize my agent to execute any and all releases

or other documents that may be necessary in order to obtain disclosure of my patient records and other medical information subject to and protected by HIPAA.

To induce any third party to act hereunder, I hereby agree that any third party receiving a duly executed copy or facsimile of this power of attorney may act hereunder, and that revocation or termination hereof shall be ineffective as to such third party unless and until actual notice or knowledge of such revocation or termination shall have been received by such third party. I, for myself and my heirs, executors, legal representatives and assigns, hereby agree to indemnify and hold harmless any such third party from and against any and all claims that may arise against such third party by reason of such third party having relied upon the provisions of this power of attorney.

I am fully informed as to all the contents of this power of attorney and understand the full import of this grant of powers to my agent.

An attorney-in-fact shall be deemed to be unable to act hereunder if the attorney-in-fact shall die, become incompetent, resign or refuse to accept the office of attorney-in-fact. An attorney-in-fact shall be considered to be incompetent if and while the person is 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.

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

This power of attorney shall be governed by Illinois law, although I request that it be honored in any state or other location in which I or my property may be found. If any provisions hereof shall be unenforceable or invalid, such unenforceability or invalidity shall not affect the remaining provisions of this power of attorney.

16th **IN WITNESS WHEREOF**, I have executed this power of attorney this day of AUGUST, 2016.

Amy Boyle
AMY BOYLE

WITNESSES:

The undersigned witnesses certify that **AMY BOYLE** known to be the same person whose name is subscribed as principal of the foregoing power of attorney, appeared before us 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. We believe him or her to be of sound

mind and memory. The undersigned witnesses also certify that they are not: (a) an attending physician or mental health service provider or a relative of the physician or service 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 a parent, sibling or descendant if 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: AUGUST 16, 2016

Signature of Witness

Karen Ramos
Printed Name

residing at

9038 S. Oakwood Drive
Hickory Hills, IL 60457

Signature of Witness

ROBERT R. RAMOS
Printed Name

residing at

9038 S. OAKWOOD DR.
HICKORY HILLS, IL. 60457

STATE OF ILLINOIS, COUNTY OF COOK, ss.

The undersigned, a notary public in and for the above county and state, certifies that AMY BOYLE 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 witnesses listed above,
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.

Dated: AUGUST 16 2016

OFFICIAL SEAL
MARY DORAN
Notary Public - State of Illinois
My Commission Expires 4/14/2020

Mary Doran
Notary Public

MAIL TO: AMD,
This power of attorney was prepared by: Carol J. Dudzik, 4228 Garden Avenue, Western Springs, IL 60558.

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 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"

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.

AGENT'S CERTIFICATION AND ACCEPTANCE OF AUTHORITY

I, **CAROL J. DUDZIK,** certify that the attached is a true copy of a power of attorney naming the undersigned as agent or successor agent for **AMY BOYLE.**

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.

My current address is: 4228 GARDEN Ave, Western Spgs, IL 60558

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

Dated: Aug 16, 2016

CAROL J. DUDZIK,

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

COOK COUNTY
RECORDER OF DEEDS

COOK COUNTY
RECORDER OF DEEDS

ISSUED BY
CAROL J. DUDZIK
4228 Garden Avenue., Western Springs, IL 60558
Phone: (708)246-6833 - Fax: (708)246-5804
AS ISSUING AGENT FOR
FIDELITY NATIONAL TITLE INSURANCE COMPANY

Commitment Number: 2016100168

EXHIBIT A

PROPERTY DESCRIPTION

The land referred to in this Commitment is described as follows:

Building B, Unit 2A, together with its undivided percentage interest in the common elements in Heritage Hills Condominium, as delineated and defined in the Declaration recorded as document 88386649, as amended from time to time, in the Northeast 1/4 of Section 22, Township 37 North, Range 12, East of the Third Principal Meridian, in Cook County, Illinois.

PIN: 23-22-200-064-1005

FOR INFORMATION PURPOSES ONLY:
THE SUBJECT LAND IS COMMONLY KNOWN AS:
11104 Heritage Drive, Unit 2A
Palos Hills, IL 60465