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KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 12/12/2017 10:24 AM PG: 1 OF 6

Property of Cook County Clerk's Office

ILLINOIS STATUTORY SHORT FORM  
POWER OF ATTORNEY FOR PROPERTY

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5319 N. DELPHIA AVE UNIT 319

CHICAGO, IL 60656

12-11-119-019-1003

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Attorneys' Title Guaranty Fund, Inc.  
1 S. Wacker Dr., Ste. 2400  
Chicago, IL 60606-4650  
Attn: Search Department

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## ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

POWER OF ATTORNEY made this 19<sup>TH</sup> day of MAY, 2016.

1. I, DIANE H. SMOEN, residing in Chicago, Illinois, appoint: my brother-in-law, ROBERT GILMAN, residing in Lincolnshire, Illinois, 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:

LEGAL DESCRIPTION Attached

(Strike out any one or more of the following you do not want your agent to have)

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

2. The powers granted above shall not include the following powers or shall be modified or limited in the following particulars: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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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.

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

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6. (    ) This power of attorney shall become effective upon signing. \_\_\_\_\_

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7. (    ) This power of attorney shall terminate on revocation \_\_\_\_\_

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8. If any agent named by me shall die, become incompetent, resign or refuse to accept the office of such agent, I name the following (each to act alone and successively, in the order named) as successor(s) to such agent: my brother GEORGE SMOEN.

For the 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.

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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.

Diane H. SMOEN  
DIANE H. SMOEN

Specimen signatures of agent

I certify that the signatures of my agent are correct

Robert Gilman  
ROBERT GILMAN

Diane H. SMOEN  
DIANE H. SMOEN

George SMOEN  
GEORGE SMOEN

Diane H. SMOEN  
DIANE H. SMOEN

The undersigned witness certifies that DIANE H. SMOEN known to me to be the same person whose name is subscribed as principal to the foregoing power of attorney, 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 her to be of sound mind and memory.

Dated: MAY 19 2016

Alan M. SMOEN  
Witness

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STATE OF ILLINOIS )  
 ) SS  
 COUNTY OF COOK )

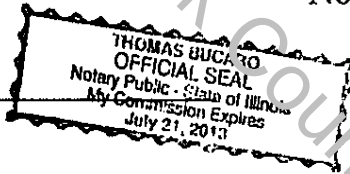
The undersigned, a notary public in and for the above county and state, certifies that DIANE H. SMOEN known to me to be the same person whose name is subscribed as principal to the foregoing power of attorney, appeared before me and the additional witness in person and acknowledged signing and delivering the instrument as the free and voluntary act of the principal, for the uses and purposes therein set forth.

Dated: MAY 19 2016

*Thomas Bucaro*

Notary Public

My commission expires: \_\_\_\_\_



This document was prepared by:

Thomas Bucaro  
 53 West Jackson Boulevard  
 Suite 820  
 Chicago, Illinois 60604

MAIL TO: Bob Gilman  
 6 Farrington Cir.  
 Lincolnshire IL 60069

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ATTORNEYS' TITLE GUARANTY FUND, INC.

**LEGAL DESCRIPTION**

**Permanent Index Number:**

Property ID: 12-11-119-019-1003

**Property Address:**

5319 N. Delphia Ave., Unit #319  
Chicago, IL 60656

**Legal Description:**

UNIT 319 TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENT IN 5319-35 NORTH DELPHIA AVENUE CONDOMINIUM, AS DELINEATED AND DEFINED IN THE DECLARATION RECORDED AS DOCUMENT NUMBER 22420105, IN THE NORTHWEST QUARTER OF SECTION 11, TOWNSHIP 40 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

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