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Doc#. 1701747031 Fee: \$60.00

Karen A. Yarbrough

Cook County Recorder of Deeds Date: 01/17/2017 09:48 AM Pg: 1 of 7

# COVER LETTER TO OF ATTORNE

WER COUNTY CONTY OFFICE

FILE: 20165860

**Property: 92 SANTA FE COURT** 

WILLOW SPRINGS, IL 60480

PIN NO.: 23-06-402-036-0000

AFTER RECORDING RETURN TO: National Title Solutions, Inc.

3550 Hobson Road Suite 101

Woodridge, IL 60517

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#### Roberta Doerste

#### ILLINOIS STATUTORY SHORT FORM Cor POWER OF ATTORNEY FOR PROPERTY

(NOTICE: THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO PLEDGE, SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. THIS FORM DOES NOT IMPOSE A DUTY ON YOUR AGENT TO EXERCISE GRANTED POWERS; BUT WHEN POWERS ARE EXERCISED, YOUR AGENT WILL HAVE TO USE DUE CARE TO ACT FOR YOUR BENEFIT AND IN ACCORDANCE WITH THIS FORM AND KEEP A RECORD OF RECEIPTS, DISBURSEMENTS AND SIGNIFICANT ACTIONS TAKEN AS AGENT. A COURT CAN TAKE AWAY THE POWERS OF YOUR AGENT IF IT FINDS THE AGENT IS NOT ACTING PROPERLY. YOU MAY NAME SUCCESSOR AGENTS UNDER THIS FORM BUT NOT CO-AGENTS

UNLESS YOU EXPRESSLY LIMIT THE DURATION OF THIS POWER IN THE MANNER PROVIDED BELOW, UNTIL YOU REVOKE THIS POWER OR A COURT ACTING ON YOUR BEHALF TEXMINATES IT, YOUR AGENT MAY EXERCISE THE POWERS GIVEN HERE THROUGHOUT YOUR LIFETIME, EVEN AFTER YOU BECOME DISABLED. THE POWERS YOU GIVE YOUR AGENT ARE EXPLAINED MORE FULLY IN SECTION 3 - 4 OF THE ILLINOIS "STATULOPY SHORT FORM POWER OF ATTORNEY FOR PROPERTY LAW" OF WHICH THIS FORM IS A PART (SEE THE BACK OF THIS FORM). THAT LAW EXPRESSLY PERMITS THE USE OF ANY DIFFERENT FORM OF POWER OF ATTORNEY YOU MAY DESIRY.

IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU.)

POWER OF ATTORNEY made this A day of Sely (month) Zol (year). I, ROSERTA L. DOEPKE (1) SANTE FELLOW SPRINGS, (insert name and address of principal) hereby appoint: Recycle L. ROTH, 448 PARKLAND TERRACE, PRETAGE, MI 49034 (insert name and address of agent) 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 - of the "Scantory 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 or below:

(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.

001428052 0008528827 DOEPKE, ROBERTA L 03/15/1951 F 62Y WALKER MD, JACQUELINE G Preadmit



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- (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.
- (1) Business operations.
- (m) Borrowing transactions.
- (n) Estate transactions.
- (o) All other property powers and transactions.

(LIMITATIONS ON AND ADDITIONS TO THE AGENT'S POWERS MAY BE INCLUDED IN THIS POWER OF ATTOKIEY IF THEY ARE SPECIFICALLY DESCRIBED BELOW.)

The powers grante	d above shall not includ	e the following p	owers or shall b	e modified o
	ving particulars (here you			
appropriate, such as	a prohibition & condition	ons on the sale of	f particular stock	or real estate
or special rules on b	orrowing by the ager ():		•	0= 0000, 000=20
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			)	
In addition to the po	owers granted above, I gra	ent my agent the	frataving power	ero Chore vou
may add any other o	lelegable powers including	a without limitatic	word Survoice	ors (note you
on cream described of	appointment, name or	cuange peneticiai	nes of joint the	ants or revoke
or arriend any trust s	pecifically referred to belo	W):		
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			<del>***</del>	
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(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 WANT TO GIVE YOUR AGENT THE RIGHT TO DELEGATE DISCRETIONARY DECISION-MAKING POWERS TO OTHERS, YOU



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SHOULD KEEP THE NEXT SENTENCE, OTHERWISE IT SHOULD BE STRUCK OUT.)

