UNOFFICIAL COPY

Doc#. 1632356067 Fee: \$62.00

Karen A. Yarbrough

Cook County Recorder of Deeds Date: 11/18/2016 12:40 PM Pg: 1 of 8

Power of Attorney

Prepared by and Mail to:

Gary M. Kurc

Attorney at Law

16162 South Ellis Avenue

South Holland, II 60473

The Cook County Clark's Office 01146 44028

> E. Diehl Road Suite 180 Naperville, IL 60853

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. 755 ILCS 45/. 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 spear in court for you as an attorney-at-law or otherwise to engage in the practice of law unices 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 put your initials on the following line indicating that you have read this Notice:

Principal's initials

1632356067 Page: 3 of 8

UNOFFICIAL CO

ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

HOWARD FIELDS, of 5120 Foxfire Road, Fayetteville, North Carolina 28303 (insert name and address of principal) hereby revoke all prior powers of attorney for property executed by me and appoint: TANIA FIELDS, of 857 East 89th Place, Chicago, Illinois 60619 (insert name and address of agent)

(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:

(NOTE: You must strike cat 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.

- Prinancial institution ...

 Stock and bond transactions.

 Tangible personal property transactions.

 Safe deposit box transactions.

 Insurance and annuity transactions.

 Retirement plan transactions.

 Retirement plan transactions.

 In Social Security, employment and military service benefits.

 Tax matters.

 And litigation.

 Tan transactions.

(NOTE: Limitations on and additions to the agent's powers may be included in this power of attorney if they are specifically described below.)

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.)

1632356067 Page: 4 of 8

UNOFFICIAL COPY

| NONE |
|---|
| |
| |
| <u> </u> |
| |
| 3. In addition 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, exer |
| powers of appointment, name or change beneficiaries or joint tenants or revoke or amend any trust specifical |
| referred to below; |
| Execute such documents and do such acts as are necessary to complete the purchase |
| of real property commonly known as: 3017 Bonnie Brae Crescent, Flossmoor, Illinois 60422, for purchase price of \$200,000.00 and with a loan of \$200,000.00 (30-year fixed at 3.5%), |
| to be guaranteed by the Department of Veterans Affairs. All entitlement is used. |
| For Legal Description of property, see Exhibit "A" attached hereto and |
| made a part hereof. I, Howard Fields, intend to occupy said real estate as my principal |
| residence. |
| (NOTE: Your agent will have authority to employ other persons as necessary to enable the agent to properly exercise the powers granted in this form, but your agent will have to make all discretionary decisions. If you y 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 relegate any or all of the foregoing powers involudiscretionary decision-making to any person or persons whom we agent may select, but such delegation may 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 the power of attorney. <u>Strike out</u> paragraph 5 if you do <u>not</u> want your agent to <u>aiso</u> 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 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, unless a limitation on the beginning date or duration is mad initialing and completing one or both of paragraphs 6 and 7.) |
| (Initial if stating a beginning date other than at signing and then complete the following) This power of attorney shall become effective on upon execution |

(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.)

1632356067 Page: 5 of 8

UNOFFICIAL COPY

| (Initial if stating a duration date other than until your death and then complete the following) This power of attorney shall terminate on December 30, 2016 |
|---|
| (NOTE: Insert a future date or event, such as a court determination that you are not under a legal disability or a written determination by your physician that you are not incapacitated, if you want this power to terminate prior to your death.) |
| 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: |
| (NOTE: If you wish to name one or more successor agents, insert the name and address of each successor agent in |
| paragraph 8.) |
| For purposes of this paragraph 5, 2 person shall be considered to be incompetent if and while the person is a minor or an adjudicated incompetent of disabled person or 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 guardian of your estate if a court decides that one should be appointed. To do this, retain paragraph 9, and the court will appoint your agent if the court finds that this 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 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 unverstand 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: |
| (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 HOWARD FIELDS , 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 |

UNOFFICIAL COPY

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: 10/25/16 | | | | 62 1 |
|---|---|---|--|---|
| | | | Leul | (Witness signature) |
| (NOTE: Illinois requires only one wi have a second witness, have him or i | | | e more than on | e witness. If you wish to |
| (Second witness) The undersigned we person whose name is subterribed as notary public and acknowled god sign for the uses and purposes therein set witness also certifies that the wimes relative of the physician or provider facility in which the principal is a parsibling, or descendant of either the provider whether such relationship is by blood power of attorney. | principal to the fore; ning and delivering the forth. I believe him is is not: (a) the attent (b) an owner, opera- tion or resident; (c) a rincipal or my agent | going power of atto ne instrument as the or her to be of soun ding physician or m tor, or relative of a n parent, sibling, des or successor agent | omey, appeared free and volund mind and mental health se nowner or ope scendant, or an under the foreg | before me and the tary act of the principal, mory. The undersigned rvice provider or a rator of a health care y spouse of such parent, poing power of attorney, |
| Dated: | 7 | | | |
| | | 0, | | (Witness signature) |
| State of ILLINOIS) | | Y/Y | | 1 |
| County of COOK) S | \$. | 5 | | |
| The undersigned, a notary public | c in and for the abov | e county and state, | contifies that | HOWARD FIELDS |
| the foregoing power of attorney, app | peared before me and | l the witness(es) <u>l</u> | <u>ORELEE EN</u> | GEL (and crument as the free and |
| voluntary act of the principal, for the signature(s) of the agent(s). | | | | |
| Dated: 44/16 | | | | ed. |
| ٠٠, | *************************************** | // | | (Notary Public) |
| (NOTE: You may, but are bot require | OFFICIAL SEAL GARY M KURC HOTARY PUBLIC - STATE OF I MY COMMISSION EN PROPERTY | LUNOIS | My commi | ssion expires 5/6/2 ide specimen signatures e certification opposite |
| below. If you include specimen signs the signatures of the agents.) | atures in this power | of attorney, you mu | st complete the | certification opposite |

1632356067 Page: 7 of 8

UNOFFICIAL COPY

| Specimen signatures of agent (and successors). | agent (and successors) are correct. | | | | |
|---|---|-------------------------------|--|--|--|
| (Agent) | (Principal) | | | | |
| (Successor Agent) | (Principal) | | | | |
| (Successor Agent) | (Principal) | | | | |
| (NOTE: The name, address, and pho completing this form should be inser | one number of the person preparing this form or ted below.) | who assisted the principal in | | | |

This Instrument prepared by

The Cook County Clark's Office GARY M. KURC Attorney at Law 16162 South Ellis Avenue South Holland, Illinois 60473 (708) 331-3754

kurclaw@sbcglobal.net

1632356067 Page: 8 of 8

UNOFFICIAL COPY

EXHIBIT "A"

LEGAL DESCRIPTION and PIN

Lot 7 in Heather Hill Inc., 3rd Addition to Heather Hill, a subdivision of part of the Southwest ¼ of Section 12, Township 35 North, Range 13 East of the Third Principal Meridian, in Cook County, Illinois.

PIN: 31 12-311-022-0000

Commonly known (ss): 3017 Bonnie Brae Crescent, Flossmoor, Illinois 60422