Doc#. 1832057172 Fee: \$68.00

Karen A. Yarbrough

Cook County Recorder of Deeds Date: 11/16/2018 01:16 PM Pg: 1 of 11

Greater Illinois Title Co. 300 E. Roosevelt Road Wheaton, IL 60187

GIT File #: 41041330G 2/4

# Cook County TYPE OF DOCUMENT: Illinois Statutory Short Form Power of Attorney RECORDING COVER SHEET

#### 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. 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 Statute y 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 due care, competence, and diligence. He or she must also act in accordance with the law and with the directions in this form. Your agest must keep a record of all receipts, disbursements, and significant actions taken as your agent.

Unless you specifically limit the period cotime that this Power of Attorney will be in effect, your agent may exercise the powers given to him or per 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-atlaw or otherwise to engage in the practice of law unless ne 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 2-4 of the Illinois Power of Attorney Act. This form is a part of that law. The "NOTE" paragraphs th oughout 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

(Space above this line for Recording Data)

#### ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

I, Elizabeth Chen, of 867 Russet Drive, Sunnyvale, California 94087, hereby revoke all prior powers of attorney for property executed by me and appoint: Frank W. Jaffe, of Jaffe & Berlin, LLC, 111 W. Washington Street, Suite 900, Chicago. Minois 60602, 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 specific 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 you.
Corts
Original 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.
- (e)-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) Gernmodity and option transactions.
- (1) 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:  |
|---|
| (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:  |
| Specifically, the pover to sign all documents necessary to consummate the purchase of 3707-09 W. McLean Avenue, Chicago, V. 60647, including, but not limited to, the mortgage note, and any other documents provided by the title company or mortgage lender.  |
| (NOTE: Your agent will be ve 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 paragrap'(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 rerson 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.)  |
| 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 at d 7. |
| 6. ((1) This power of attorney shall become effective on October 29, 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.)  |
| 7. ( This power of attorney shall terminate on December 31, 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.) (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: 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 ic 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 zancss 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: 10/28/18 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 else sign as a witness.)   |
| The undersigned witness certifies that ELIZABETH CHEN Imown to me to be the same person whose name is subscribed as principal to the foregoing power of attoracy, appeared before me and the notary public and acknowledged signing and delivering the instrument as the first 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 parental abling, 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: O 28 18 Signed: (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:  | Signed:  | (Witness)   |
|---|--|---|
| State of California   | <u> </u>   |   |
| State of <u>California</u><br>County of <u>Sanlacl</u>                    | )SS.<br>(4)0, )  |   |
| to me to be the same pe<br>appeared before me and<br>acknowledged signing | rson whose name is subscribed as all the witnes: <u>PIYUSH_ARO*</u> and delivering the instrument as the | nty and state, certifies that Elizabeth Chen, known principal to the foregoing power of attorney,  DA, in person and effect and voluntary act of the principal, for the principals of the signature(s) of the agent(s). |
| Dated: <u>oct - 28 -201</u>   | 8 Signed: <u>N. Malayah</u><br>s: <u>March-23-2021</u>   | 10 ( 1 C.   |
| (NOTE: You may, bu<br>specimen signatures b                               | t are not required to, request you   | r agent and successor agents to provide<br>nature in this power of attorney, you must<br>e agents.)   |
| Specimen signatures of Agent (and successors)                             | <b>▼</b> .   | gnatures of nry<br>ssors) are genuine   |
| (Agent)   | (Principal)  |   |
| (Successor agent)   | (Principal)  | TŚ  |
| (Successor agent)   | (Principal)  | W444-MA-MA-MA-MA-MA-MA-MA-MA-MA-MA-MA-MA-MA-  |

(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.)

#### **ACKNOWLEDGMENT**

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 <u>Santaclara</u> )  |
| On october - 28 2018 before me, Nakoat Notan Public (insert hame and title of the officer)   |
| personally appeared <u>FLSZARETH</u> CHEN, PSYUSH ARODA  |
| who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/gre)   |
| subscribed to the within instrumer t and acknowledged to me that he/she(they) executed the same in   |
| bio/bos/figurational agraphic/figuration and start but bis figuration for the first metallic figuration of the same in   |
| his/her/their authorized capacity(les) and that by his/her/their signature(s) on the instrument the  |
| person(s), or the entity upon behalf of vinich the person(s) acted, executed the instrument.   |
| I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing  |
| paragraph is true and correct.   |
|  |
|  |
| WITNESS my hand and official seal.   |
| GOVERNMENT NO. 2187647   |
| NOTARY PUBLIC-CALIFORNIA SANTA CLARA COUNTY  |
| My Comm. Expires MARCH 23, 2021  |
| Signature N. Malenai: (Seal)   |
| The state of the s |
|  |



(This page is not part of official statutory form. It is only for the Agent's use in recording this form when necessary for Real Estate Transactions)

For the premises commonly known as: 3707-09 W. McLean Avenue, Chicago, IL 60647

Permanent Index Number(s): 13-35-127-021-0000 and 13-35-127-022-0000

Legal Description: See Exhibit "A" attached hereto and made a part hereof

(The name and address of the person preparing this form should be inserted if the Agent will have the power to comey any interest in Real Estate.)

ank W. Jaffe

ffe & Berlin, LLC

11 W. Washington, Suite 900

Thicago, IL 60602

Recorder - Mail recorded document to.

\*\*E W. Jaffe

\*\*elin, LLC

\*\*on, Suite 900

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# **UNOFFICIAL COPY**

#### 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 zerion 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 is an 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 respectly 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.

| FW      |          |  |
|---------|----------|--|
| Agent's | Initials |  |

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# **UNOFFICIAL COPY**

#### AGENT'S CERTIFICATION AND ACCEPTANCE OF AUTHORITY

I, Frank W. Jaffe, certify that the attached is a true copy of a power of attorney naming the undersigned as agent or successor agent for Elizabeth Chen.

I certify that to the best of my knowledge the principal had the capacity to execute the power of attorney, is alive, and has not revoked the power of attorney; that my powers as agent have not been altered or terminated; and that the power of attorney remains in full force and effect.

I accept appointment as agent under this power of attorney.

This certification and acceptance is made under penalty of perjury.\*

Dated:

(Agent's Signature):

Frank W. Jaffe Jaffe & Berlin, LLC

111 W. Washington, Suite 900

Chicago, IL 60602

OOK COUNTY \* (NOTE: Perjury is defined in Section 32-2 of the Criminal Code of 1961, (720 ILCS 5/32-2) -/C/7/5 O///CO and is a Class 3 felony.)

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# **UNOFFICIAL COPY**

#### EXHIBIT "A" LEGAL DESCRIPTION

LOTS 51 AND 52 IN BLOCK 7 IN JACKSON'S SUBDIVISION OF BLOCKS 7 AND 8 IN HAMBLETON'S SUBDIVISION OF THE EAST 1/2 OF THE NORTHWEST 1/4 OF SECTION 35, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

