Doc#. 1714615254 Fee: \$72.00

Karen A. Yarbrough

Cook County Recorder of Deeds Date: 05/26/2017 01:11 PM Pg: 1 of 13

ILLINOIS STATUTORY

SHORT FORM

POWER OF ATTORNEY FOR PROPERTY

Control

Prepared by: Law Office of Christopher A. Weinum 705 E 162nd Street Suite 201 South Holland, IL 60473

DOOPY.

Mail To:

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NOTICE TO THE INDIVIDUAL SIGNING THE ILLINOIS

STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY.

PLEASE READ THIS NOTICE 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 your designated "agent" broad powers to handle your financial affairs, which may include the power to pledge, sell, or dispose of any of your real or personal property, even without your consent or any advance notice to you. When using the Statutory Short Form, you may name successor agents, but you may not name co-agents.

This form does not impose a duty upon your agent to handle your financial affairs, so it is important that you select an agent who will agree to do this for you. It is also important to select an agent whom you hust, since you are giving that agent control over your financial assets and property. Any agent who does act for you has a duty to act in good faith for your benefit and to use due care, competence, and diligence. He or she must also act in accordance with the law and with the directions in this form. Your agent must keep a record of all receipts, disbursements, and significant actions taken as your agent.

Unless you specifically limit the period of time that this Power of Attorney will be in effect, your agent may exercise the powers given to him or her throughout your lifetime, both before and after you become incapacitated. A court, however, can take away the powers of your agent if it finds that the agent is not acting properly. You may also revoke this Power of Attorney if you wish.

This Power of Attorney 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.

The powers you give your agent are explained more fully in Section 3-4 of the Illinois Power of Attorney Act. This form is a part of that law. The "NOTE" paragraphs throughout this form are instructions.

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:

Principal's initials

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ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

1. I, Austin Curry 10057 S Parnell Avenue, Chicago, IL 60628

(insert name and address of principal) hereby revoke all prior powers of attorney for property executed by me and appoint: ..

Christopher Weinum, 705 E 162nd Street Suite 201, South Holland, IL 60473

(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 Lav (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.
- (b) Financial institution transactions.
- —(c) Stock and bond transactions.
- (d) Tangible personal property trancactions.
- (e) Safe deposit box transactions.
- (f) Insurance and annuity transactions.
- -(g) Retirement plan transactions.
- (h) Social Security, employment and military service henefits.
- (i) Tax matters.
- (i) Claims-and litigation.
- (k) Commodity and option transactions.
- -(I) 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.)

JANA C

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 profunction or conditions on the sale of particular stock or real estate or special rules on borrowing by the acen'.)

NOT APPLICABLE

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.)

NOT APPLICABLE

(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.)

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.)

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

7. () This power of attorney shall terminate on the sale of the property known as 8255 S Commercial Avenue, Chicago, IL 60317

(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, in set 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 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 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.

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

Dated

Signed

(principál)

(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 **AUSTIN CURRY** 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 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: (1) / 1 / 1 / 1 / 1

(NOTE: Illinois requires only one witness, but other 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 certaines that AUSTIN CURRY known to me to be the same person whose name is subscribed as principal to the form again 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 forthe 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 rank rathe 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.

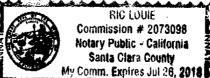
Dated:	1
	
	Witness

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The undersigned, a notary public in and for the above county and state, certifies that AUSTIN CURRY, 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 witness. ELIZABETH PEREZ.......) 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: M.C.



Notaby Public

(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 successors)	Cook	I certify that the signatures of my agent (and successors) are genuine.
(agent)	C	(principal)
(successor agent)	Uny,	(principal)
(successor agent)	9	(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.) SOME OF THE OR

Prepared By: Law Office of C.A.Weinum 705 E 162nd Street, Suite 201 South Holland, IL 60473

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ILLINOIS STATUTORY

SHORT FORM

DOOP OF TTOR.

COUNTY CONTY OFFICE POWER OF ATTORNEY FOR PROPERTY

Prepared by: Law Office of Christopher A. Weinum 705 E 162nd Street Suite 201 South Holland, IL 60473

Mail To:

NOTICE TO THE INDIVIDUAL SIGNING THE ILLINOIS

STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY.

PLEASE READ THIS NOTICE 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.

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This form does not ir pose a duty upon your agent to handle your financial affairs, so it is important that you select an agent who will agree to do this for you. It is also important to select an agent whom you trust, since you are giving that agent control over your financial assets and property. Any agent who does act for you has a duty to act in good faith for your benefit and to use due care, competence, and diligence. He or she must also act in accordance with the law and with the directions in this form. Your agent must keep a record of all receipts, disbursements, and significant actions taken as your agent.