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.

(YOUR AGENT WILL BE ENTITLED TO REIMBURSEMENT FOR ALL REASONABLE EXPENSES INCURRED IN ACTING UNDER THIS POWER OF ATTORNEY. STRIKE OUT THE NEXT SENTENCE IF YOU DO NOT WANT YOUR AGENT TO ALSO BE ENTITLED TO REASONABLE COMPENSATION FOR SERVICES AS AGENT.)

My agent shall be entitled to reasonable compensation for services rendered as agent under this power of attorney.

(THIS POWER OF ATTOPNEY 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 MADE BY INITIALING AND COMPLETING EITHER (OR BOTH) OF THE FOLLOWING:)

1 Inis power or automey snall become effective or 11, 2013	(insert a future date
or event during your lifetime, such as court determination of your disability	, when you want this
power to first take effect).	
( ) This power of attorney shall terminate on	
	(insert a future date
or event, such as court determination of your disability, when you want t	ns power to terminate
prior to your death)	0,5.
(IF YOU WISH TO NAME SUCCESSOR AGENTS, INSERT THE NA	ME(S) AND
ADDRESS(ES) OF SUCH SUCCESSOR(S) IN THE FOLLOWING PAI	
If any agent named by me shall die, become incompetent, resign or refus	<del>-</del>
agent, I name the following (each to act alone and successively, in the order such agent:	named) as successor(s) to
PANIEL J. ROTH : PEBRA J. KORTA	
	this paragraph, 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 in business matters, as certified by a licensed physician.	telligent consideration to

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(IF YOU WISH TO NAME YOUR AGENT AS GUARDIAN OF YOUR ESTATE, IN THE EVENT A COURT DECIDES THAT ONE SHOULD BE APPOINTED, YOU MAY, BUT ARE NOT REQUIRED TO, DO SO BY RETAINING THE FOLLOWING PARAGRAPH. THE COURT WILL APPOINT YOUR AGENT IF THE COURT FINDS THAT SUCH APPOINTMENT WILL SERVE YOUR BEST INTERESTS AND WELFARE. STRIKE OUT PARAGRAPH IF YOU DO NOT WANT YOUR AGENT TO ACT AS GUARDIAN.)

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. 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.

(YOU MAY, BUT ARE NOT REQUIRED TO, REQUEST YOUR AGENT AND SUCCESSOR

Signed \_\_\_\_\_ (principal)

Cell Suture

Specimen signatures of agent (and successors) are correct.  (agent) (principal)  (principal)  (principal)  (principal)  (This power of attorney will not be effective unit as it is not arized and signed by at least one additional witness, using the form  (bline's) (principal)  (principal)	AGENTS TO PROVIDE SPECIMEN SIGNATURES IN THIS POWER OF THE CERTIFICATION OPPOSITE. THE SIGNAL	FATTORNEY, YOU MUST COMPLETE
(agent) (principal)  Record L. Roth (successor agent) (principal)  Author (principal)  (principal)  (this power of attorney will not be effective unit as it is notarized and signed by at least one additional witness, using the form below.)	Specimen signatures of	I certify that the signatures of my agent
Cochel L. Roth (successor agent) (principal)  Line (successor agent) (principal)  (THIS POWER OF ATTORNEY WILL NOT BE EFFECTIVE UNLASS IT IS NOTARIZED AND SIGNED BY AT LEAST ONE ADDITIONAL WITNESS, USING THE FORM BELOW.)	agent (and successors)	(and successors) are correct.
Tota (successor agent) (principal)  (THIS POWER OF ATTORNEY WILL NOT BE EFFECTIVE UNLESS IT IS NOTARIZED AND SIGNED BY AT LEAST ONE ADDITIONAL WITNESS, USING THE FORM BELOW.)	flat out out (agent)	(principal)
(THIS POWER OF ATTORNEY WILL NOT BE EFFECTIVE UNLESS IT IS NOTARIZED AND SIGNED BY AT LEAST ONE ADDITIONAL WITNESS, USING THE FORM BELOW.)	Rachel L. Roth (successor agent)	(principal)
(THIS POWER OF ATTORNEY WILL NOT BE EFFECTIVE UNLESS IT IS NOTARIZED AND SIGNED BY AT LEAST ONE ADDITIONAL WITNESS, USING THE FORM BELOW.)	Delua J. Korta (successor agent)	(principal)
AND SIGNED BY AT LEAST ONE ADDITIONAL WITNESS, USING THE FORM BELOW.)	gail M Ebeling	
I COUNT AND SUPPLIES AND		NAL WITNESS, USING THE FORM
State of Ulivers ) 001428052 0771/2013 000852882	BELOW.)	T (FAIR A.S.) SOF SOF MORE BARK HAVE BARK HAVE BARK HAVE
	State of Allinas	
DOEPKE, ROBERTA 1. 03/15/1951 F 62'  WALKER MD. JACQUELINE G. Innestigat	) SS	DOEPKE, ROBERTA'. 03/15/1951 F 62'
State of <u>Illinois</u> O01428052 07/11/2013 000852882  DOEPKE, ROBERTAL 03/15/1951 F 62'  WALKER MD, JACQUELINE G Inpatient	County of Palage	·

