

# UNOFFICIAL COPY

Doc#: 1827433025 Fee: \$60.00  
Karen A. Yarbrough  
Cook County Recorder of Deeds  
Date: 10/01/2018 09:27 AM Pg: 1 of 7

SC18017382  
Fidelity National Title

After Recording Return To:

Picklin & Lake  
5215 Old Orchard Rd #220  
Skokie, IL 60077

This instrument was prepared by:

Picklin & Lake  
5215 Old Orchard Rd #220  
Skokie, IL 60077

[Space Above This Line For Recording Data]

## NOTICE TO THE INDIVIDUAL SIGNING THE ILLINOIS SPECIFIC DURABLE 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, more particularly 755 ILCS 45/3-4(a). 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 this Power of Attorney, 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 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 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, more particularly 755 ILCS 45/3-4(a). 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: CG Principal's initials

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## ILLINOIS SPECIFIC DURABLE POWER OF ATTORNEY FOR PROPERTY

I, Carrie Granat, hereby revoke all prior powers of attorney for property executed by me and appoint James Granat 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:

To pledge or mortgage an interest as security, borrow money, negotiate loan terms, purchase, construct, repair, refinance, open a line of credit, and sign any and all documentation necessary to effectuate transactions relating to the following property:

Street: 2168 Ash Ln.  
 City/Municipality: Northbrook  
 State/Commonwealth: Illinois  
 Zip Code: 60062

**VA Loan:** In the event my Agent applies for a loan on my behalf that is guaranteed by the Department of Veterans Affairs: (1) all or a portion of my entitlement may be used; (2) if this is a purchase transaction, the price of the Property is \$ N/A; (3) the amount of the loan to be secured by the Property is \$ N/A; and (4) I intend to use and occupy the Property as my home. My Agent is authorized to sign the loan application, receive federal, state- and investor-required disclosures, and sign all documents necessary to consummate the loan on my behalf.

*(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 2, otherwise it should be struck out.)*

2. 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 3 if you do not want your agent to also be entitled to reasonable compensation for services as agent.)*

3. 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 4 and 5.)*

4.  This power of attorney shall become effective on September 25, 2018. *(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.)*

5.  This power of attorney shall terminate on December 25, 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 power to terminate prior to your death.)*

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(NOTE: If you wish to name one or more successor agents, insert the name and address of each successor agent in paragraph 6.)

6. 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 6, 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.

7. 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-in-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.)

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

Dated: 9/24/18 Cami Grant  
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 also sign as a witness.)

The undersigned witness certifies that Cami Grant, 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: 9/24/18 [Signature]  
Witness

(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 Cami Grant, 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;

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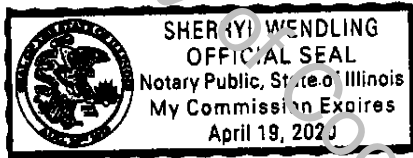
- (b) an owner, operator, or relative of an owner or operator of a health care facility in which the principal is a patient or resident;
- (c) a parent, sibling, descendant, or any spouse of such parent, sibling, or descendant of either the principal or any agent or successor agent under the foregoing 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: 9/24/18

[Signature]  
Witness

State of Illinois  
County of Cook

This instrument was acknowledged before me on 9/24/2018  
by Sheryl Wendling



[Signature]  
Notary Public

*(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.

Agent \_\_\_\_\_

Principal \_\_\_\_\_

Successor Agent \_\_\_\_\_

Principal \_\_\_\_\_

Successor Agent \_\_\_\_\_

Principal \_\_\_\_\_

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(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.)

Name: Picklin & Lane  
Address: 5215 Old Orchard Rd.  
Suite 229  
Skokie, IL 60077  
Phone: 847-965-8686

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## 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 preserve 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 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 funds 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, more particularly 755 ILCS 45/3-4(a), 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.

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## EXHIBIT A

Order No.: SC18017382

For APN/Parcel ID(s): 04-09-211-008-0000

For Tax Map ID(s): 04-09-211-008-0000

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LOT 16 IN NORTHBROOK HIGHLANDS UNIT NO. 7, A SUBDIVISION IN THE NORTHEAST ONE QUARTER OF SECTION 9, TOWNSHIP 42 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF OF SAID SUBDIVISION RECORDED OCTOBER 26, 1953, AS DOCUMENT NO. 15753502, IN COOK COUNTY, ILLINOIS.

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