

# UNOFFICIAL COPY



\*1710355006\*

Doc# 1710355006 Fee \$50.00

RHSP FEE:\$9.00 RPRF FEE: \$1.00

KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 04/13/2017 09:57 AM PG: 1 OF 7

This instrument was prepared by  
~~and is to be mailed to:~~

**John E. Lovestrand, Esq.**  
JOHN E. LOVETRAN PC  
30 Green Bay Road  
Winnetka, Illinois 60093

Permanent Index Number:

Legal Description:

To be attached as the last page hereto

RECORDER'S STAMP

*Return to:*  
Proper Title, LLC 132  
1530 E. Dundee Rd. Ste. 250  
Palatine, IL 60074

*PT17-40881*

**ILLINOIS STATUTORY SHORT FORM  
POWER OF ATTORNEY FOR PROPERTY**

PROPERTY ADDRESS:

100 East Huron, Unit 1303, Chicago, IL 60611

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## ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

### **NOTICE TO THE INDIVIDUAL SIGNING THE ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY:**

**PLEASE READ THIS FORM CAREFULLY.** THE FORM THAT YOU WILL BE SIGNING IS A LEGAL DOCUMENT. IT IS GOVERNED BY THE ILLINOIS POWER OF ATTORNEY ACT. IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU.

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 BACK OF THIS FORM). THAT LAW EXPRESSLY PERMITS THE USE OF ANY DIFFERENT FORM OF POWER OF ATTORNEY YOU MAY DESIRE.)

YOU ARE NOT REQUIRED TO SIGN THIS POWER OF ATTORNEY, BUT IT WILL NOT TAKE EFFECT WITHOUT YOUR SIGNATURE. YOU SHOULD NOT SIGN THIS POWER OF ATTORNEY IF YOU DO NOT UNDERSTAND EVERYTHING IN IT, AND WHAT YOUR AGENT WILL BE ABLE TO DO IF YOU DO SIGN IT.

PLEASE PLACE YOUR **INITIALS** ON THE **FOLLOWING LINE** INDICATING THAT YOU HAVE READ THIS NOTICE.

SB

Principal's Initials

NS

Principal's Initials

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**POWER OF ATTORNEY** made on or about this **9<sup>th</sup>** day of **March, 2017**.

1. We, **Shahin Bagheri** and **Neda Shirazi**, husband and wife, hereby appoint: *our real estate transactional attorney*, **John E. Lovestrand**, as attorney-in-fact ("agent") to act for us and our my names (in any way we 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:

(NOTE: 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) <b>Real estate</b> transactions         | (g) Retirement plan transactions                              | (l) Business Operations                        |
| (b) Financial institution transactions      | (h) Social Security, Employment and military service benefits | (m) Borrowing transactions                     |
| (c) Stock and bond transactions             | (i) Tax matters   | (n) Estate transactions                        |
| (d) Tangible personal property transactions | (j) Claims and litigation                                     | (o) All other property powers and transactions |
| (e) Safe deposit box transactions           | (k) Commodity and option transactions                         |  |
| (f) Insurance and annuity transactions      |   |  |

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

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 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): **Limited to subparagraph (a) set forth above.**

3. In addition to the powers granted above, we grant my agent the following powers (NOTE: 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): to act on my/our behalf in regard to the **SALE** of the **real estate** commonly known as **100 East Huron, Unit 1303, Chicago, Illinois 60611** (the legal description for which is to be attached hereto), including the execution of any **contractual, conveyance, and/or title company documents** ancillary thereto.

(NOTE: 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 SHOULD KEEP THE NEXT SENTENCE, OTHERWISE IT SHOULD BE 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 this power of attorney at the time of reference.

(NOTE: 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.)

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

(NOTE: 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 on or about March 10, 2017  
(NOTE: 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 consummation of the closing on the SALE of the aforementioned real estate, including any post-closing related matters (NOTE: insert a future date or event, such as court determination of your disability, when you want this power to terminate prior to your death)

(NOTE: 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 successors to such agent: NONE

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.

(NOTE: 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 attorney as such guardian, to serve without bond or security.

10. I am fully informed as to all the contents of this form and understand the full import of this grant of powers to my agents.


(NOTE: THIS FORM DOES NOT AUTHORIZE YOUR AGENT TO APPEAR IN COURT FOR YOU AS AN ATTORNEY-AT-LAW OR OTHERWISE TO ENGAGE IN THE PRACTICE OF LAW UNLESS HE OR SHE IS A LICENSED ATTORNEY WHO IS AUTHORIZED TO PRACTICE LAW IN ILLINOIS.)