The undersigned, a notary public in and for the above county and state, certifies that

\[
\begin{align\*}
\text{\lefth{\subset}} \frac{1}{2} \text{\lefth{\subset}} \text{\lefth{\subset}} \text{\lefth{\subset}}, 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 additional witness 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: \[
\text{\lefth{\subseteq}} \text{\lefth{\s

OFFICIAL SEAL
JACK SARTORE
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:03/28/17

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Notary Public

My commission expires  $\frac{3/26/2-9/7}{2}$ . The undersigned witness certifies that Robertan Doc Pro, 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. OFFICIAL SEAL (SEAL) JACK SARTORE Witness (THE NAME AND ADDRESS OF THE PERSON PREPARING THIS FORM SHOULD BE INSERTED IF THE AGENT WILL HAVE POWER TO CONVEY ANY INTEREST IN REAL **ESTATE.**) This document was proposed by: 448 Parkland Terr. Portage, MIT 49024 JUNIA CIENTIS OFFICE

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#### **EXHIBIT "A"** LEGAL DESCRIPTION

File No.: 20165860

THAT PART OF LOT 53, IN THE WINDINGS OF WILLOW RIDGE PHASE TWO BEING A SUBDIVISION OF PART OF THE SOUTH HALF OF SECTION 6, TOWNSHIP 37 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, RECORDED AS DOCUMENT NUMBER 09095991, DESCRIBED AS FOLLOWS: COMMENCING AT THE SOUTHEAST CORNER OF THE SAID LOT 53: THENCE NORTH 04 DEGREES 22 MINUTES 21 SECONDS WEST ALONG THE EASTERLY LINE OF THE SAID LOT 53. A DISTANCE OF 94.55 FEET: THENCE SOUTH 89 DEGREES 54 MINUTES 17 SECONDS WEST. 43.71 FEET TO THE CENTER LINE OF A PARTY WALL FOR THE POINT OF BEGINNING: THENCE SOUTH 00 DEGREES 05 MINUTES 43 SECONDS EAST ALONG SAID CENTER LINE, 33.83 FEET; THENCE SOUTH 89 DEGREES 54 MINUTES 17 SECONDS WEST, 7.12 FEET; THENCE SOUTH 44 DEGREES 56 MINUTES 20 SECONDS WEST, 4.17 FEET; THENCE SOUTH 45 DEGREES 15 MINUTES 25 SECONDS FAST, 4.33 FEET; THENCE SOUTH 00 DEGREES 05 MINUTES 43 SECONDS EAST, 17.17 FEET, THENCE SOUTH 89 DEGREES 54 MINUTES 17 SECONDS WEST. 20.00 FEET TO THE SOUTHERLY EXTENSION OF THE CENTER LINE OF A PARTY WALL: THENCE NORTH 00 DEGREES 05 MINUTES 43 SECONDS WEST ALONG SAID SOUTHERLY EXTENSION AND ALONG SAID CENTER LINE, 57.00 FEET; THENCE NORTH 89 DEGREES 54 MINUTES 17 SECONDS EAST, 27.00 FEET TO THE POINT OF BEGINNING; IN COOK COUNTY. ILLINOIS County Clark's Office

PIN: 23-06-402-036-0000

File No.: 20165860 **Exhibit A Legal Description**