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Bosnia and Herzegovina Doc# 1717257153 Fee: \$90.00
Republica Srpska Karen A. Yarbrough
Public Notary Cook County Recorder of Deeds
Date: 06/21/2017 10:41 AM Pg: 1 of 7

Dusan Marjanovic
Street Saint Sava Br 5

CONFIRMATION COPY OF THE NOTARY ACT

NUMBER OPU-34/2017

I, DUSAN MARJANOVIC, public notary in Republica Srpska with the official headquarter in Bijeljina, Street St Sava number 5

.....
.....
.....
.....I CONFIRM.....

Pavlovic Slobodan, according to his own statement resides in Popovi bb. Bijeljina. JMB: 0908938180883, of which identity I found and verified based on the ID card number 7T100MKE6., Issued by MUP RS, Bijeljina, on 09.03.2016. year with with expiration date permanent, and Radikic Vladimir, by his own statement resides in Bijeljini, ul. Banjalucka broj 1., JMB:0605987180896., which identity I verified based on the ID number 7TOTOJ535., issued by MUP RS, Bijeljina, on 11.05.2015. godine, with a validity and expiration date 11.05.2025.....

.....
In my presence they put their signatures on a written document- ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY POWER OF ATTORNEY.....

.....
Signature on the document is true. Issued and stamped and signed, of the same. This certified Shall not certify the content of same written document..... Award for the work of notaries charge is charged according to the tariff.....

Bijeljina
01. 01.2017. Year
Dusan Marijanovic, Public Notary

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

(The place above for Recorders use only)

Legal Description: See attached Legal Description

This Power of Attorney is being created for the purpose of the property located at:

Street Address: 4615-27 N. Ashland Avenue Chicago, IL

Permanent index number(s): 14-17-106-008-0000

(NOTICE: 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 A AGENT. A COURT CAN TAKE AWAY THE POWERS OF YOUR AGENT IF IT FINDS THE AGENT NOT ACTING PROPERLY. YOU MAY NAME SUCCESSOR AGENTS UNDER THIS FORM BUT NOT AS 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. IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU.)

POWER OF ATTORNEY made this 11th day of January 2017.

I, I. SLOBODAN PAVLOVIC, 5922 N. Clark Street, Chicago, IL 60660

hereby appoints: MIROSLAVA PAVLOVIC, 5922 N. Clark Street, Chicago, IL 60660.

as my attorney-in-fact (my "agent") to act for me 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 specific powers inserted in paragraph 2 or 3 below:

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(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 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.
- (j) Claims and litigation.
- (k) Commodity and option transactions.
- (l) Business transactions.
- (m) Borrowing transactions.
- (n) Estate transactions.
- (o) All other property powers and transactions.

(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):

Not Applicable

3. In addition to the powers granted above, I grant my agent the following powers (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):

All rights, powers, as beneficiary of Chicago Title Land Trust
W/T/A dated 2-25-90 and known as Trust Number 110667-01

(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.

(YOUR AGENT WILL BE ENTITLED TO REIMBURSEMENT FOR ALL REASONABLE EXPENSES INCURRED IN ACTING UNDER THIS POWER OF ATTORNEY. STRIKE OUT THE SENTENCE IF YOU DO NOT WANT YOUR AGENT TO ALSO BE ENTITLED TO REASONABLE COMPENSATION AS AGENT.)

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

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(THIS POWER OF ATTORNEY MAY BE AMENDED OR REVOKED BY YOU AT ANY TIME AND IN ANY MANNER. ABSENT AMENDMENT OR REVOKATION, 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 INITIALIZING AND COMPLETING EITHER (OR BOTH) OF THE FOLLOWING:)

6. (XX) This power of attorney shall become effective on: January 11, 2017

(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. (XX) This power of attorney shall terminate on: January 11, 2018

(insert a date or event, such as a court determination of your disability, when you want this power to terminate prior to your death)

(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 successor(s) to such agent:

Not Applicable

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. (IF YOU WISH TO NAME YOUR AGENT AS GUARDIAN OF YOUR ESTATE, IN THE EVENT A COURT DECIDED 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 agent.

