

Doc# 1817916055 Fee \$52.00

This Instrument Prepared By: Guaranteed Rate, Inc. 3940 N. Ravenswood

Chicago, IL 60613

After Recording Return To: Guaranteed Rate, Inc. 3940 N. Ravenswood Chicago, IL 60613 RHSP FEE:\$9.00 RPRF FEE: \$1.00

KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 06/28/2018 12:07 PM PG: 1 OF 8

AP180 4250 2013 &

# 1. 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 IIII ois Power of Attorney Act. If there is anything about this form that you do not understand, you should ask a lawyer to would ask a lawyer to would ask.

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 potice 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 you 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 the 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 A.c. ney 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 indicating that you have read this Notice:

Principal's initials (Borrower(s))

SPSCZ

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### **UNOFFICIAL CC**

#### 2. ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR **PROPERTY**

The space above for Recorders Use Only

This Power of Attorney is being created for the purpose of the Purchase of the property located at:

Street address:

2814 N Springfield

City: Chicago

State: IL

Zip: 60618

Permanent Tax ID#: 13-26-124-042-0000

I, Caitlin Bowe

Street Address:

539 I'ov er Plant Circle Apt 234

City: Winston-Salem

State: NC

Zip: 27101

hereby revoke all prior powers of atomey for property executed by me and appoint:

#### Alexander P Gross

Street Address: 539 Power Plant Circle Apr. 234

City: Winston-Salem

Zip: 27101

(NOTE: You may not name co-agents using this form.) is m; 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 oil owing powers, as defined in Section 3-4 of the "Statutory Short Form Power of Attorney for Property Law" (Cluding 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 catego its 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 h. Alegon, 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 transactions.
- (f) Insurance and annuity transactions.
- (g) Retirement plan-transactions.
- (h) Social Security, employment and military service benefits.
- -(i) Tax matters.
- —(i) Claims and litigation.
- (k) Commodity and option-transactions.
- (I) Business operations.
  - (m) Borrowing transactions.
- -(n) Estate transactions.
- (o) All other property transactions.

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(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.)

Not Applicable

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, exerc	cise
powers of appointment, name or change beneficiaries or joint tenants or revoke or amend any trust specifically	,
referred to below.)	
Not Applicable	

(NOTE: Your ag nt vill 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 agent the right to delegate discretionary decision-making powers to others, you should keep paragraph 4, otherwise it should be struck e.it.)

4. My agent shall have the tight 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 (incl. aing 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 reimb its ment 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 revoked by you at any time and in any manner. Absent amendment or revocation, the authority granted in this power of attorizy 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. (XX) This power of attorney shall become effective on (Month/Date/Year):06/25/18. (Initials) (NOTE: Insert a future date or event during your lifetime, such as a court determination of your disability or a written determination by your physician that you are incapacitated, when you want fairs power to first take effect.)
7. (XX) This power of attorney shall terminate on (Month/Date/Year):07/31/18. (Initials) (NOTE: Insert a future date or event, such as a court determination that you are not under clegal disability or a written determination by your physician that you are not incapacitated, if you want this power to terminate prior to your death.)

(NOTE: If you wish to name one or more successor agents, insert the name and address of each succe sor agent in paragraph 8.)

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:

Not Applicable

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.

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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.
(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.

Dated: June	_ 20, 2018	Tenee and metaded as part of this form.
Signed	9-1-	(Principal)
	wer of attorney will not be effect the form below. The notary ma	tive unless it is signed by at least one witness and your signature is y not also sign as a witness.)
The undersigned same person who notary public and for the uses and witness also cert relative of the phracility in which sibling, or descent	witness certifies that	known to me to be the ipal to the foregoing power of attorney, appeared before me and the livering the instrument as the free and voluntary act of the principal, ieve him or her to be of sound mind and memory. The undersigned the attending physician or mental health service provider or a ter, operator, or relative of an owner or operator of a health care ident; (c) a parent, sibling, descendant, or any spouse of such parent, any agent or successor agent under the foregoing power of attorney, or adoption; or (d) an agent or successor agent under the foregoing
power of attorne Dated: <u>Lo / 2L</u> Signed		(Witness)
	requires only one witness, but o itness, have him or her certify o	other jurisdiction, very require more than one witness. If you wish to and sign here:)
same person who notary public and for the uses and witness also cert relative of the ph facility in which sibling, or descer	d acknowledged signing and de purposes therein set forth. I bel ifies that the witness is not: (a) sysician or provider; (b) an own the principal is a patient or res indant of either the principal or ationship is by blood, marriage	, known to me to be the ipal to the foregoing power of attorney, appeared before me and the livering the instrument as the free and voluntary act of the principal, ieve him or her to be of sound mind and memory. The undersigned the attending physician or mental health service provider or a er, operator, or relative of an owner or operator of a health care dent; (c) a parent, sibling, descendant, or any spoure of such parent, any agent or successor agent under the foregoing rower of attorney, or adoption; or (d) an agent or successor agent under the foregoing
a: 1	<del></del>	and the second s

