## **UNOFFICIAL COPY**

Doc#. 1719257069 Fee: \$58.00

Karen A. Yarbrough

Cook County Recorder of Deeds
Date: 07/11/2017 09:28 AM Pg: 1 of 6

File No.: CH17u10160

(Grantor)

Linda Trubng

and

Power of Alicmay

(Grantee)

Lynda Crawford and Marcia Lipetz

This page is added to provide adequate space for recording information and microfilming. Do not remove this page as it is now part of the document.

#### PREPARE BY AND A ETURN THIS DOCUMENT TO:

Michelle Lais s Law Office of which alle Laiss

Fidelity National Title Company, LLC 20 N Clark, Ste 220 Chicago, IL 60602

PIDILITY NATIONAL TITLE

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Recording Cover Sheet ILD0100.doc / Updated: 03.12.13

Printed: 07.05.17 @ 01:26 PM by IL-FT-FILL-01040.235216-CH17010160

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ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

(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

Property Address: 800 Elgin Road, Unit 1409 Evanston, IL 60201

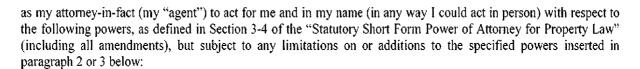
YOUR AGENT TO EXERCISE GRANTED POWERS; BUT WHEN POWERS ARE EXERCISED, YOUR AGENT WILL HAVE TO USE DUE CARE TO ACT FOR YOUR BENEFIT AND IN ACCORDANCE WITH THIS FORM AND KEEP A RECORD OF RECEIPTS, DISBURSEMENTS AND SIGNIFICANT ACTIONS TAKENAS AGENT. A COURT CAN TAKE AWAY THE POWERS OF YOUR AGENT IF IT FINDS THE AGENT IS NOT ACTING PROPERLY. YOU MAY NAME SUCCESSOR AGENTS UNDER THIS FORM BUT NOT CO-AGENTS. UNLESS YOU EXPRESSLY LIMIT THE DURATION OF THIS POWER IN THE MANNER PROVIDED BELOW, UNITED 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 THER IS ANYT'ING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLADUT TO YOU.) Clart's Office

POWER OF ATTORNEY made this 5th day of July, 2017

I. I. Marcia Lipetz 2216 West Dickens Avenue Chicago, Illinois 60647

Hereby appoints:

Lynda Crawford 2216 West Dickens Avenue Chicago, Illinois 60647



(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.)

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Specific to the real estate transaction

800 Elgin Road, Unit 1409

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- Real estate-transactions.
- Financial institution transactions.
- Stock and bond transactions.
- Tangible personal property transactions.
- Safe deposit box transactions.
- Insurance and annuity transactions.
- · Retirement plan transactions.
- Social Security, employment and military service benefits.
- Tax matters.
- Claims and litigation.
- Commodity and option transactions.
- Business operations.
- Borrowing transactions.
- Estate transfer ons.
- All other property owers and transactions.

Evanston, IL 60201

(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 of
conditions on the sale of particular stock or real estrite or special rules on borrowing by the agent):
Evanston, IL 60201
Y/\(\frac{1}{2}\)
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 of joint tenants or revoke or amend any trust specific illy referred to below):
N/A
(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 DESCRETIONARY DECISION-MAKING POWERS TO OTHERS, YOU
SHOULD KEEP THE NEXT SENTENCE, OTHEWISE IT SHOULD BE STRUCK OUT.)
A Maria Mari

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 NEXT SENTENCE 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.

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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 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 EITHER (OR BOTH) OF THE FOLLOWING:)

6. This power of attorney shall become effective on July 5, 2017. (mitial)
7. This power of attorney shall terminate on August 31, 2017. (initial)
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:  N/A
(IF YOU WISH TO NAME YOUR AGENT AS GUARDIAN OF YOUR ESTATE, IN THE EVENT A COURT DECIDES 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 c 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 at d understand the full import of this grant of powers to my agent.
Signed X. New Zaya Marcia Lipitz (principal)
(YOU MAY, BUT ARE NOT REQUIRED TO, REQUEST YOUR AGENT AM) 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 I certify that the signatures agent (and successors) of my agent (and successors) are correct.
X

(THIS POWER OF ATTORNEY WILL NOT BE EFFECTIVE UNLESS IT IS NOTARIZED AND SIGNED BY AT LEAST ONE ADDITIONAL WITNESS, USING THE FORM BELOW.)

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#### UNOFFICIAL CC

State of Illinois) County of Cook)	) SS. Lipote St Mi
The undersigned, a notary public in and for the above	e county and state, certifies that Marcia Lipitz, known to me to
be the same person whose name is subscribed as pr	incipal to the foregoing power of attorney, appeared before me
and the additional witness in person and acknowle	edged 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

Notary Public

signature (s) of the agent (s).

My commission expires

"OFFICIAL SEAL" SOCORRO T. PADILLA Notary Public, State of Illinois My Commission Expires 09-18-2018

CH'S OFF

The undersigned witness certifies that Marcia Lipitz known to me to be the same person whose name is subscribed as principal to the foregoing power of at oracy, 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 to be of sound mind and recovery.

Witness

(THE NAME AND ADDRESS OF THE PERSON PREPARING THIS FORM SHOULD BE INSERTED IF THE AGENT WILL HAVE POWER TO CONVEY ANY INTEREST IN KEAL ESTATE.)

This document was prepared by:

Michelle A. Laiss LAW OFFICES OF MICHELLE A. LAISS 1530 West Fullerton Avenue Chicago, Illinois 60614

The requirement of the signature of an additional witness imposed by the amendatory Act of the 31st General Assembly applies only to instruments executed on or after the effective date of June 9th, 2000. (P.A. 86-736.)

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#### **EXHIBIT A**

Order No.: CH17010160

For APN/Parcel ID(s): 11-18-119-036-1193 and 11-18-119-036-1264 For Tax Map ID(s): 11-18-119-036-1193 and 11-18-119-036-1264

UNIT 140° AND PARKING UNIT P-18 TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COM: 400 ELEMENTS IN OPTIMA HORIZONS CONDOMINIUM AS DELINEATED AND DEFINED IN THE DECLARATION RECORDED AS DOCUMENT NO. 0421734058, AS AMENDED, IN THE NORTHWEST 1/4 OF SECTION 18, TOWNSHIP 41 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERICIAN, IN COOK COUNTY, ILLINOIS.