Doc#. 1732446088 Fee: \$56.00

Karen A. Yarbrough

Cook County Recorder of Deeds
Date: 11/20/2017 10:14 AM Pg: 1 of 5



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 POWER 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 RECEIPT/DISBURSEMENTS AND SIGNIFICANT ACTIONS TAKEN AS 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 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 ECOME DISABLED. THE POWERS YOU GIVE YOUR AGENT ARE EXPLAINED MORE FULLY IN SECTION 5-4 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 PERMITS THE USE OF ANY DUFFERENNT 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.)

made this 6	day of Month	Noek Year	2017
Gerard Campbell	of 1232 Ashley Lane, Ac	ddison, Illinois 6010	1
	Name and Address of Principal	WE44 CI.	YY (0/4#
Christine Campb			
i-4 of the "Statutory Short Fo	e and in my name (in any way I could rm Power of Attorney for Property I	l act in person) with respect to Law" (including all amendmen	the following powers, as
		F	D-17-1380
	Gerard Campbell Christine Campb act (my "agent") to act for me-4 of the "Statutory Short Fo	Name and Address of Principal Christine Campbell of 350 West Belden A Name and Address of Agent Name and Address of Agent (in any way I could be a cou	Name and Address of Principal Christine Campbell of 350 West Belden Avenue #511, Chicag Name and Address of Agent Name and Address of Agent (in any way I could act in person) with respect to 4 of the "Statutory Short Form Power of Attorney for Property Law" (including all amendmenditions to the specified powers inserted in paragraph 2 or 3 below:

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 CHANGE 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 transaction
- f. Insurance and an active 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
- i. Business operations
- m. Borrowing transactions
- n. Estate transactions
- o. All other property powers and transactions

(LIMITATIONS ON A ND ADDITIONS TO THE AGENT'S POWERS MAY BE INCLUDED IN THIS POWER OF ATTORNEY IF THEY A'RE 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 condition on the sale of particular stock or real estate or special rules on borrowing by the agent):

This Power of Attorney is for the specific purpose of execution of all closing documentation for the purchase of property commonly known as 350 West Belden Avenue #313, Chicago, Illinois and legally described as per attached Rider A.

3. In addition to the powers granted above, I grant my 2 gent the following powers (here you may add any other delegable powers including, without limitation, power tr. make gifts, exercise powers of appointment, name or change beneficiaries or joint tenants or revoke or amend any trust specifically referred to below):

(YOUR AGENT WILL HAVE AUTHORITY TO EMPLOY OTHER PERSONS AS NECESSARY TO ENABLE 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.
- 5. My agent shall be entitled to reasonable compensation for services rendered as agent under this power of attorney.

(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 linitial	e on Execution
(Insert a future date or event during your lifetime, such as court of	determination of your disability, when you want this power to first take effect).
7. Initial This power of attorney shall terminate on _ 9	Closing
(Insert a future date or r. ent such as court determination of your	disability, when you want this power to terminate prior to your death.)
(IF YOU WISH TO NAME SUCCESSOR AGENTS, INSI THE FOLLOWING PARACEAPH.)	ERT THE NAME(S) AND ADDRESS(ES) OF SUCH SUCCESSOR(S) IN
8. If any agent named by me shad one, become incompeter	nt, resign or refuse to accept the office of agent, I name the following (each
to act alone and successively, in the order named) as su	ccessor(s) to such agent:
<u>O</u> x	
	ered to be incompetent if and while the person is a minor or an adjudicated give prompt and intelligent consideration to business matters, as certified
ONE SHOULD BE APPOINTED, YOU MAY, BUT ARE PARAGRAPH, THE COURT WILL APPOINT YOUR A	AN OF LOUR ESTATE, IN THE EVENT A COURT DECIDES THAT NOT REQUIRED TO, DO SO BY RETAINING THE FOLLOWING GENT IF THE COURT FINDS THAT USCH APPOINTMENT WILL RIKE OUT PARAGRAPH 9 IF YOU DO NOT WANT YOUR AGENT
9. If a guardian of my estate (my property) is to be appoin guardian, to serve without bond or security.	itment, I nominate the agent seting under this power of attorney as such
10. I am fully informed as to all the content of this forth at	nd understand the full import of this grant of power to my agent.
Signature of Principal Bridget Campbell	
	F YOUR AGENT AND SUCCESSOR AGENTS TO PROVIDE ESPECIMEN SIGNATURES IN THIS POWER OF ATTORNEY, YOU THE SIGNATURES OF THE AGENTS.)
Specimen signatures of agent (and successors):	I certify that the signature of my agent (and successors) are Correct.
Christine Campbell Agent	Principal Bridget Campbell
Successor Agent	Principal
Successor Agent	Principal

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

STATE OF ILLINOIS			
COUNTY OF LUPAGE)SS			
	as principal to the foregoing power of attorney, appeared before me and delivering the instrument as the free and voluntary act of the fied to the correctness of the signature(s) of the agent(s).		
Dated: 11/6/2017	Michele R Echols		
(SOFFICIAL SEAL MICHELE R ECHOLS NOTARY PUBLIC - STATE OF ILLING S MY COMMISSION EXPIRES:02/05/18	Notary Public My commission expires 57 5 7 8 18 Date		
The undersigned witness certifies that			
Dated:	Witness		
(THE NAME AND ADDRESS OF THE PERSON PREPARING THIS FOR'A SHOULD BE INSERTED IF THE AGENT WILL HAVE POWER TO CONVEY ANY INTEREST IN REAL ESTATE.)			
This document was prepared by R. J. Pauls P.C., 125 Fa	rfield Way, Suite 220 & comingdale, Illinois 60108		
The requirement of the signature of an additional witness imports instrument executed on or after the effective data of lune 9	osed by the amendatory Act of the 9. General Assembly applies only		

Office

to instrument executed on or after the effective date of June 9, 2000. (P.A. 86-736.)

Commitment No.: FD-17-1380

SCHEDULE C

SCHEDULE C

The Land is described as follows:

Parcel 1:

Unit Number 313 in the Belden Center Condominium, as delineated on a survey of the following described tract of land:

That part of Lot 1 in Foster Subdivision of that part of Block 3 lying South of the East and West Center line of Blocks 2 and 3 in Canal Trustees' Subdivision of Section 33, Township 40 North, Range 14, East of the Third Principal Meridian; together with that part of Lot 8 (except the East 126 feet thereof) in Block 2 in Peterboro Terrace addition to Chicago, being a Subdivision of part of Block 2 in Canal Trustees' Subdivision aforesaid; which survey is attached as exhibit "D" to the Declaration of Condominium recorded as document number 0321345012; together with its undivided percentage interest in the common elements, in Cook County, Illinois,

Parcel 2:

Cook Colling Clarks Office The exclusive right to use of Priking Space P-49, a limited common element, in the Belden Center Condominium, as delineated on the Declaration of Condominium recorded as document number 0321345012.

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