



Doc# 1819312043 Fee \$56.00

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

KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 07/12/2018 11:08 AM PG: 1 OF 10

Property of Cook County Clerk's Office

POWER OF ATTORNEY

FIRST AMERICAN TITLE
FILE # 2923723

Prepared By & Mailed to:
Roy K. McGinly
5205 Washington, Ste. 5
Downers Grove, IL 60515

not when Recorded to:
~~Street Gallagher~~
~~3119 Central Ct.~~
~~Glenview, IL 60055~~
~~Barbara Lertz + Samuel J. Newkema~~
~~343 Old Iowa Ct. #305~~
~~Chicago, IL 60610~~

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ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

1. I, JOHN P. TOMAN, 6945 The Preserve Way, San Diego, CA 92130 (insert name and address of principal) hereby ~~revoke all prior powers of attorney for property executed by me and~~ appoint: RORY K., MCGINTY, 5202 Washington, Ste. 5, Downers Grove, IL 60515 (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 34 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 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.~~
- ~~(j) Claims and litigation.~~
- ~~(k) Commodity and option transactions.~~
- ~~(l) Business operations.~~
- ~~(m) Borrowing transactions.~~
- ~~(n) Estate transactions.~~
- ~~(o) All other property transactions.~~

(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:

THE POWERS GRANTED HEREIN ARE LIMITED TO THE POWER TO PERFORM ANY AND ALL ACTS NECESSARY OR APPROPRIATE FOR CLOSING OF THE SALE OF 343 WEST OLD TOWN COURT, UNIT P52, CHICAGO, IL 60610, WITH LEGAL DESCRIPTION AS FOLLOWS:

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PARCEL 1:

UNIT P52 IN THE MIDRISE OF OLD TOWN VILLAGE EAST CONDOMINIUMS AS DELINEATED ON THE SURVEY OF THE FOLLOWING DESCRIBED REAL ESTATE: THAT PART OF LOTS 32 AND 39 IN OLD TOWN VILLAGE EAST, BEING A SUBDIVISION IN THE WEST HALF OF THE NORTHEAST QUARTER OF SECTION 4, TOWNSHIP 39 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, WHICH SURVEY IS ATTACHED AS EXHIBIT E TO THE DECLARATION OF CONDOMINIUM, RECORDED AS DOCUMENT 0435239040, AS AMENDED BY FIRST AMENDMENT TO DECLARATION OF CONDOMINIUM RECORDED FEBRUARY 4, 2005 IN THE OFFICE OF THE RECORDER OF DEEDS OF COOK COUNTY, ILLINOIS AS DOCUMENT 0503534007, TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS, IN COOK COUNTY, ILLINOIS;

PARCEL 2:

EASEMENTS FOR INGRESS AND EGRESS, USE AND ENJOYMENT FOR THE BENEFIT OF PARCEL 1 AS CREATED BY DECLARATION OF EASEMENTS, RESTRICTIONS, AND COVENANTS FOR OLD TOWN VILLAGE EAST HOMEOWNERS ASSOCIATION RECORDED AS DOCUMENT NUMBER 0322519031, AND BY THE COMMON EASEMENT AGREEMENT RECORDED AS DOCUMENT NUMBER 0322519030;

PIN: 17-04-220-101-1052 VOL. 0498;

INCLUDING, WITHOUT LIMITATION, EXECUTION AND DELIVERY OF A DEED, AFFIDAVIT OF TITLE, BILL OF SALE, CLOSING STATEMENT, SETTLEMENT STATEMENT, AND ANY OTHER DOCUMENTS NECESSARY OR APPROPRIATE FOR SUCH CLOSING, AND TO PERFORM ANY AND ALL OTHER ACTS NECESSARY OR APPROPRIATE FOR SUCH CLOSING.

(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.)

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

THE POWERS GRANTED HEREIN INCLUDE THE POWER TO PERFORM ANY AND ALL ACTS NECESSARY OR APPROPRIATE FOR CLOSING OF THE SALE OF 343 WEST OLD TOWN COURT, UNIT P52, CHICAGO, IL 60610, WITH LEGAL DESCRIPTION AS FOLLOWS:

PARCEL 1:

UNIT P52 IN THE MIDRISE OF OLD TOWN VILLAGE EAST CONDOMINIUMS AS DELINEATED ON THE SURVEY OF THE FOLLOWING DESCRIBED REAL ESTATE:

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THAT PART OF LOTS 32 AND 39 IN OLD TOWN VILLAGE EAST, BEING A SUBDIVISION IN THE WEST HALF OF THE NORTHEAST QUARTER OF SECTION 4, TOWNSHIP 39 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, WHICH SURVEY IS ATTACHED AS EXHIBIT E TO THE DECLARATION OF CONDOMINIUM, RECORDED AS DOCUMENT 0435239040, AS AMENDED BY FIRST AMENDMENT TO DECLARATION OF CONDOMINIUM RECORDED FEBRUARY 4, 2005 IN THE OFFICE OF THE RECORDER OF DEEDS OF COOK COUNTY, ILLINOIS AS DOCUMENT 0503534007, TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS, IN COOK COUNTY, ILLINOIS;

