Doc#. 1715049058 Fee: \$72.00

Karen A. Yarbrough

Cook County Recorder of Deeds Date: 05/30/2017 09:29 AM Pg: 1 of 13

Power of Attorney

01146-45809 135# County Clerk's Office

> STEWART TITLE 800 E. Diehi Road Swite 180 Maperville, IL 60563

### 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 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 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:

Property of Cook County Clerk's Office

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

1. I,	MATE THOMAS	, 7418 S. Lafayette Avenue,
	Chicago, Illinois 60411	, (insert name and address
of princi appoint:		rs of attorney for property executed by me and
	JOY THOMAS, 606 Hickor	y Street, Chicago Heights, Illinois 60411
	0	
	(insert name a	nd address of agent)
•	(NCTE: You may not na	me co-agents using this form.)
in perso: "Statuto but subj	n) with respect to the fellowing porry Short Form Power of Attorney	for me and in my name (in any way I could act owers, as defined in Section 3-4 of the for Property Law" (including all amendments), and to the specified powers inserted in
do not w powers (	vant your agent to have. Failure to described in that category to be granw a line through the title of that ca	
(	a)a Real estate transactions	. Sale of property located at
	7418 s  (a)b Financial institution tra	S. Lafayette Avenue, Chicago, IL 60621  nsactions.
(	a)c Stock and bond transact	tions.
(	a)d Tangible personal prope	erty transactions.
(	a)e Safe deposit box transac	ctions.
. (	a)f Insurance and annuity to	ransactions.
(	a)g Retirement plan transac	tions.
(	a)h Social Security, employ	ment and military service benefits.
(	a)i Tax matters.	

1715049058 Page: 5 of 13

# **UNOFFICIAL COPY**

(a)j	Claims and litigation.
(a)k	Commodity and option transactions.
(a)l	Business operations.
(a)m	Borrowing transactions.
(a)n	Estate transactions.
(2)0	All other property transactions.
power of attorn  The powers modified or lim (NOTE: Here y	tions on and additions to the agent's powers may be included in this ey if they are specifically described below.)  grant of above shall not include the following powers or shall be ited in the following particulars:  ou may include any specific limitations you deem appropriate, such as a onditions on the sale of particular stock or real estate or special rules on the agent.)
	C <sub>O</sub> ,
,	4hx
<del></del>	
3. In addition t	to the powers granted above, I grant my agent the following powers:
power to make	ou may add any other delegable powers including, without limitation, gifts, exercise powers of appointment, name or change beneficiaries or revoke or amend any trust specifically referred to below.)
the agent to pro make all discret	gent will have authority to employ other persons as necessary to enable perly exercise the powers granted in this form, but your agent will have to cionary decisions. If you want to give your agent the right to delegate ecision-making powers to others, you should keep paragraph 4, otherwise ack 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 gent 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 sha	ll become effective on	May 18, 2017	

(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 July 31, 2017.

(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 advicess 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:

#### 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, 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 the 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 g at t 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 is incorporated by reference and included as part of this form.

Dated: _	May 18, 2017		
		0/	- + II
		Signed	Med Mount
			Principal

(NOTE: This power of attorney will not be effective valess 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 <u>MATE THOMAS</u>, 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: May 18, 2017

Karen A. Cook

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, 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:
$\tau$
State of <u>Illinois</u> )
) SS.
County of <u>Cook</u>
The undersigned, a notary public in and for the above county and state, certifies that
is subscribed as principal to the foregoing power of attorney, appeared before me and the
witnesses Karen A. Cook 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 uses the rectness.
Dated: May 18, 2017
De life William Notary Public
My commission expires 7-23-2018 OFFICIAL SEAL DEBBLE A WILLIAMS
NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPRESO7/23/18  (NOTE: You may, but are not required to, request your agent and successor agents to
(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)	I certify that the signature of my agent and successor are genuine
Jee Dano	Mate Show
(NOTE: The tarte, address, and phone numb assisted the principal in completing this form	
Name: Atty. Steven R. Miller	<del> </del>
Address: 17508 S. Carriagewa / Dr - Suite B	
Hazel Crest, Illinois 60429	
Phone: (708) 799-5454	
	Clert's Office