Signed: XX Slobodan Pavlovic
SLOBODAN PAVLOVIC

Walter Pavlovic
WITNESS: Signature

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(THIS POWER OF ATTORNEY WILL NOT BE EFFECTIVE UNLESS IT IS NOTORIZED, USING THE FORM BELOW.)

State of _____)
) ss.
Country of _____)

I, the undersigned a Notary Public in and for the said County in the State of aforesaid, Do Hereby Certify that SLOBODAN PAVLOVIC personally known to me to be the same person whose name is subscribed as Principal to the foregoing Power of Attorney, appeared before me, and _____ as witness, this day 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.

Dated: _____

Notary Signature

Commission Expires

(Space for Notary Seal above)

Prepared by and when Recorded mail to:

LAW OFFICE OF MARTHA BOZIC
6321 N. Avondale Avenue Suite 216
Chicago IL 60631

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Bosna i Hercegovina
Republika Srpska
NOTAR
DUŠAN MARJANOVIĆ
UL.Svetog Save br.5

POTVRDA OTPRAVKA NOTARSKOG AKTA

Broj OPU-34/2017

Ja, Dušan Marjanović, notar u Republici Srpskoj sa službenim sjedištem u Bijeljini, ulica Svetog Save broj 5-----

-----POTVRĐUJEM-----

Da su **Pavlović Slobodan**, po vlastitoj izjavi nastanjen u mjestu Popovi bb., Bijeljina, JMB:0908938180883., čiji sam identitet utvrdio na osnovu lične karte broj 7T100MKE6., izdata od strane MUP RS, Bijeljina, dana 09.03.2016.godine, sa rokom važenja trajno, i **Radikić Vladimir**, po vlastitoj izjavi nastanjen u Bijeljini, ul. Banjalučka broj 1., JMB:0605987180896., čiji sam identitet utvrdio na osnovu lične karte broj 7T0T0J535., izdata od strane MUP RS, Bijeljina, dana 11.05.2015.godine, sa rokom važenja do 11.05.2025.godine-----

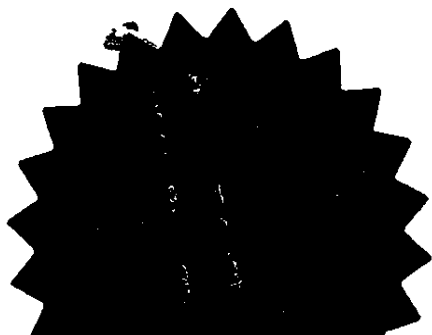
U mojoj prisutnosti priznali svoje potpise na pismenu **ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY POWER OF ATTORNEY**-----

Izdat i ovjeren i potpisan, istovjetan primjerak.-----

Ovom ovjerom se ne ovjerava sadržaj pismena.-----

Nagrada za rad notara zaračunata je i naplaćena prema tarifi.-----

Bijeljina
11.01.2017.godine
Dušan Marjanović, notar



Dušan Marjanović

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LEGAL DESCRIPTION

Order No.: 17SA381007NA

For APN/Parcel ID(s): 14-17-106-008-0000

THE WEST 170 FEET OF LOTS 1, 2 AND 3 IN SIMON'S SUBDIVISION OF LOT 2 IN THE SUBDIVISION OF THE SOUTH 330 FEET OF THE NORTHWEST 1/4 OF THE NORTHWEST 1/4, LYING WEST OF THE WEST LINE OF NORTH CLARK STREET IN SECTION 17, TOWNSHIP 40 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, (EXCEPT THAT PART TAKEN FOR WIDENING ASHLAND AVENUE), IN COOK COUNTY, ILLINOIS

Property of Cook County Clerk's Office