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# **UNOFFICIAL COPY**

State of			
County of			
The undersigned, a notary public that	, known to me to of attorney, appeared before m in person and aclorincipal, for the uses and purp	be the same person wh	nose name is subscribed as  d delivering the instrument as , and certified to the
Space below for Notary Seal	Dated:		
Opens.	Notary P Signature	rublic e: Notary mission expires:	ficate Attached
9	My com	mission expires:	
	and succe you inclu must com agents.)	essor agents to provide ide specimen signatures	equired to, request your agent especimen signatures below. If s in this power of attorney, you opposite the signatures of the
I certify that the signatures agent	(and successors) of my agent		
(agent)	(ptineipal)		
(successor agent)	(principal)		
(successor agent)	(principal)		T.6
(NOTE: The name, address, and completing this form should be in		reparing this form or w	rho assir ea the principal in
Name: Nico Nepomuceno			Office Co.
Address: 3940 N Ravenswood A	ve		-6)
City: Chicago State: IL	Zip: 60613		

Phone: 773-516-6272

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#### **CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**

CIVIL CODE § 1189

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

**RECENSES:** 

1	
State of California	
County of Schama J	
on <u>June 20, 2018</u> before me, <u>K</u> .	Garcia, Notary Public
Date Co. Ilia Da	Here Insert Name and Title of the Officer
personally appeared Cuttin Bol	n <del>š</del> r ana —
Laura Mcmulle	Name(S) of Signe(I)  (WITHESS)
who proved to me on the baris of satisfactory eviden	ice to be the person(s) whose name(s) so are subscribed
to the within instrument and acknowledged to me the	at he/she(they)executed the same in his/her/heir) nature(s) on the instrument the person(s), or the entity
upon behalf of which the person actr.d, executed the	ne instrument.
0-	
0/	Lands and PENALTY OF PEDILIPY under the
K. GARCIA	I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing
COMM. #2210492 7	paragraph is true and correct.
SONOMA COUNTY My Comm. Expires Aug 18, 2021	
My Culling September 1	WITNESS my hand and official seal.
	Sept Of
Place Notary Seal and/or Stamp Above	Signature of Notary Public
•	ONAL
	deter alteration of the document or
	form to an unintended document
Description of Attached Document	V <sub>Se</sub>
Title or Type of Document:	
Document Date:	Number of Pages:
Signer(s) Other Than Named Above:	
Capacity(ies) Claimed by Signer(s)	
Signer's Name:	Signer's Name:
☐ Corporate Officer — Title(s)	□ Corporate Officer – Title(s): □ Partner – □ Limited □ General
☐ Individual ☐ Attorney in Fact	☐ Individual ☐ Attorney in Fact
☐ Trustee ☐ Guardian of Conservator	☐ Trustee ☐ Guardian of Conservator
□ Other:	□ Other:
Signer is Representing:	Signer is Representing:
	·

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#### 3. NOTICE TO AGENT

(The following form shall be supplied to an agent appointed under a power of attorney for property)

When you accept the authority granted under this power of attorney a special legal relationship, known as agency, is created between you and the principal. Agency imposes upon you duties that continue until you resign or the power of attorney is terminated or revoked.

As agent you must:

- (1) do what you know the principal reasonably expects you to do with the principal's property;
- (2) act in good faith for the best interest of the principal, using due care, competence, and diligence;
- (3) keep a complete and detailed record of all receipts, disbursements, and significant actions conducted for the principal;
- (4) attempt to preserve the principal's estate plan, to the extent actually known by the agent, if preserving the plan is consistent voit the principal's best interest; and
- (5) cooperate with a person who has authority to make health care decisions for the principal to carry out the principal's reasonable expectations to the extent actually in the principal's best interest.