11. The Notice to Agent is incorporated by reference and included as part of this form.

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Dated: **March 9, 2017**

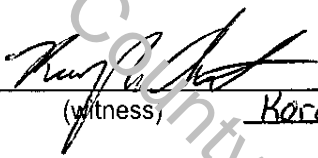
Signed: X   
 (principal) **Shahin Bagheri**

Signed: X   
 (principal) **Neda Shirazi**

(NOTE: THIS POWER OF ATTORNEY WILL NOT BE EFFECTIVE UNLESS IT IS SIGNED BY AT LEAST ONE **WITNESS**, IMMEDIATELY BELOW, AND YOUR SIGNATURE IS **NOTARIZED**, USING THE FORM ON THE FOLLOWING PAGE. THE NOTARY MAY **NOT** ALSO SIGN AS A WITNESS.)

The undersigned **witness** certifies that the above principal(s), known to me to be the same person(s) whose name is subscribed as principal to the foregoing power of attorney, appeared before me in person and acknowledged signing and delivering the instrument as his/her/their free and voluntary act, for the uses and purposes herein set forth. I believe him to be of sound mind and memory. The undersigned **witness** also certifies that the witness is **not**: (a) the attending physician or mental health service provider or a relative of the physician or provider; (b) an owner, operator or relative of an owner or operator of a health care facility in which the principal is a patient or resident; (c) a parent, sibling, descendant, or any spouse of such parent, sibling or descendant of either the principal or any agent or successor agent under the foregoing power of attorney, whether such relationship is by blood, marriage, or adoption; or (d) an agent or successor agent under the foregoing power of attorney.

Dated: **March 9, 2017**

Signed: X   
 (witness) **Corey White**

(NOTE: THIS POWER OF ATTORNEY WILL NOT BE EFFECTIVE UNLESS IT IS **NOTARIZED**.)

Country: USA )  
 ) SS.  
 State or Province: Illinois )  
 ) SS.  
 County: Cook )

The undersigned, a notary public in and for the above Country, State (or Province) and County, certifies that the above principal, known to me to be the same person whose name is subscribed as principal to the foregoing power of attorney, appeared before me in person and acknowledged signing and delivering the instrument as his/her/their free and voluntary act, for the uses and purposes herein set forth [and certified to the correctness of the signature of the agent].

Dated: **March 9, 2017**

X   
 Notary Public

(SEAL)



My Commission Expires: 3/24/2019

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(NOTE: 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 successor).

X *John E. Lovstrand*  
(agent)

I certify that the signatures of my agent (and successor) are genuine.

X *[Signature]*  
(principal)

X *[Signature]*  
(principal)

(NOTE: THE NAME, ADDRESS AND PHONE NUMBER OF THE PERSON PREPARING THIS FORM OR WHO ASSISTED THE PRINCIPAL IN COMPLETING THIS FORM SHOULD BE INSERTED BELOW.)

This document was prepared by:

**John E. Lovstrand, Esq.**  
JOHN E. LOVSTRAND PC  
30 Green Bay Road  
Winnetka, Illinois 60093  
(847) 448-5400

Property of Cook County Clerk's Office

Legal Description

of the real estate to be attached hereto and made a part hereof

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## Exhibit A

PARCEL 1: UNIT NUMBER 1303 IN 100 EAST HURON STREET CONDOMINIUM AS DELINEATED ON A SURVEY OF THE FOLLOWING DESCRIBED REAL ESTATE: LOT 2 IN CHICAGO PLACE, BEING A RESUBDIVISION OF THE LAND, PROPERTY AND SPACE WITHIN BLOCK 46 (EXCEPT EAST 75 FEET THEREOF) IN KINZIE'S ADDITION TO CHICAGO IN THE NORTH 1/2 OF SECTION 10, TOWNSHIP 39 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, WHICH SURVEY IS ATTACHED AS EXHIBIT 'A' TO THE DECLARATION OF CONDOMINIUM RECORDED AS DOCUMENT #90620268 AND AS AMENDED TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS, IN COOK COUNTY, ILLINOIS.

PARCEL 2: EASEMENT FOR MAINTENANCE, IE FOR THE BENEFIT OF PARCEL 1 AS SET FORTH BY EASEMENT AND OPERATION AGREEMENT, RECORDED OCTOBER 6, 1990 AS DOCUMENT 90487310 AND CREATED BY DEED FROM LASALLE NATIONAL TRUST, N. A, AS TRUSTEE UNDER TRUST AGREEMENT DATED JULY 1, 1986 AND KNOWN AS TRUST NUMBER 111297 TO JOEL H. KAPLAN, RECORDED JULY 12, 1993 AS DOCUMENT NUMBER 93531742.

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