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,Doc# 1702419057 Fee ≸50.00

RHSP FEE:\$9.00 RPRF FEE: \$1.80

'KAREN A.YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 01/24/2017 11:52 AM PG: 1 OF 7

H76656

#### **Recording Cover Page**

This page added for the purposes of affixing Recording Information

Deed	
Colle	
Other Power of Attorney	
UCC	
☐ Plat	C/T'S
Remarks:	Cort's Office
PIN: 12-11-115-021-1012	
Address: 5219 N Potawatomie Aue, C	202 Kin
Chicago, 1L 60656	
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HERITAGE TITLE COMPANY 5849 W LAWRENCE AVE CHICAGO, IL 60630

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# ILLINOIS STATUTORY SHORT FORM 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, UNIT'L YOU REVOKE THIS POWER OR A COURT ACTING ON YOUR BEHALF TERMINATES IT, YOUR AGENT MAY EXERCISE THE POWERS GIVEN HERE THROUGHOUT YOUR LIFETIME, EVEN AFTER YOU BECOME DISABLED. THE POWERS YOU GIVE YOUK AGENT ARE EXPLAINED MORE FULLY IN SECTION 3 - 4 OF THE ILLINOIS "STATUTORY 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 DESIRE.

IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN 17 TO YOU.)

POWER OF ATTORNEY made this day of the following powers, as defined in Section - 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 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.

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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.
- (I) 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 ATTORNEY IF THEY ARE SPECIFICALLY DESCRIBED BELOW.)

The powers granted above shall not include the following powers or shall be modified of limited in the following particulars (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):
4
In addition to the powers granted above, I grant my agent the following powers (here you may add any other delegable powers including, without limitation, power to riake gifts, exercise powers of appointment, name or change beneficiaries or joint terants or revoke or amend any trust specifically referred to below):  10 115+ Any Clair PSTATE, DWAYA DO SLAVKA.  VISHPURC T TAKE ANY ACTION SPACE  NOTATE TO LIST TO SELL SAME.
THE FLOW OTHER PERSONS AS

(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 enailed to reasonable compensation for services rendered as agent under this power of attorney.

(THIS POWER OF ATTORNLY MAY BE AMENDED OR REVOKED BY YOU AT ANY TIME AND IN ANY MANNER. ABSENT AMENDMENT OR REVOCATION, THE AUTHORITY GRANTED IN THIS 20 WER 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:)

() This power of attorney shall become effective on	ure date t this
power to first take effect).	
() This power of attorney shall terminate on February 3, 2020 (insert a further than you want this power to terminate on the first of t	
or event, such as court determination of your disability, when you want this power to ter	Hilliam
prior to your death)	
(IF YOU WISH TO NAME SUCCESSOR AGENTS, INSERT THE NAME(S) AND ADDRESS(ES) OF SUCH SUCCESSOR(S) IN THE FOLLOWING PARAGRAPH.)	Ņ
If any agent named by me shall die, become incompetent, resign or refuse to accept the agent, I name the following (each to act alone and successively, in the order named) as suc	office of cessor(s) to
such agent:	
person shall be considered to be incompetent if and while the person is a minor or an a incompetent or disabled person or the person is unable to give prompt and intelligent considered by a licensed physician.	ajuaicaieu

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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.)

a quardian of my estate (my property) is to be appointed. I nominate the agent acting under this

If a guardian of my estate (my property) is to be appointed, I nominate the agent acting under this power of atterney 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.	
1 Con Vina Vina	
Signed <u>() (Cavara o Cyro) Avoc</u> (principal)	
(YOU MAY, BUT ARE NOT REQUIRED TO, REQUEST YOUR AGENT AND SUCCESSOR AGENTS TO PROVIDE SPECIMEN SIGNATURES BELOW. IF YOU INCLUDE SPECIMEN SIGNATURES IN THIS POWER OF ATTORNEY, YOU MUST COMPLETE THE CERTIFICATION OPPOSITE THE SIGNATURES OF THE AGENTS.)	
Specimen signatures of I certify that the signatures of my agent (and successors), are correct.	
Specimen signatures of agent (and successors) are correct.	
(successor agent) (principal)	
(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.)	
State of ILLINGIS	
State of ILLINGIS ) SS.  County of (LOCK)	
The undersigned, a notary public in and for the above county and state, certifies that Stave Visit evaluation, 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: Fin 2, 2015 (SEAL)	

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My commission expires July 13nu 3015. The undersigned witness certifies that  My commission expires July 13nu 3015. The undersigned witness certifies that  My commission expires July 13nu 3015. The undersigned witness certifies that  My commission expires July 13nu 3015. The undersigned witness certifies that  My commission expires July 13nu 3015. The undersigned witness certifies that  My commission expires July 13nu 3015. The undersigned witness 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.  MY COMMISSION EXPIRES JULY 13, 2015  Witness  THE NAME AND ADDRESS OF THE PERSON PREPARING THIS FORM SHOULD BE INSERTED IF THE ACENT WILL HAVE POWER TO CONVEY ANY INTEREST IN REAL ESTATE.)
This document was prepared by:
India War Hagins Ave
Ohicaa0, 100, 60,56
_(MICRES)(1)
County Clerk's Office

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#### H76656

UNIT 202 IN PARKVIEW CONDOMINIUM, AS DELINEATED ON PLAT OF SURVEY OF LOTS 11, 12, 13, 14 AND 15 IN BLOCK 1 IN LILL AND PETERSONS' SUBDIVISION OF THE SOUTH 1/2 OF THE SOUTHWEST 1/4 OF THE NORTHWEST 1/4 (EXCEPT THE NORTH 162.58 FEET THEREOF) AND (EXCEPT STREETS HERETOFORE DEDICATED) OF SECTION 11, TOWNSHIP 40 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN;

WHICH PLAT OF SURVEY IS ATTACHED AS EXHIBIT A TO THE DECLARATION OF CONDOMINIUM MADE BY WESTERN NATIONAL BANK OF CICERO, AN ILLINOIS CORPORATION, AS TRUSTEE UNDER TRUST NO. 4013, RECORDED IN THE OFFICE OF THE RECORDER OF DEEDS OF COOK COUNTY, ILLINOIS, AS DOCUMENT 20319457, AS AMENDED FROM TIME TO TIME, TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN PARCEL, IN COOK COUNTY, ILLINOIS

P.I.N. 12-11-115-021-1012

VATOM.

OF COOK COUNTY CLERK'S OFFICE C/K/A 5219 N PC (A)VATOMIE AVENUE, UNIT 202, CHICAGO, ILLINOIS, 60656