As agent you must not do any of the following:

- (1) act so as to create a conflict of interest that is inconsistent with the other principles in this Notice to Agent;
- (2) do any act beyond the authority granted in this power of attorney;
- (3) commingle the principal's runds with your funds;
- (4) borrow funds or other property from the principal, unless otherwise authorized;
- (5) continue acting on behalf of the principal if you learn of any event that terminates this power of attorney or your authority under this power of attorney, such as the death of the principal, your legal separation from the principal, or the dissolution of your marriage to the principal.

If you have special skills or expertise, you must use those special skills and expertise when acting for the principal. You must disclose your identity as an agent whenever you act for the principal by writing or printing the name of the principal and signing your own name "as Agent" in the following manner:

"(Principal's Name) by (Your Name) as Agent"

The meaning of the powers granted to you is contained in Section 3-4 of the Illinois Power of Attorney Act, which is incorporated by reference into the body of the power of attorney for property document. If you violate your duties as agent or act outside the authority granted to you, you may be liable for any diamages, including attorney's fees and costs, caused by your violation. If there is anything about this document or your duties that you do not understand, you should seek legal advice from an attorney."

#### Regulatory information regarding the Illinois Power of Attorney:

Text of Section after amendment by P.A. 96-1195) Sec. 3-3. Statutory short form power of attorney for prope ty

(a) The form prescribed in this Section may be known as "statutory property power" and may be used to grant an areat, owers with respect to property and financial matters. The "statutory property power" consists of the following: (1) Notice to the Individual Signir g the Illinois Statutory Short Form Power of Attorney for Property; (2) Illinois Statutory Short Form Power of Attorney for Property: and (3) Notice to Agent. When a power of attorney in substantially the form prescribed in this Section is used, including all 3 items above, with item (1), the You'ze to Individual Signing the Illinois Statutory Short Form Power of Attorney for Property, on a separate sheet (coversheet) in 14-point type and the 1 otarized form of acknowledgment at the end, it shall have the meaning and effect prescribed in this Act.

(b) A power of attorney shall also be deemed to be in substantially the same format as the statutory form if the explanatory language throughout the form (the language following the designation "NOTE:") is distinguished in some way from the legal paragraphs in the form, such as the use of boldface or other difference in typeface and font or point size, even if the "Notice" paragraphs at the beginning are not on a separate sheet of paper or are not in 14-point type, or if the principal's initials do not appear in the acknowledgement at the end of the "Notice" paragraphs.

The validity of a power of attorney as meeting the requirements of a statutory property power shall not be affected by the fact that one or more of the categories of optional powers listed in the form are struck out or the form includes specific limitations on or additions to the agent's powers, as permitted by the form. Nothing in this Article shall invalidate or bar use by the principal of any other or different form of power of attorney for property. Nonstatutory property powers (i) must be executed by the principal, (ii) must designate the agent and the agent's powers, (iii) must be signed by at least one witness to the principal's signature, and (iv) must indicate that the principal has acknowledged his or her signature before a notary public. However, nonstatutory property powers need not conform in any other respect to the statutory property power.

The requirement of the signature of a witness in addition to the principal and the notary, imposed by Public Act 91-790, applies only to instruments executed on or after June 9, 2000 (the effective date of that Public Act). (NOTE: This amendatory Act of the 96th General Assembly deletes provisions that referred to the one required witness as an "additional witness", and it also provides for the signature of an optional "second witness".) (Source: P.A. 96-1195, eff. 7-1-11.)

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## **UNOFFICIAL COPY**

LOT 20 IN JAMES ALLEN'S SUBDIVISION OF THE SOUTH 1/2 OF LOT 15 (EXCEPT THE WEST 5 ACRES THEREOF) IN DAVLIN KELLY AND CARROLL'S SUBDIVISION OF THE NORTHWEST 1/4 OF SECTION 26, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, **ILLINOIS** 

Legal Descriptic

S SUBDIVISION OF THE SC.
ELLY AND CARROLL'S SUBDIVIA,
RANGE 13, EAST OF THE THIRD F.

COOK COUNTY

RECORDER OF DEEDS

AP1804250/56 Legal Description