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Doc# 1717134038 Fee \$56.00

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

KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 06/20/2017 11:13 AM PG: 1 OF 10

# DOOP TO J'LINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY MATTHEW ABRAHAM County Clark's Office

Prepared by:

**Timothy McGrath** 

440 S. State Street Manhattan, IL 60442

Mail to:

Timothy McGrath 440 S. State Street Manhattan, IL 60442

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#### **EXHIBIT A**

COOK COUNTY

CORDER OF DEEDS

ther with its un.

s Condominium, as a amended from time to the property of the Unit No. 3702, together with its undivided percentage interest in the common elements in Westgate Valley Townhomes Condominium, as delineated and defined in the Declaration recorded as Document no. 00214379, as amended from time to time, in the East Half of the Southeast Quarter of Section 31, Township 37 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois.

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## UNIONE FULL AND CORY

#### 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 lim's 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 'na 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 increase 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:

Prin

Principal's initials

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## ILLINOIS STATUTOR SHORT FORM OWEN OF ATTERNEY FOR PROPERTY Effective 7.1.11

1. l, Matthew Abraham, 408 Hartland Dr., New Lenox, IL 60451 (insert name and address of principal) hereby revoke all prior powers of attorney for property executed by me and appoint:
Susan Abraham, 408 Hartland Dr., New Lenox, 1L:60451 (insert name and address of agent)
(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 power 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 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 through the title of that category.)
(a) Real estate transaction for the purchase of 3702 Spyglass Cr., Unit B, Palos Heights, IL 60463
(b) Financial institution transactions.
(c) Stock-and-bond transactiv = -
(d) Tangible personal-property an actions.
(e) Safé deposit-box-transactions.
(f) Insurance and annuity transactions.
(g) Retirement-plan transactions.
(h) Social Security, employment and military service benefits.
(i) Tax matters.
(j) Claims and litigation.
(k) Gommodity and option-transactions.
(I) Business operations.
(m) Borrowing transactions.
(n) Estate transactions.
(k) Commodity and option-transactions.  (l) 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 $\epsilon_0$ limited in the following
particulars:
$O_{\mathcal{F}}$
(NOTE: Here you may include any specific limitations you deem appropriate, such as a prohibition or condinous on the sale of particular stock or real estate or special rules on borrowing by the agent.)
This Power of Attorney is specifically limited to be used only for the purchase of 3702 Spyglass Cr., Unit B Palos Heights, IL 60463
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.)

(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 discretional 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 (inc 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 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, 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 reginning date or duration is made by initialing and completing one or both of paragraphs 6 and 7.)

6. (x) This power of a torney shall become effective on May 19, 2017.

(NOTE: Insert a future date or even 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. (x) This power of attorney shall territate June 19, 2017, or upon completion of the sale of 3702 Spyglass Cr., Palos Heights, IL 60463. See Exhibit "A" for Legal Description.

(NOTE: Insert a future date or event, such as a court determination that you are not under a legal disability or a written determination 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 same and address of each successor agent in paragraph 8.)

8. If any agent named by me shall die, become incompetent, res'gn or refuse to accept the office of agent, I name the following (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 income or disabled person or the person is unable to give prompt and intelligent consideration to business metals, 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 gent-acting under this property 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 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:

Signed //

**M**atthew Abraham

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## ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY Effective 7.1.11

(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	me and the notary public and acknowledged signing and s and purposes therein set forth. I believe him or her to be tness is not: (a) the attending physician or mental health or relative of an owner or operator of a health care facility spouse of such parent, sibling, or descendant of either the orney, whether such relationship is by blood, marriage, or
Dated: 5 17	Man
O CA	Witness
(NOTE: Illinois requires only one witnes, but other jurisdictions may required have him or her certify and sign here:)	re more than one witness. If you wish to have a second wit
(Second witness) The undersigned witness certifies that subscribed as principal to the foregoing power of attorney, appeared before redelivering the instrument as the free and voluntary act of the principal, for the sound mind and memory. The undersigned witness also certifies that the with provider or a relative of the physician or provider; (b) an owner, operator, or in the principal is a patient or resident; (c) a parent, sibling, descendant, or another principal or any agent or successor agent under the foregoing power of attorned or (d) an agent or successor agent under the foregoing power of attorned Dated:	the uses and purposes therein set forth. I believe him or her ness is not: (a) the attending physician or mental health se relative of an owner or operator of a health care facility my spouse of such parent, sibling, or descendant of either ttorney, whether such relationship is by blood, marriage,
	Wichess
State of <u>Illinois</u> , County of <u>Will</u> SS.  The undersigned, a notary public in and for the above county and state, certifully, known to me to be the same whose name is subscribed as principal.	
and the witness(es), (and) in person an acknowledged signing and delive principal, for the uses and purposes therein set and certified to the correctnes	ering the instrument as the area and voluntary act of the
Dated: May 122017	Stulie H. Mass
My commission expires:	repeate Fublic



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## ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY Effective 7.1.11

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

(NOTE: The name, address, and phone number of the person preparing this form or who assisted the principal in completing this form be inserted below.)

Law Office of Timothy M. Grath.
440 S. State Street
Manhattan, IL 60442
Phone: 815-478-4020

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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:

- (1) 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 person 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 in 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 behalt of the principal if you learn 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:

"Matthew Abraham b / Sulan Abraham"

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.

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

## AGENT'S CERTIFICATION AND ACCEPTANCE OF AUTHORITY

I, Susan Abraham, certify that the attached is a true copy of a power of attorney naming the undersigned as agent or successor agent for Matthew Abraham.

I certify that to the best of my knowledge the principal had the capacity to execute the power of attorney, is alive, and has not revoked the power of attorney; that my powers as agent have not been altered or terminated; and that the power of attorney remains in full force and effect.

I accept appointment as agent under this power of attorney.

This certification and acceptance is made under penalty of perjury.\*

Dated:

(Agent's Signature)

Timothy J. McGrath, 440 S. State Street, Manhattan, IL, 60442

\*(NOTE: Perjury is defined in Section 32.2 of the Criminal Code of 1961, and is a Class 3 felony.

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#### **Legal Description**

Unit No. 3702, together with its undivided percentage interest in the common elements in Westgate Valley Townhomes Condominium, as delineated and defined in the Declaration recorded as Document no. 00214379, as amended from time to time, in the East Half of the Southeast Quarter of Section 31, Township 37 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois.

P.I.N.: 24-31-404-056-1212

alos h Commonly Known As: 3702 Spyglass Cr., Palos Heights, IL 60463