PREMIER TITLE

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Doc# 1709749021 Fee \$50.00

RHSP FEE:\$9.00 RPRF FEE: \$1.00 KAREN A.YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 04/07/2017 09:37 AM PG: 1 OF 7

2016-01826-PT 2 of 3 AFFIDAVIT FOR CERTIFICATION of DOCUMENT COPY (55 ILCS 5/3-5013)

•
STATE OF ILLINOIS } MAGACOUNTY } ss.
I, (print name) Tible Rate that 1
have access to the copies of the attached document(s) (state type(s) of document(s))
as executed by (name(s) of party(ies)) KRISTI TOUGH
My relationship to the document is (ex. – Title Company, agent, attorney)
I state under oath that the original of this document is lost, or not in possession of
the party needing to record the same. To the best of my knowledge the original document was not intentionally destroyed or in any manner disposed or for the
purpose of introducing a copy thereof in place of the original.
Affian has personal knowledge that the foregoing statements are true.
Signature Date
Subscribed and sworn to before me this day of APRIL

Notary Public

OFFICIAL SEAL
ALEXANDER T SEIDEL
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:12/19/20

And the state of the said

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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, DISBURSEM'ENTS 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-AGENT.'S.

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 YOUP, 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 IT TO YOU.)

(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	institu	ution	transactions.
	Charle .			

- (c) Stock and bond transactions.
- (d) Tangible personal property transactions.
- (e) Safe deposit box transactions:
- (f) Insurance and annuity transactions.
- (g) Retirement plan trunsactions.
- (h) Social Security, employment and military service benefits.
- (i) Tax matters.
- (i) Claims and Hugation.
- (1) Commodity and option transactions.
- (I) Pariness operations.
- (m) For aveing transactions.
- (n) Estrator actions.
- (o) All other property powers and transactions.

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

The powers granted above 'na'l not include the following powers or shall be modified or 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 agen):
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 o make gifts, exercise powers of appointment, name or change beneficiaries or joint traints or revoke or amend any trust specifically referred to below:
or amend any trust specifically referred to below):
Co

(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 A GENT.)

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

(THIS POWER OF ATTORIVEY MAY BE AMENDED OR REVOKED BY YOU AT ANY TIME AND IN ANY MANNEY. 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:)

March 27, 2017	_ (insert a future date
or event during your lifetime, such as court determination of your disability,	- '
power to first take effect).	
M This power of attorney shall terminate on AUGUST 31, 2017	(insert a future date
or event, such as court determination of your disability, when you want thi	s r wer to terminate
prior to your death)	10
(IF YOU WISH TO NAME SUCCESSOR AGENTS, INSERT THE NAM	E(S) ANL
ADDRESS(ES) OF SUCH SUCCESSOR(S) IN THE FOLLOWING PARA	
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 a such agent:	amed) as successor(s) to
For purposes of t	this paragraph, a
person shall be considered to be incompetent if and while the person is a reincompetent or disabled person or the person is unable to give prompt and intell business matters, as certified by a licensed physician.	<u>.</u>

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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.

(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 agent (and successors)	I certify that the signatures of my agent (and successors) are correct.
(agent)	(principal)
(successor agen	(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 Illinois) SS. County of Cook

);;;;;c The undersigned, a notary public in and for the above county and state, certifies that KRIST TOUGH, 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: 03/25/2014(SEAL)

MICHAEL A CARBONE Official Seal Notary Public - State of Illinois My Commission Expires Dec 16, 2019

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My commission expires /2/16/2019.	The undersigned witness certifies that
the foregoing power of attorney, appeared before signing and delivering the instrument as the free ar purposes therein set forth. I believe him or her to be	me and the notary public and acknowledged
Dated: 03/27/2017 (SEAL) PHILO QCIT Witness	MICHAEL A CARBONE Official Seal Notary Public - State of Illinois My Commission Expires Dec 16, 2019
(THE NAME AND ADDRESS OF THE PERS INSERTED IF THE AGENT WILL HAVE POW ESTATE.) This document was pregued by:	ON PREPARING THIS FORM SHOULD BE TER TO CONVEY ANY INTEREST IN REAL
	orney
NORTH BROCK IL	6006 Z
0/4	
	OUNT C.
	PKIMER TITLE 1000 JORIE BLVD., SUITE 136 OAK BROOK, IL 60523 630-571-2111

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EXHIBIT "A"Legal Description

File No.: 2016-01826-PT

LOT 5 IN ODMAN'S SUBDIVISION OF LOTS 5, 6, AND 7 IN BLOCK 3 IN J.C. GARLAND'S ADDITION TO WINNETKA IN FRACTIONAL SECTION 21, TOWNSHIP 41 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

COMMONLY KNOWN AS: 192 Church Rd., Winnetka, IL 60093

Property of Cook County Clark's Office PERMANENT INDEX NO.: 05-21-311-017-0000

2016-01826-PT