Unless you specifically limit the period of time that this Power of Attorney will be in effect, your agent may exercise the powers given to him or her throughout your lifetime, both before and after you become incapacitated. A court, however, can take away the powers of your agent if it finds that the agent is not acting properly. You may also revoke this Power of Attorney if you wish.

This Power of Attorney 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.

The powers you give your agent are explained more fully in Section 3-4 of the Illinois Power of Attorney Act. This form is a part of that law. The "NOTE" paragraphs in oughout this form are instructions.

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Please place your initials on the following line indicating that you have read this Notice:

Principal's initials

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ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

1. I, Dwight Thomas Jr. 10057 S Parnell Avenue, Chicago, IL 60628

(insert name and address of principal) hereby revoke all prior powers of attorney for property executed by me and appoint: ..

Christopher Weinum, 705 E 162nd Street Suite 201, South Holland, IL 60473

(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. Failur to strike the title of any category will cause the powers described in that category to be granted to the agent. Fo strike out a category you must draw a line through the title of that category.)

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- (e) Safe deposit-box transactions.
- (f) Insurance and annuity transactions.
- (g) Retirement plan transactions.
- (h) Social Security, employment and military ser ice Denefits.
- (i) Tax matters.
- (i) Claims and litigation.
- (k) Commodity and option transactions.
- (I) Business operations.
- (m) Borrowing transactions.
- (n) Estate transactions.
- (o) All other property transactions.

Jany Ch (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 prohabition or conditions on the sale of particular stock or real estate or special rules on borrowing by the ag ant.) NOT APPLICABLE

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.)

NOT APPLICABLE

(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

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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 initialir, a and completing one or both of paragraphs 6 and 7.)

6. () This power of actorney shall become effective on	11/04	I	, 20	7
				_

(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.)

7. () This power of attorney shall terminate on the sale of the property known as 8255 \$ Commercial Avenue, Chicago, IL 603.7

(NOTE: Insert a future date or event, such as a count 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, in set 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 of agent, I name the following (each to act alone and successively, in the order name) as successor(s) to such agent:

For purposes of 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.

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

Dated: 5/17/17

Signed Juight Moma

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(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 **DWIGHT THOMAS JR.** 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 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.

Dated:

(NOTE: Illinois requires only one witness, but other 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 DWIGHT THOMAS JR. known to me to be the same person whose name is subscribed as princip if to the foregoing power of attorney, appeared before me and the notary public and acknowledged signing and doing oring the instrument as the free and voluntary act of the principal, for the uses and purposes therein set to the first him or her to be of sound mind and memory. The undersigned witness also certifies that the wife as is not: (a) the attending physician or mental health service provider or a relative of the physician or provider (t) 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 other the principal or any agent or successor agent under the foregoing power of attorney, whether such to the principal or any agent or adoption; or (d) an agent or successor agent under the foregoing power of attorney.

Dated:	
	',0
	······································
	Witness

1714615254 Page: 12 of

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State of	
County of(Atk)	
JR., known to me to be the same person whosattorney, appeared before me and the witness acknowledged signing and delivering the instr	the above county and state, certifies that DWIGHT THOM se name is subscribed as principal to the foregoing power in DONG LABORE TO THE LABORE TO THE COUNTY ACT OF THE PRINCIPAL (S) of the principal, for the tified to the correctness of the signature(s) of the agent(s))
Dated: .5/15/20.//1	and who
My commission expires 25/18 AGN	OFFICIAL SEAL IES KATHERINE HUMPHREY ARY PUBLIC - STATE OF ILLINOIS COMMISSION EXPIRES FEB. 5, 2018
NOTE: You may, but a e r.ot required to, requ	lest your agent and successor agents to provide speciment natures in this power of attorney, you must complete the
Specimen signatures of agent (and successors)	I certify that the signatures of my agent (and successors) are genuine. (principal) (principal)
(agent)	(principal)
(successor agent)	(principal)
(successor agent)	(principal)
NOTE: The name, address, and phone numb principal in completing this form shoul	er of the person preparing this form or who assisted the d be inserted below.)
Prepared By: Law Office of C.A.Weinum	'S
705 E 162 nd Street, Suite 201 South Holland, IL 60473	

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LEGAL DESCRIPTION

Order No.: 17ST00391WC

For APN/Parcel ID(s): 21-31-230-020-0000

Lot 22 in Block 5 in A. B. Meeker's Addition to Hyde Park, being a Subdivision of the Southeast 1/4 of the Northeast 1/4 of Section 31, Township 38 North, Range 15, East of the Third Principal Meridian, (except the Wast 25 feet thereof), in Cook County, Illinois.