Doc#. 1821957173 Fee: \$66.00

Karen A. Yarbrough

Cook County Recorder of Deeds Date: 08/07/2018 01:14 PM Pg: 1 of 10

POWER OF ATTORNEY

PREPARED BY AND MAIL TO:

ROBIN M WATT

10943 RIEDELL DRIVE

KALAMAZOO, MI 49009

Property of Cook Colling Clerk's Office Altima Thle, LLC. 6444 N. Milwaukee A Chicage, IL 60631 Ph. 312-651-6070



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. 755 ILCS 45/. 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 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 fue 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, und 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 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? 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 put your initials on the following line indicating that you have read this Notice:

Principal's initials

JNOFFICIAL CO

ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

1. I, Lorraine a. Watt 1640 East Som St Unit 17c Chicago JII nois 60615 and address of principal) hereby revoke all prior powers of attorney for property executed by me and appoint: R 1011 MARINE WALLE MARINE MI 44009 (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 et it out any one or more of the following categories of powers you do not want your agent to have. Failure to strike in 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.

- Financial instant

 Stock and bond transactions.

 Tangible personal property transactions.

 Safe deposit box transactions.

 Insurance and annuity transactions.

 Retirement plan transactions.

 Social Security, employment and military service benefits.

 Tax matters.

 and litigation.

 Ton 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:

(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.)

\cdot	
	· · · · · · · · · · · · · · · · · · ·
	A track that the second of the
3. In addition to the powers granted above, I grant my agent the following powers	ers;
(NOTE: Here you may add any other delegable powers including, without limitation powers of appointment, name or change beneficiaries or joint tenants or revoke or referred to below.)	n, power to make gifts, exercise amend any trust specifically
	enteres of the last of the first of the firs
	Mary Code Constitution of the Constitution of
	and the state of t
	and a distance was seemed to
(NOTE: Your agent will have authority to employ other persons as necessary to ene exercise the powers granted in this form, but your agent will have to make all discretion for your agent the right to delegate discretion of decision making powers to other powers.	etionary decisions. If you wan
paragraph 4 <u>, otherwise it should be struck out</u> .)	·
4. My agent shall have the right by written instrument 'o c'elegate any or all of ti discretionary decision making to any person or persons whom my agent may select	he foregoing powers involving
discretionary decision maxing to any person of persons whom they agent may select	i, but such delegation may be
amended or revoked by any agent (including any successor) named by me who is at attorney at the time of reference.	come ander any power of
amended or revoked by any agent (including any successor) named by me who is as	ncurred in acting under this
amended or revoked by any agent (including any successor) named by me who is at attorney at the time of reference. (NOTE: Your agent will be entitled to reimbursement for all reasonable expenses in power of attorney. Strike out paragraph 5 if you do not want your agent to also one	ncurred in acting under this entitled to reasonable
amended or revoked by any agent (including any successor) named by me who is at attorney at the time of reference. (NOTE: Your agent will be entitled to reimbursement for all reasonable expenses in power of attorney. Strike out paragraph 5 if you do not want your agent to also on compensation for services as agent.) 5. My agent shall be entitled to reasonable compensation for services rendered a	ncurred in acting under this entitled to reasonable as agant under this power of in any manner Absent one effective at the time this

