ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

1. I, Valerie Dorsey, residing in Posen, Illinois, hereby revoke all prior statutory powers of attorney for property executed by me and appoint: Katelin Dorsey of 14601 South Campbell Avenue, Posen, Illinois 60469,

(NOTE: You may not name co-agents using this form.)

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:

(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) Real estate transactions related to the purchase/sale of the property located at 14921 Cleveland Avenue, Posen, Illinois 60459
- (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) Commodity and option transactions.
- (1) Business operations.
- (m) Borrowing transactions.
- (n) Estate transactions.
- (o) All other property 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:

(NOTE: 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.)



Doc# 1711434058 Fee \$76.00

PMSQ FEE:\$9.00 RPRF FEE: \$1.00

KAREM A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 04/-4/2017 01:24 PM PG: 1 OF





3. In addition to the powers granted above, I 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.)
70
(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 paragraph 4, 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 paragraph 5 if you do not want your 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.
(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 one or both of paragraphs 6 and 7.)
6. This power of attorney shall become effective on:

(NOTE: Insert a future date or event during your lifetime, such as a court determination of your disability or a written determination by your physician that you are incapacitated, when you want this power to first take effect.)

uns power to mist take effect.)	·	
7. This power of attorney shall terminate on:		

(NOTE: Insert a future date or event, such as a court determination that you are not under a legal disability or a written determination by your physician that you are not incapacitated, if you want this power to terminate prior to your death.)

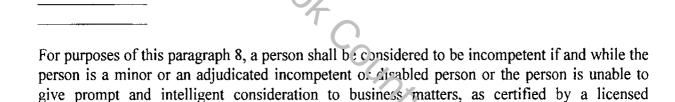
(NOTE: If you wish to name one or more successor agents, insert the name and address of each successor agent in paragraph 8.)

8. If any agent named by me shall die, become incompetent, resign or refuse to accept the office if agent, I name the following (each to act alone and successively, in the order named) as successor(s) to such agent.

(Include name, address and phone number for any named successors)

when I revoke it

physician.



(NOTE: If you wish to, you may name your agent as guardian of your estate if a court decides that one should be appointed. To do this, retain paragraph 9, and one court will appoint your agent if the court finds that this 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 agent.

(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, as set out below, is incorporated by reference and included as part of this form.

Dated: 4.19.17 Signed: Walnusbury (Principal)
(NOTE: This power of attorney will not be effective unless it is signed by at least one witness and your signature is notarized, using the form below. The notary may not also sign as a witness.)
The undersigned witness certifies that Valerie Dorsey, 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 undersigned witness also certifies that the witness is not: (a) the attending playtician 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: 4-19-17 Signed: Witness) (Witness)
(NOTE: Illinois requires only one witness, but offer jurisdictions may require more than one witness. If you wish to have a second witness, have him or her certify and sign here:)
(Second witness) The undersigned witness certifies that
Dated: Signed: (Witness)
State of
County of

Dorsey, known to me to be the same pe	or the above county and state, certifies that Valerie rson whose name is subscribed as principal to the opeared before me and the witness(es)
	1
Robert S. Dorsey and	in person and
	e instrument as the free and voluntary act of the
	n set forth (, and certified to the correctness of the
signature(s) of the agent(s)).	•
\sim	0
Dated: 4/22/17 Signature	laure Feier
70 ₂	Notary Public
C _A	Official Seal
Nota	Daniela Feier ry Public State of Illinois
My commission expires: My Com	mission Expires 11/04/2020
0)/18/44/	744444444444
	, request your agent and successor agents to provide
-	specimen signatures in this power of attorney, you
must complete the certification opposite the	signatures of the agents.)
Specimen signatures of agent (and successor	,
	successors) are correct.
(agent)	(principal)
(successor agent)	(principal)
	0.
(successor agent)	(principal)
	(principal)
	·C
(NOTE: The name, address, and phone num	ider of the person preparing this form
or who assisted the principal in completing t	this form is optional.)
Name of Preparer: + hail to	
Name of Preparer: + Mal	Steven D. Stavropoulos
Address:	22 West Washington, Suite 1500
	Chicago, Illinois 60602
The state of the s	
Phone:	(312) 262-5877

1711434058 Page: 6 of 6

UNOFFICIAL COPY

LEGAL DESCRIPTION

Order No.: 17NW7126907VH

For APN/Parcel ID(s): 28-12-442-026-0000

LOT 6 IN SUNNY ACRES RESUBDIVISION, A SUBDIVISION OF LOTS 11 TO 40 IN SUNNY ACRES, A RESUBDIVISION OF LOTS 10 AND 11 IN POSEN ACRES, A SUBDIVISION OF THE EAST 1/2 OF THE SOUTHWEST 1/4 AND THE NORTH 20 ACRES OF THE SOUTHWEST FRACTIONAL 1/4 OF THE SOUTHWEST FRACTIONAL 1/4 OF SECTION 12, TOWNSHIP 36 NORTH, RANGE 13, EAST OF THE THIRD PIXINCIPAL MERIDIAN, ALL LYING NORTH OF THE INDIAN BOUNDARY LINE IN COOK COUNTY, ILLINCIS.

COOK COUNTY RECORDER OF DEEDS