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Doc#. 1703806221 Fee: \$60.00

Karen A. Yarbrough

Cook County Recorder of Deeds Date: 02/07/2017 10:31 AM Pg: 1 of 7

Power of Attorney

Clark's Office

ORNTIC File Number: 1778248 1 of 2 Old Republic National Title 9601 Southwest Highway Oak Lawn, IL 60453 312-641-7799

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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, UNTIL YOU REVOKE THIS POWER OR A COURT ACTING ON YOUR BEHALF TERM NATES IT, YOUR AGENT MAY EXERCISE THE POWERS GIVEN HERE THROUGHOUT YOUR LIFETIME, EVEN AFTER YOU BECOME DISABLED. THE POWERS YOU GIVE YOU'R AGENT ARE EXPLAINED MORE FULLY IN SECTION 3 - 4 OF THE ILLINOIS "STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY LAW" OF WHICH "HIS FORM IS A PART (SEE THE BACK OF THIS FORM). THAT LAW EXPRESSLY PERMITS "FIE 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 (T. TO YOU.)

POWER OF ATTORNEY made this 25 day of JAN (month) 20 (year). I, Dorothy C. Wick Chagrin Falls, OH 44022 (insert name and address of principal) hereby appoint:

Cleighton De Petro, 830 W Lill Ave, #3, Chicago, IL 60614 (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 "Sta utory 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. REFINANCE OF THE BELOW MENTIONED PROPERTY: 830 W LILL AVE, #3, CHICAGO, IL 60614

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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.
- (i) Claims and litigation.
- (k) Cor.mcdity and option transactions.
- (l) Business operations.
- (m) Borrowing transactions.
- (n) Estate transactions.
- (o) All other properly rowers 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.)

| imited in the following particulars (here y appropriate, such as a prohibition or conditor special rules on borrowing by the agent): | itions on the sale of part | | |
|--|----------------------------|----------|--------|
| or special rules on borrowing by the agency. | | | |
| | 77x, | | |
| | | • | |
| | | * | |
| | | <u> </u> | |
| In addition to the powers granted above, I gmay add any other delegable powers including | | | re you |
| exercise powers of appointment, name of | | | revoke |
| or amend any trust specifically referred to be | | | 9 |
| | | | |
| | | | |
| | | | |

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

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

| () This power of attorney shall become effective on |
|--|
| JANUARY 26, 2017 . (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 |
| February 24, 2017 . insert a future date |
| or event, such as court determination of your disability, when you want this power to terminate |
| 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.) |
| 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: |
| For purposes of 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 intelligent consideration to |
| business matters, as certified by a licensed physician. |

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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.)

(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 agent (and successors) | I certify that the signatures of my agent (and successors) are correct. | | |
|---|---|---|-------------|
| | (agent) | 0, | (principal) |
| | (successor agent) | SON, | (principal) |
| | (successor agent) | | (principal) |
| AND SIGNED BY AT LE BELOW.) | | E EFFECTIVE UNLESS IT IS NAL WITNESS, USING TH | |
| State of <u>Ohio</u> County of <u>Cuyahoga</u> |)) SS.) | | |

The undersigned, a notary public in and for the above county and state, certifies that \(\sum_{OCOTOLOGIC}(\), 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:

Wendy S. Lewis
Notary Public, State of Ohio
Cuyahoga County
My commission has no expiration date

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Wendy S. Lewis
Notary Public, State of Ohio
Cuyahoga County
My commission has no expiration date

Notary Public . The undersigned witness certifies that My commission expires Dorothy C. Wick 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 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 prepared by: Wendy S. Lewis 25825 Science Park Drive, Suite 110 Beachingood, OH Clark's Office mouto: Cleighton De Petro 330 WLINAVE unit 3 Chicagoil booky

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LEGAL DESCRIPTION

UNIT 3 TOGETHER WITH THE EXCLUSIVE RIGHT TO USE GARAGE SPACE P 3 AND STORAGE SPACE S-3, BOTH LIMITED COMMON ELEMENTS IN 830 WEST LILL CONDOMINIUM AS DELINEATED ON THE SURVEY OF THE FOLLOWING DESCRIBED LAND TO WIT:

LOT 79 IN BLOCK 1 IN LILL AND DWERSEY'S SUBDIVISION OF THE EAST 1/2 OF SECTION 29, TOWNSHIP 40 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

WHICH SURVEY IS ATTACHED TO THE DECLARATION OF CONDOMINIUM RECORDED MAY 17, 2002 AS DOCUMENT 0020569813 TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS AS DEFINED AND SET FORTH IN SAID DECLARATION AND SURVEY, ALL IN COOK COUNTY, ILLINOIS.

Coot County Clert's Office Address commonly known as. 830 W Lill Ave Unit 3 Chicago, IL 60614

PIN#: 14-29-416-093-1003