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

KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 11/22/2017 12:05 PM PG: 1 OF 6

POWER OF ATTORNEY

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S P D S V S C V NT

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# NOTICE TO THE INDIVIDUAL SIGNING THE ILLINOIS 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 from 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, discursements, and significant actions taken as your agent.

Unless you specifically limit and 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 that 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 more 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 indica	ating that you have read this Notice
	NK
	Principal's initials

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

1. I, Nuzlia Kurniawati, hereby appoint my husband, Michael Jason Cocagne 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:

- (a) Real estate transactions.
- (b) Financial institution transactions.
- (c) Stock and bond transactions.
- (d) Tangible personal property transactions.
- (e) Safe deposit box transactio is.
- (f) Insurance and annuity transact or s.
- (g) Retirement plan transactions.
- (h) Social Security, employment and military service benefits.
- (i) Tax matters.
- (j) Claims and litigation.
- (k) Commodity and option transactions.
- (1) Business operations.
- (m) Borrowing transactions.
- (n) Estate transactions.
- (o) All other property transactions.

JUNE CLERKS The powers granted above shall not include the following powers or shall be modified or limited in 2. the following particulars (here you may include any specific limitations you dean appropriate, such as a prohibition or conditions on the sale of particular stock or real estate or special rules on borrowing by the agent):

Only those powers necessary to effectuate the purchase of 836 W. Adams. Unit 2, Chicago, IL 60607, including, but not limited to the power to sign the Note, Mortgage and Closing Disclosure.

PIN: The legal description is attached hereto.

In addition to the powers granted above, I grant my agent the following powers (here you may add 3. any other delegable powers including, without limitation, power to make gifts, exercise powers of

# appointment, name or change beneficiarie of hint tenants of recover or mend any trust specifically referred to below): N/A

- 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.
- 6. (X) This power of attorney shall become effective on September 11, 2017. NK
- 7. (X) This power of attorney shall terminate on December 11, 2017. NK
- 8. It any agent named by me shall die, become incompetent, resign or refuse to accept the office of ager., I name the following (each to act alone and successively, in the order named) as successor(s) to sucr agent:

Dana Siragusa, 25 E. Washington Suite 700, Chicago, Illinois 60602

For purposes of this pertugraph, 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.

- 9. Intentionally Omitted.
- 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.
- 11. The Notice to Agent is incorporated by reference and included as part of this form.

Dated: SEPTEMBER 11th, 2017.

Signed

Nuzlia Kurniawati

This Document Prepared By:

Dana C. Siragusa

Siragusa Law

25 E. Washington, Suite 700

Chicago, Illinois 60602

Upon Recording, Return to:

Clopy

Michael Cocagne

836 W. Adams, Unit 2

Chicago, IL 60607

(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 vittle striffes I subscribed as principal to the forego acknowledged signing and delivering uses and purposes therein set forth. It witness also certifies that the witness relative of the physician or provider care facility in which the principal is such parent, sibling, or descendant of power of attorney, whether such relational to the principal is agent under the foregoing power of	sing power of attorneying the instrument as the libelieve him or her to its is not: (a) the attend; (b) an owner, operates a patient or resident; of either the principal ationship is by blood,	r, appeared before free and volur to be of sound ming physician or or, or relative of (c) a parent, sit or any agent or	re me and the notary public and ntary act of the principal, for the ind and memory. The undersigned mental health service provider of an owner or operator of a health pling, descendant, or any spouse successor agent under the forego	ed or a h of oing
Dated: <u>1 1 SEP 2017</u>	_ , 2017		Witness	
(NOTE. Winois requires only one wish to have a second witness, have (Second witness) The undersigned the same person whose name is subme and the notary public and acknown act of the principal, for the uses and memory. The undersigned witness health service provider or a relative or operator of a health care facility descendant, or any spouse of such successor agent under the foregoin adoption; or (d) an agent or success Dated:	witness certifies that oscribed as principal towledged signing and d purposes therein set also certifies that the of the physician or protection which the principal parent, sibling, or ag power of attorney,	to the foregoing delivering the forth. I believe witness is not: (ovider; (b) an oweipal is a patier descendant of ewhether such results of the su	power of attorney, appeared be instrument as the free and volume him or her to be of sound mind a) the attending physician or meaner, operator, or relative of an owner or resident; (c) a parent, siberther the principal or any ager elationship is by blood, marriage	o be fore ntary and ental wner ling,
State of ) ) SS. County of )	United Arab Emirates Emirate of Abu Dhabi City of Abu Dhabi Embassy of the United States of America	) ) 88:	7	
The undersigned, a notary public in to me to be the same person whose r before me and the witness(es) Mo acknowledged signing and delivering and purposes therein set forth (, and	name is subscribed as p wawld H. Gl ng the instrument as the	principal to the f Labt he free and volu	oregoing power of attorney, appeared in person in person of the principal, for the	earec anc
Dated: 1 1 SEP 2017	, 2017	ublic No	Masae Cain otarizing Officer d States of America	

My commission expires \_\_\_

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#### **EXHIBIT A**

Order No.: SC17020971

For APN/Parcel ID(s): 17-17-214-021-1005 For Tax Map ID(s): 17-17-214-021-1005

UNIT 736 WEST ADAMS #2 IN THE ADAMS STREET CONDOMINIUM AS DELINEATED ON A SURVEY OF THE FOLLOWING DESCRIBED REAL ESTATE:

THE SOU" H 57.25 FEET OF LOTS 7 AND 8 IN BLOCK 9 IN DUNCAN'S ADDITION TO CHICAGO IN THE NORTH AST QUARTER OF SECTION 17, TOWNSHIP 39 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

WHICH SURVEY IS ATTACHED AS EXHIBIT "B" TO THE DECLARATION OF CONDOMINIUM RECORDED AS DOCUMENT NUMBER 0021400051, AND AS AMENDED, TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS, ALL IN COOK COUNTY, ILLINOIS.

> COOK COUNTY RECORDER OF DEEDS HONT'S OFFICE

COOK COUNTY RECORDER OF DEEDS