UNOFFICIAL COPY

IL STATUTORY SHORT FORM POWER OF ATTORNEY

FIRST AMERICAN TITLE FILE# 3670622

FATIC No.:



Doc# 1728642005 Fee \$46.00

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

KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 10/13/2017 09:09 AM PG: 1 OF 5

ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

Matthew P. Trainor 10455 Sutton Dale Lane, Frankfort, IL

60423

(insert name and address of principal)

Hereby revoke all prior powers of attorney for property executed by me and appoint:

Brendan Carey / 18619 Gladville Ave, Homewood, IL 6 J430

(insert name and address of agent)

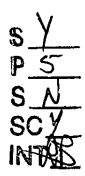
(NOTE: You may not name co-agents using this form.) as my attorney-in-fact (my "agent") to act for me and in my name (in any way I could act in person) with respect to the following powers, as defined in Section 3-4 of the "Statutory Short Form Power of Attorney for Property Law" (including all amendments), but subject to any limitations on or additions to the specified powers inserted in paragraph 2 or 3 below:

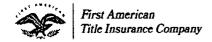
(NOTE: You must strike out any one or more of the following categories or powers you do not want your agent to have. Failure to strike the title of any category will cause the powers described in that category to be granted to the agent. To strike out a category you must draw a line through the title of that category.) 750/1/c

- Real estate transactions.
- (B) Financial institution transactions.
- (C) Stock and bond transactions.
- (D) Tangible personal property transactions.
- Safe deposit box transactions. (E)
- Insurance and annuity transactions. (F.)
- (G)Retirement plan-transactions.
- (H)Social Security, employment and military service benefits.
- -Tax-matters
- Claims and litigation. (U)
- Commodity and option transactions. (K)
- Business operations. (L)
- (M) Borrowing transactions.
- -Estate-transactions-
- 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 or limited in the following particulars: (NOTE: 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.)





1728642005 Page: 2 of 5

UNOFFICIAL COPY

3. In addition to the powers granted above, I grant my agent other delegable powers including, without limitation, power to change beneficiaries or joint tenants or revoke or amend any tr	make gifts, exercise powers of appointment, name or
(NOTE: Your agent will have authority to employ other persons the powers granted in this form, but your agent will have to ma agent the right to delegate discretionary decision-making power should be struck out?)	ake all discretionary decisions. If you want to give your
4. My agent shall have the right by written instrument to discretionary decision-making to any person or persons who amended or revoked by any agent (including any successor) not at the time of reference.	m my agent may select, but such delegation may be
(NOTE: Your agent will be entitled to reimburgement for all read of attorney. Strike out paragraph 5 if you do not want your agreervices as agent.)	
5. My agent shall be entitled to reasonable compensation attorney.	for services rendered as agent under this power of
(NOTE: This power of attorney may be amended or revok amendment or revocation, the authority granted in this power is signed and will continue until your death, unless a limitation and completing one or both of paragraphs 6 and 7.)	attorney will become effective at the time this power
6. () This power of attorney shall become effective on	
(NOTE: Insert a future date or event during your lifetime, such determination by your physician that you are incapacitated, who	
7. (x) This power of attorney shall terminate on	Upon closing and funding of the sale of the property commonly known as 620 Hutchison Rd,
(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 property your death.) (NOTE: If you wish to name one or more successor agents, insert the name and address of each successor agents agraph 8.)	
8. If any agent named by me shall die, become incompetent, the following (each to act alone and successively, in the	
For purposes of this paragraph 8, a person shall be considere or an adjudicated incompetent or disabled person or the perso to business matters, as certified by a licensed physician. (NOTE: If you wish to, you may name your agent as guardial appointed. To do this, retain paragraph 9, and the court will ap	n is unable to give prompt and intelligent consideration n of your estate if a court decides that one should be

will serve your best interests and welfare. Strike out paragraph 9 if you do not want your agent to act as guardian.)



1728642005 Page: 3 of 5

UNOFFICIAL COPY

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

•	r agent to appear in court for you as an attorney-at-law or otherwise the is a licensed attorney who is authorized to practice law in Illinois.)	0.	
11. The Notice to Agent is incorporated by re	·		
Dated: 7 7 7 Si	Signed: Med P. Trainor (Principal) Matthew P. Trainor		
	effective unless it is signed by at least one witness and your signature i	s	
notary public and acknowledged signing an for the uses and purposes ther sin set forth, witness also certifies that the witness is not; of the physician or provider; (b) an owner, which the principal is a patient or resident (descendant of either the principal or any ag	Matthew P. Trainor known to me to be the principal to the foregoing power of attorney, appeared before me and the delivering the instrument as the free and voluntary act of the principal. I believe him or her to be of sound mind and memory. The undersigned: (a) the attending physician or mental health service provider or a relative, operator, or relative of an owner or operator of a health care facility in (c) a parent, sibling, descendant, or any spouse of such parent, sibling, or operator or successor agent under the foregoing power of attorney, whether adoption; or (d) an agent or successor agent under the foregoing power of attorney.	e al, d e n or	
Dated: 7/7/17 Si	Signed: Lsu M Woodwollth (Witness)		
(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)			
notary public and acknowledged signing an for the uses and purposes therein set forth: witness also certifies that the witness is not: of the physician or provider; (b) an owner, which the principal is a patient or resident; (descendant of either the principal or any a	known to me to be the principal to the foregoing power of atterney, appeared before me and the hid delivering the instrument as the free and voluntary act of the principal. It believe him or her to be of sound mind and memory. The undersigned: (a) the attending physician or mental health is arvice provider or a relative, operator, or relative of an owner or operator of a health care facility in (c) a parent, sibling, descendant, or any spouse of a parent, sibling, degent or successor agent under the foregoing power of atterney, whether adoption; or (d) an agent or successor agent under the foregoing power of atterney.	e l, de e e e e e e e e e e e e e e e e e e	
Dated: Si	Naned:		

(Witness)

1728642005 Page: 4 of 5

UNOFFICIAL COPY

STATE OF	ILLINOIS, COUNTY OF) \$S
known to m appeared b person and	e to be the same person whose name is subsefore me and witness(es) LESUS Wasser acknowledged signing and delivering the ins	unty and state, certifies that Matthew P. Trainor scribed as principal to the foregoing power of attorney, (and) in trument as the free and voluntary act of the principal, for the correctness of the signature(s) of the agent(s)).
Dated:	7-7-17	DANIELLE JOHNSON Official Seal Notary Public - State of Illinois My Commission Expires Jan 23, 20
(NOTE: You below. If yo	u may, but are not required to, request your sou include specimer signatures in this power of the agents.)	agent and successor agents to provide specimen signatures of attorney, you must complete the certification opposite the
Specime	en signatures of agent (and successors)	I certify that the signatures of my agent (and successors) are genuine. Mult P Tue
	(agent)	(principal)
	(successor agent)	(principal)
- .:	(successor agent)	(principal)
	this form should be inserted below.)	erson preparing this form or who assisted the principal in

1728642005 Page: 5 of 5

UNOFFIMAL COPY

LEGAL DESCRIPTION

Legal Description: LOT 16 IN BLOCK 2 IN FLOSSMOOR PARK BEING A SUBDIVISION OF THE WEST 1/2 OF THE SOUTHWEST 1/4 AND THE SOUTHEAST 1/4 OF THE SOUTHWEST 1/4 OF SECTION 6, TOWNSHIP 35 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index #'s: 32-06-306-031-0000 vol. 010

Property Address: 820 Hutchison Rd, Flossmoor, Illinois 60422

COOK COUNTY RECORDER OF DEEDS

Property of County Clark's Office