PARCEL 2:

EASEMENTS FOR INGRESS AND EGRESS, USE AND ENJOYMENT FOR THE BENEFIT OF PARCEL 1 AS CREATED BY DECLARATION OF EASEMENTS, RESTRICTIONS, AND COVENANTS FOR OLD TOWN VILLAGE EAST HOMEOWNERS ASSOCIATION RECORDED AS DOCUMENT NUMBER 0322519031, AND BY THE COMMON EASEMENT AGREEMENT RECORDED AS DOCUMENT NUMBER 0322519030;

PIN: 17-04-220-101-1052 VOL. 0498;

INCLUDING, WITHOUT LIMITATION, EXECUTION AND DELIVERY OF A DEED, AFFIDAVIT OF TITLE, BILL OF SALE, CLOSING STATEMENT, SETTLEMENT STATEMENT, AND ANY OTHER DOCUMENTS NECESSARY OR APPROPRIATE FOR SUCH CLOSING, AND TO PERFORM ANY AND ALL OTHER ACTS NECESSARY OR APPROPRIATE FOR SUCH CLOSING.

(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 agent 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 agent the right to delegate discretionary decision-making powers to others, you should keep paragraph 4, 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.~~

(NOTE: Your agent will be entitled to reimbursement 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.)

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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 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 EXECUTION.

(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 this power to first take effect.)

7. This power of attorney shall terminate on NOT APPLICABLE.

(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 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 successor 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: NONE.

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 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

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

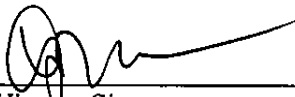
Dated: 6/8, 2018

Signed: _____
Principal

(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.)

(First Witness) The undersigned witness certifies that JOHN P. TOMAN, 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.

Dated: JUNE 8, 2018



Witness Signature
Witness Name & Address:
Gina Ellen
6942 Morse Ct.
San Diego, CA 92111

(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 JOHN P. TOMAN, 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,

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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.

Dated: _____, 2018

Witness Signature
Witness Name & Address:

State of _____)
) SS.
County of _____)

The undersigned, a notary public in and for the above county and state, certifies that JOHN P. TOMAN, 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) _____ and _____ 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 (and certified to the correctness of the signature(s) of the agent(s)).

Dated: _____, 2018

Notary Public

My commission expires:

(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 attorney, you must complete the certification opposite the signatures of the agents.)

~~Specimen signatures of agent (and successors)

_____~~

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

_____~~

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Agent

Principal

Successor Agent

Principal

Successor Agent

Principal

(NOTE: The name, address, and phone number of the person preparing this form or who assisted the principal in completing this form should be inserted below.)

Prepared By:

Law Offices of Rory K. McGinty, P.C.
5202 Washington, Ste. 5
Downers Grove, IL 60515
Phone 630-743-9907
Fax 630-743-9910
Email lorikmpc@gmail.com

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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.

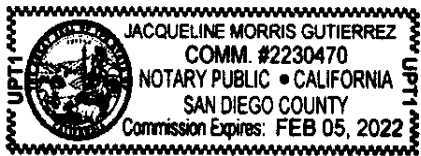
State of California
County of San Diego

Subscribed and sworn to (or affirmed) before me on this 8 day of ~~May~~ June, 2018,
Date Month Year

by (1) [Signature]

(and (2) _____),
Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.



Signature Jacqueline Morris Gutierrez
Signature of Notary Public

Seal

Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document: POA
Title or Type of Document: POA Document Date: June May 8, 2018
Number of Pages: 8 Signer(s) Other Than Named Above: _____
(including this page)

(Amended by Stats. 2014, Ch. 197, Sec. 3. Effective January 1, 2015.)

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EXHIBIT A

LEGAL DESCRIPTION

Legal Description: PARCEL 1: UNIT P-52 IN THE MIDRISE OF OLD TOWN VILLAGE EAST CONDOMINIUMS AS DELINEATED ON THE SURVEY OF THE FOLLOWING DESCRIBED REAL ESTATE: THAT PART OF LOTS 32 AND 39 IN OLD TOWN VILLAGE EAST, BEING A SUBDIVISION IN THE WEST HALF OF THE NORTHEAST QUARTER OF SECTION 4, TOWNSHIP 39 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, WHICH SURVEY IS ATTACHED AS EXHIBIT E TO THE DECLARATION OF CONDOMINIUM, RECORDED AS DOCUMENT 0435239040, AS AMENDED BY FIRST AMENDMENT TO DECLARATION OF CONDOMINIUM RECORDED FEBRUARY 4, 2005, IN THE OFFICE OF THE RECORDER OF DEEDS OF COOK COUNTY, ILLINOIS AS DOCUMENT NO. 0503534007; TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS, IN COOK COUNTY, ILLINOIS.

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Permanent Index #'s: 17-04-220-101-1015 VOL. 198

Property Address: 343 West Old Town Court PS-52, Chicago, Illinois 60610

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