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KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 11/01/2018 01:47 PM PG: 1 OF 5

Property of Cook County Clerk's Office

Power of Attorney

ORNTIC File Number: 1891703 2/3
Old Republic National Title
9601 Southwest Highway
Oak Lawn, IL 60453
708-424-0184

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ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

1. I, Robert C. Tamillo, hereby appoint Daniel Reynolds 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 5-4 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:

- (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.

2. The powers granted above shall not include the following powers or shall be modified or limited in the following particulars (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):

Only those powers necessary to effectuate the purchase of 1117 W. 18th Pl, Chicago, IL 60608, IL, including, but not limited to the power to sign the Note, Mortgage and Closing Disclosure.

PIN: 17-20-409-012-0000 The legal description is attached hereto.

3. In addition to the powers granted above, I grant my agent the following powers (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): N/A

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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.
5. My agent shall be entitled to reasonable compensation for services rendered as agent under this power of attorney.
6. (X) This power of attorney shall become effective on October 25, 2018.
7. (X) This power of attorney shall terminate on November 10, 2018.
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:
- Dana Siragusa, 25 E. Washington Suite 700, Chicago, Illinois 60602
- Amanda Miller, 25 E. Washington Suite 700, Chicago, Illinois 60602
- Brian Iversen, 900 S. Maple, Mount Prospect, Illinois 60056

For purposes of this paragraph, 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.

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

Dated: October 18, 2018.

Signed 
Robert Tamillo

This Document Prepared By:
Dana C. Siragusa
Siragusa Law
25 E. Washington, Suite 700
Chicago, Illinois 60602

Upon Recording, Return to:
Impero Partners, LLC or assignee, Robert Tamillo,
and Dan S. Reynolds
1117 W. 18th Pl
Chicago, IL 60608, IL

(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.)

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The undersigned witness certifies that Robert Tamillo 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: Oct 19, 2018

Elena Tamillo
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 _____, 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: _____, 2018

Witness

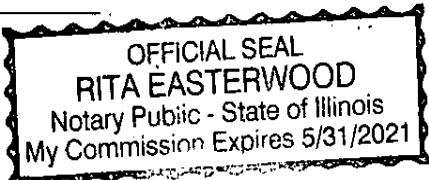
State of _____)
) SS.
County of _____)

The undersigned, a notary public in and for the above county and state, certifies that Robert Tamillo 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) Elena Tamillo (and 2018) 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: Oct 19, 2018

[Signature]
Notary Public

My commission expires 5/31/2021



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LEGAL DESCRIPTION

LOT 11 IN SUB BLOCK "B" OF BLOCK 8 IN WALSH AND MR. MULLEN'S SUBDIVISION OF THE SOUTH 3/4 OF THE SOUTHEAST 1/4 OF SECTION 20, TOWNSHIP 39 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Address commonly known as:

1117 W 18th Place

Chicago, IL 60608

PIN#: 17-20-409-012-0000

**COOK COUNTY
RECORDER OF DEEDS**

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