7(Initial if stating a duration date other than until your death and then complete the following) This power of attorney shall terminate on(NUTV).
(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.)
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: [YICI VIN WA KINI)
(NOTE: If you wish to name one or more successor agents, insert the name and address of each successor agent in paragraph 8.)
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 you. Agent as guardian of your estate if a court decides that one should be appointed. To do this, retain paragraph 2, and the court will appoint your agent if the court finds that this appointment will serve your best interests at dv elfare. 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 an derstand 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 on attorney-at-law or otherwise to engage in the practice of law unless he or she is a licensed attorney who is a st' orized to practice law in Illinois.)
11. The Notice to Agent is incorporated by reference and included as part of this torm.
Dated: 06293015 Signed Larrainea Well (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.)
The undersigned witness certifies that Location 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: 62915		Jalyonica Jeans (Witness signature)
(NOTE: Illinois requires only one w have a second vitness, have him or	itness, but other jurisdictions may requ her certify and sign here:)	ire more than one witness. If you wish to
for the uses and purposes the ein set witness also certifies that the witness relative of the physician or provider facility in which the principal is a pasibling, or descendant of either the p	s principal to the foregoing power of at ning and delivering the instrument as the t forth. I believe him or her to be of sout is is not: (a) the attending physician or "(b) an owner, operator, or relative of the tor resident; (c) a parent, sibling, description and appropriate the successor agen-	known to me to be the same torney, appeared before me and the ne free and voluntary act of the principal, and mind and memory. The undersigned mental health service provider or a an owner or operator of a health care escendant, or any spouse of such parent, it under the foregoing power of attorney, it or successor agent under the foregoing
State of Tilinais	COUL	(Witness signature)
State of <u>Tilineis</u>) County of <u>Cook</u>)	s.	
_ <u>r.</u> wall	c in and for the above county and state known to me to be the same person w	ince the in enhancinal so main aims (s.
me roregoing power or attorney, app	reared defore me and the witness(es) I	a Monica Henry land
voluntary act of the principal, for the signature(s) of the agent(s).	e uses and purposes therein set forth, a	elivering the its rument as the free and nd certified to the con ectness of the
Dated: 6-29-2015	OFFICIAL SEAL VERNON A. BROWN	Vernon a. Buswn
	MOTARY PUBLIC, STATE OF ILLINOIS My Commission Expires Aug 7, 2017	(Notary Public)
•		My commission expires 8-7-20/

(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 correct.
Agenty (Successor Agent)	Lonraine a Vatt (Principal) Loraine a Natt (Principal)
(Successor Agent)	(Principal)
(NOTE: The name, address, and phone number completing this from should be inserted below.	r of the person preparing this form or who assisted the principal in
700	(Name of preparer)
	(Street address)
0.5	(City, State, ZIP)
	(Name of preparer) (Street address) (City, State, ZIP) (Phone)

The following form may be known as "Notice to Agent" and shall be supplied to an agent appointed under a power of attorney for property. 755 ILCS 45/3-3(c).

NOTICE TO AGENT

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 proceed the principal's estate plan, to the extent actually known by the agent, if preserving the plan is consistent with 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 expertations to the extent actually in the principal's best interest

As agent you must not do any of the colic wing:

- (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 th's power of attorney;
- (3) commingle the principal's funds with your funds,
- (4) borrow funds or other property from the principal, unless o'herwise 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 deatl 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 damages, 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.

AGENT'S CERTIFICATION AND ACCEPTANCE OF AUTHORITY

I, RMM M. Wall (insert name of of attorney naming the undersigned as agent or successor (insert name of principal).	agent), certify that the attached is a true copy of a power agent for
I certify that to the best of my knowledge the principa alive, and has not revoked the power of attorney; that my p that the power of attorney remains in full force and effect.	Mowers as agent have not know altered as terminated, and
I accept appointment as agent under this power of atto	rney.
This certification and acceptance is made under penalt	ty of perjury.*
Dated: 010/2912015	Rebyn M. Watt (Print Agent's Name) 10943 Riedell Drive Kalama) of MI 4902 (Agent's Address) inninal Code of 1961, and is a Class 3 felony.)

1821957173 Page: 10 of 10

UNOFFICIAL COPY

ALTA COMMITMENT 2006

File No. AT180121 Associated File No:

EXHIBIT A

UNIT 17C IN NARRAGANSETT CONDOMINIUM AS DELINEATED ON A SURVEY OF THE FOLLOWING DESCRIBED PARCEL OF REAL ESTATE:

THE WEST 76 FEET OF THE EAST 200 FEET OF THE SOUTH 125 FEET OF BLOCK 2, IN THE CHICAGO BEACH ADDITION, A SUBDIVISION OF LOT "A", IN THE BEACH HOTEL COMPANY'S CONSOLIDATION OF CERTAIN TRACTS, IN FRACTIONAL SECTIONS 11 AND 12, TOWNSHIP 38 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN;

WHICH SURVEY AS ATTACHED AS EXHIBIT "A" TO THE DECLARATION OF CONDOMINIUM RECORDED AS DOCUMENT 20032198 AND AS AMENDED FROM TIME TO TIME, TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE Coot County Clert's Office COMMON ELEMENTS, IN COOK COUNTY, ILLINOIS.

Address of Property: 1640 E 50TH ST UNIT 17C CHICAGO, IL 60615

Parcel ID Number: 20-12-103-010-1058