## **UNOFFICIAL COPY**

PREPARED BY: AFTER RECORDING **RETURN TO:** 

Stephen J. Link 1001 W Lake St. Addison, IL 60101

Property Address: 1431 Whitcomb St, Des Plaines, IL 60018

PIN Numbers: 09-20-400-208-0000.

Doc# 1810913060 Fee \$52,00

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

KAREN A.YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 04/19/2018 01:05 PM PG: 1 OF 8

(For Recorder's Use Only)

AP1802569

#### ILLINOIS STATUTORY POWER OF ATTORNEY

by and among

Edward J Fernandez

(Principal)

and

Stephen J Link

(Agent)

Clark's Office Dated: As of April 9, 2018

Near North National Title 222 N. LaSalle Chicago, IL 60601



1810913060 Page: 2 of 8

### **UNOFFICIAL COPY**

#### 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 form does not impose a duty upon your agent to handle your financial affairs, so it is important that you select an agent who will acree 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, disbursements, and significant actions taken as your agent.

Unless you specifically limit the 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 sha 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 wil 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.

the Control Please place your initials on the following line indicating that you have read this Notice:

(Principal's initials)

1810913060 Page: 3 of 8

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

1. I, Edward J Fernandez, 1340 N Dearborn St, Units 11B, 11C and G8, Chicago, IL 60610 (insert name and address of principal) hereby revoke all prior powers of attorney for property executed by me and appoint:

#### STEPHEN J. LINK, 1001 W. LAKE STREET, ADDISON IL 60101

(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 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 brike out a category you must draw a line through the title of that category.)

(a) Real estate transactions.

ox Coot County (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 my diffied 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 salent.)

Power of Attorney is for the sole purpose of executing any and all lender documents, title company documents or other documents pertaining to EDWARD J. FERNANDEZ purchase of 1431 Whitcomb Avenue, Des Plaines IL 60018 with a contract closing date of April 13, 2018

1810913060 Page: 4 of 8

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3.	In addition to the powers granted above, I grant my agent the following powers:  (NOTE: Here you may add any other delegable powers including, without limitation, power to make gifts, exercise powers of appointment, name or change beneficiaries or joint tenants or revoke or amend any trust specifically referred to below.)				
	(NOTE: Your argent 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 argent the right to delegate discretionary decision-making powers to others, you should keep paragraph 4, other is it should be struck out.)				
4.	My agent shall have the hight 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.				
	(NOTE: Your agent will be entitled to reim bursement for all reasonable expenses incurred in acting under this power of attorney. Strike out paragraph 5 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.				
	(NOTE: This power of attorney may be amended or evoked 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 one or both of paragraphs 6 and 7.)				
6.	This power of attorney shall become effective on April 9, 2018.				
	(NOTE: Insert a future date or event during your lifetime, such as a cov. determination of your disability or a written determination by your physician that you are incapacitated, when you want this power to first take effect.)				
7.	This power of attorney shall terminate on May 10, 2018.				
	(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 nower to terminate prior to your death.)				
	(NOTE: If you wish to name one or more successor agents, insert the name and address of each successor agent in paragraph 8.)				

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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:

For 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.

(NOTE: If you wish to, you may name your agent as guardian of your estate if a court decides that one should be appointed. To do this, retain paragraph 9, and the court will appoint your agent if the court finds that this 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 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 a all the contents of this form and understand the full import of this grant of powers to my agent.

(NOTE: This form 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.)

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

IN WITNESS WHEREOF, the undersigned rever executed this document on the date(s) set forth below.

PRINCIPAL

Edward J Fernandez

Date

(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 witness certifies that Edward J Fernandez, known to motor 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 him or her to be of sound mind and memory. The undersigned witness also certifies that the witness is not: (a) the attending physician or mental health service provider or a relative of the physician or provider; (b) an owner, operator, or relative of an owner or operator of a health care facility in which the principal is a patient or resident; (c) a parent, sibling, descendant, or any spouse of such parent, sibling, or descendant of either the principal or any agent or successor agent under the foregoing power of attorney, whether such relationship is by blood, marriage, or adoption; or (d) an agent or successor agent under the foregoing power of attorney.

IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

WITNESS:

Signallu

Signatur

Print Name

/-/C

1810913060 Page: 6 of 8

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(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) The undersigned witness certifies that Edward J Fernandez, 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 him or her to be of sound mind and memory. The undersigned witness also certifies that the witness is not: (a) the attending physician or mental health service provider or a relative of the physician or provider; (b) an owner, operator, or relative of an owner or operator of a health care facility in which the principal is a patient or resident; (c) a parent, sibling, descendant, or any spouse of such parent, sibling, or descendant of either the principal or any agent or successor agent under the foregoing power of attorney, whether such relationship is by blood, marriage, or adoption; or (d) an agent or successor agent under the foregoing power of attorney.

IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

WITNESS:
hlar na
Signature Date
Print Name
STATE OF
Da Pax
COUNTY OF
The undersigned, a notary public in and for the above county and state, certifies that Edward J Fernandez, 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 witness(es) <u>Kathurn Louving</u> (and ) in person and acknowledged signing and idelivering 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 signature(s) of the agent(s)).
OFFICIAL SEAL
Notary Public Name Public Notary Public - State of Illinois
NOTAS LOU LOCAL SEA MY COMMISSION EXPIRES:05/29/18
My commission expires: 5 74 16 Emany Commission - STATE OF TABILE \$
My commission expires:  My commission expires:  MY COMMISSION EXPIRES:05/29/18  MY COMMISSION EXPIRES:05/29/18
(NOTE: You may, but are not required to, request your agent, and successor agents to provide specimen signatures below. If you include specimen signatures in this power of afformey, you must complete the certification
aignatures below. It you include specimen aignatures in this power of attorney, you must complete the certification

opposite the signatures of the agents.)

1810913060 Page: 7 of 8

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I certify that the signatures of my agent (and successors) are genuine.

Specimer	n signatures of and (and successors)			
	N/A		N/A	
Agent		Principal		
	N/A		N/A	
Successo	or Agent	Principal	ıl	
	N/A		N/A	
Successo	or Agent	Principal		
(NOTE: -completin	The name, addiress, and phone number of ig this form should be inserted below.)	the person pre	reparing this form or who assisted the pri	incipal i
Name: _	Attorney Stephen J. Link			
Address:	1001 W. Lake Street, Sப்பட்A			
	Addison IL 60101			
Phone: _	630-543-3010	Coun	Office of the second of the se	
			CO	

1810913060 Page: 8 of 8

## **UNOFFICIAL COPY**

LEGAL DESCRIPTION RIDER TO POWER OF ATTORNEY FOR PURCHASE OF 1431 WHITCOMB AVENUE DES PLAINES IL 60018

Lot 8 in Block 9 in Arthur 1. McIntosh and Company's Des Plaines Heights, a subdivision of the North part of the East of Railroad of the Scuttleast 1/4 of Section 20, Township 41 North, Range 12, East of the Third Principal Meridian, also that part lying Fast of Railroad and South of Norrie Park aforesaid of the North 1/2 of the Southeast 1/4 of Section 20, Township 41 North, Range 12, East of the Third Principal Meridian, also that part West of the Des Plaines Road of he North 1/2 of the Southwest 1/4 of Section 21, Township 41 North, Range 12, East of the Third Principal Me idian, according to the Plat thereof recorded October 16, 1919 as SCOUNTY CORTES OFFICE document 6647601, in Cook County, Illinois.

TAX NUMBER: 09-20-408-008-0000