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Doc#. 1704708027 Fee: \$58.00

Karen A. Yarbrough

Cook County Recorder of Deeds Date: 02/16/2017 09:52 AM Pg: 1 of 6

POWER OF ATTORICEY 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 TERMINATES 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 "STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY LAW' OF WHICH THIS FORM IS A PART (SEE THE END 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 IT TO YOU.

> Landtrust National Title 120 S. LaSalle St. Suite 1700 Chicago, IL 60603

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POWER OF ATTORNEY made this INUAN (month) | 14 (day), 2017 (year)

1. I, Andrew A. Cannon, of 41 Via Ricardo, Newbury Park, CA 91320 (insert name and address of principal) hereby appoint: John J. Siddall, of the City of Chicago, State of Illinois, (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 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:
(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 4710 North Spaulding Ave., Chicago IL 60625
b. Financial institution transactions.
c. Stock and bond transactions.
d. Tangible personal property at insactions.
e.—Safe deposit box transactions f.—Insurance and annuity transactions
a Potirement plan transactions.
h. Social Security, employment and mil ar /- service benefits.
i. Tax matters.
j. Claims and litigation.
k Commodity and option transactions. I. Business operations.
m. Borrowing transactions.
n. Estate transactions.
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 POWER'S MAY BE INCLUDED IN THIS POWER OF ATTORNEY IF THEY ARE SPECIFICALLY DESCRIBED SELOW.)
2. The powers granted above shall not include the following powers or shall be modified or limited in the following particulars (here you may include any specific limitations you them appropriate, such as a prohibition or conditions on the sale of particular stock or real estate or special rules on
1
N/A
3. 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 make gifts, exercise powers of appointment, name or change beneficiaries or joint tenants or revoke or amend any trust specifically referred to below):

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N/A
(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 G VE YOUR AGENT THE RIGHT TO DELEGATE DISCRETIONARY DECISION-MAKING POWERS TO OTHERS, YOU SHOULD KEEP THE NEXT SENTENCE, OTHERWISE IT SHOULD LE STRUCK OUT.)
4. 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 'nis 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 YOU'R. AGENT TO ALSO 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 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:)
6. (x) This power of attorney shall become effective immediately (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)
7. (x) This power of attorney shall terminate on March 31, 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.)
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:
N/A

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For purposes of this paragraph 8, 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. (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 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 altorney as such guardian, to serve without bond or security.
10. I am fully informed as lo all the contents of this form and understand the full import of this grant of powers to my agent.
Signed X Andrew A. Cannon
(THIS POWER OF ATTORNEY WILL NOT PE EFFECTIVE UNLESS IT IS NOTARIZED AND SIGNED BY AT LEAST ONE ADDITIONAL VITNESS, USING THE FORM BELOW.)
State of
County of
The undersigned, a notary public in and for the above county and state, certifies that Andrew A. Cannon , 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 winess 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:
(SEAL) x (See Attached (A Ack Form)
Notary Public
My commission expires
The undersigned witness certifies that Andrew A. Cannon , 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.

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Ventura County

My Comm. Expires April 21, 2019

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ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual

who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or
validity of that document.
State of Cairfornia County of Ventura
On Jane M. Lauritzen, a Notary Public,
(insert name and title of the officer)
personally appeared Andrew Adam Cannon.
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in
his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the
person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.
I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing
paragraph is true and correct.
ANNE M LAURITZEN
WITNESS my hand and official spal

(Seal)

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Dated: 1.14.17

(SEAL)

Witness

Legal Description: LOT 18 IN BLOCK 16 IN NORTHWEST LAND ASSOCIATION SUBDIVISION OF THE EAST 1/2 OF THE NORTHEAST 1/4 OF SECTION 14, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, EXCEPT THE SOUTH 665.6 FEET THEREOF AND EXCEPT THE NORTH WESTERN ELEVATED RAILROAD YARDS AND RIGHT OF WAY, ACCORDING TO PLAT RECORDED JUNE 6, 1906 AS DOCUMENT NUMBER 3874151 IN COOK COUNTY, ILLINOIS.

Property Address: 4710 North Spaulding Ave., Chicago IL 60625

PIN: 13-14-204-011-030%

(THE NAME AND ADDRESS OF THE PERSON PREPARING THIS FORM SHOULD BE INSERTED IF THE AGENT VIIIL HAVE POWER TO CONVEY ANY INTEREST IN REAL ESTATE.)

This document was prepared by:

Morreale Brady Malone & Cwik P.C., 449 Taff Ave.. Glen Ellyn IL 60137