1715049058 Page: 10 of 13

# **UNOFFICIAL COPY**

## AGENT'S CERTIFICATION AND ACCEPTANCE OF AUTHORITY

I, <u>JOY THOMAS</u>	(insert name of agent), certify that the attached
is a true copy of a power of attorney nami	ng the undersigned as agent for
MATE THOMAS. (insert name of princi	pal).
```	• /
power of attorney, is alive, and has not re-	the principal had the capacity to execute the voked the power of attorney; that my powers as
	; and that the power of attorney remains in full
force and effect.	
	_
I accept appointment as agent under this p	ower of attorney.
This certification and acceptance is made	under penalty of perjury.*
9	
Dated: May 18, 2017	
	Ora De
0/	(Agents Signature)
7	Joy Thomas
	(Print Agent's Name)
	606 Hickory Street
	17,
	Chicago Heights, Illinois 60411
	C)
	14,
	(Agent's Address)
	Ox
*(NOTE: Periury is defined in Section 32	-2 of the Criminal Code of 2012, and is a Class
3 felony.)	

Mag.

#### NOTICE TO AGENT

When you accept the authority granted under this power of attorney a special legal relationship, known as agency, is created between you and the principal. Agency imposes upon you duties that continue until you resign or the power of attorney is terminated or revoked.

### As agent you must:

- do what you know the principal reasonably expects you to do with the principal's property;
- (2) act in good faith for the best interest of the principal, using due care, competence, and diligence;
- (3) keep a complete and detailed record of all receipts, disbursements, and significant actions conducted for the principal;
- (4) attempt to preserve the principal's estate plan, to the extent actually known by the agent, if preserving the plan is consistent with the principal's best interest; and
- (5) cooperate with a purson who has authority to make health care decisions for the principal to carry out the principal's reasonable expectations to the extent actually in the principal's best interest.

As agent you must not do any of the following:

- (1) act so as to create a conflict of interest that is inconsistent with the other principles in this Notice to Agent;
- (2) do any act beyond the authority granted w this power of attorney,
- (3) commingle the principal's funds with your funds;
- (4) borrow funds or other property from the principal, unless otherwise authorized:
- (5) continue acting on behalf of the principal if you lead of any event that terminates this power of attorney or your authority under this power of attorney, such as the death of the principal, your legal separation from the principal, or the dissolution of your marriage to the principal.

If you have special skills or expertise, you must use those special skills and expertise when acting for the principal. You must disclose your identity as an agent whenever you act for the principal by writing or printing the name of the principal and signing your own name "as Agent" in the following manner:

"(Principal's Name) by (Your Name) as Agent"

The meaning of the powers granted to you is contained in Section 3-4 of the Illinois Power of Attorney Act, which is incorporated by reference into the body of the power of attorney for property document.

If you violate your duties as agent or act outside the authority granted to you, you may be liable for any damages, including attorney's fees and costs, caused by your violation.

Notice to Agent Page 1 of 2

If there is anything about this document or your duties that you do not understand, you should seek legal advice from an attorney.

Notice to Agent Page 2 of 2

Don't Or Coot County Clork's Office

1715049058 Page: 13 of 13

## **UNOFFICIAL COPY**

ALTA Commitment (6/17/06)

## COMMITMENT FOR TITLE INSURANCE SCHEDULE A

#### Exhibit A - Legal Description

Lot 2 in Block 2 in Katherine Hoffman's Subdivision of the South 1/2 of the North 1/2 of the South 1/2 to the South 1/2 of the Northeast 1/4 of Section 28, Township 38 North, Range 14, East of the Third Principal Meridian, in Cook County, Binois.

