

# UNOFFICIAL COPY

## 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 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 and who will make those decisions as you would wish. 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 on your behalf and to use due care, competence, and diligence. He or she must also act in accordance with the law and with the statements 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, even 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. This form is 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 it 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:

AL (Principal's initials)



Doc# 1835249161 Fee \$84.00

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

EDWARD M. MOODY

COOK COUNTY RECORDER OF DEEDS

DATE: 12/18/2018 02:44 PM PG: 1 OF 8

Anna E. Lydka - November 20, 2018 - Page 1 of 7 AL

5/6  
6717957

Freedom Title Corporation  
2220 Hicks Road  
Suite 206  
Rolling Meadows, IL 60008

S  
P  
S  
S  
S  
I

# UNOFFICIAL COPY

## ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

1. I, **Anna E. Lydka**, of **214 N. Broadway Avenue, Park Ridge, IL 60068**, hereby revoke all prior powers of attorney for property executed by me prior to the date of this document and appoint:

**Magdalena A. Murzanski, Debicki Law Group, LTD, 832 E. Rand Road, Suite, 15,  
Mount Prospect, IL 60056**

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.

*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.~~
2. **SPECIFIC LIMITING OF POWERS:** 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.)*

# UNOFFICIAL COPY

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

Signing any and all documents pertaining to the purchase of property located at:

**531 N. Seminary Avenue, Park Ridge, IL 60068**

**PIN: 09-27-406-004-0000**

**Legal Description:**

**PLEASE SEE ATTACHED**

*(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.)*

4. **DELEGATION OF POWERS:** 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. **AGENT COMPENSATION:** My Agent shall be entitled to reasonable compensation for services rendered as agent under this power of attorney.

*(NOTE: Your Agent will be entitled to reimbursement for all reasonable expenses incurred in acting under this power of attorney.)*

**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 in either or both of paragraphs 6 and 7.**

6. **EFFECTIVE DATE:** This power of attorney shall become effective:

**November 20, 2018**

# UNOFFICIAL COPY

7. **TERMINATION DATE:** This power of attorney shall terminate:

**UPON THE PURCHASE OF SUBJECT PROPERTY**

8. **SUCCESSOR AGENTS:** If the person named as my Agent dies, becomes incompetent, resigns, refuses to accept the office of agent, or is unavailable, I name the following (each to act alone and successively, in the order named) as successors to such Agent:

**First Successor:**

Agent Name: \_\_\_\_\_

Agent Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Second Successor:**

Agent Name: \_\_\_\_\_

Agent Address: \_\_\_\_\_

Phone: \_\_\_\_\_

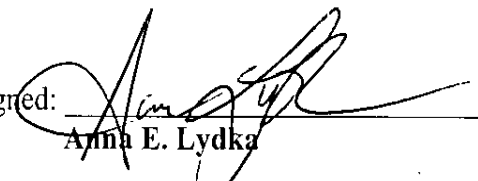
9. **GUARDIAN NOMINATION:** If a guardian of my estate (my property) is to be appointed, I nominate the Agent acting under this power of attorney as such guardian, to serve without bond or security.

10. **SEVERABILITY:** If any provision of this document is held to be invalid, such invalidity does not effect the other provisions that can be given effect without the invalid provision.

11. **AGENT NOTICE INCORPORATED:** The Notice to Agent is incorporated by reference and included as part of this form.

**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.**

Dated: November 20, 2018

Signed:  \_\_\_\_\_  
Anna E. Lydka

# UNOFFICIAL COPY

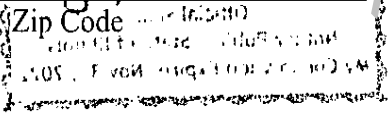
The undersigned witnesses certifies that **Anna E. Lydka**, known to us to be the same person whose name is subscribed as principal to the foregoing power of attorney, appeared before us and the notary public and acknowledged signing and delivering the instrument as the free and voluntary act of the principal, for the use and purposes therein set forth. We believe him to be of sound mind and memory. The undersigned witnesses also certify that the witnesses are 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.

  
\_\_\_\_\_  
Witness #1 Signature

VLADAN MILOJEC  
\_\_\_\_\_  
Print Witness Name

1021 Parkerson Ave  
\_\_\_\_\_  
Street Address

Rock Falls, IL 60087  
\_\_\_\_\_  
City, State, Zip Code



\_\_\_\_\_  
Witness #2 Signature

\_\_\_\_\_  
Print Witness Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

County Clerk's Office

# UNOFFICIAL COPY

State of Illinois            )  
  ) SS.  
County of Cook            )

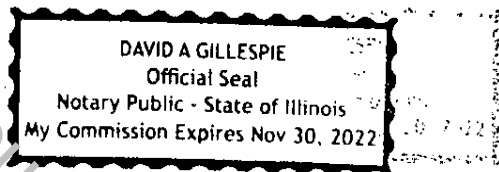
The undersigned, a notary public in and for the above county and state, certifies that **Anna E. Lydka**, known to me to be the same person whose name is subscribed as principal to the foregoing power of attorney, appeared before me and the witnesses in person and acknowledged signing and delivering 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 of the agent.

Dated: 12/07/2018



Notary Public

My commission expires 11-30-2022



This Document was prepared by:

Name: Debicki Law Group, LTD

Address: 832 E. Rand Road, Suite 15, Mount Prospect, IL 60056

Phone: 847-398-6500

# 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.

### **VERY IMPORTANT – SIGN DOCUMENTS CORRECTLY!!!!**

**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 name “as Agent” in the following manner:**

**“(Principal’s Name) by (Your Name) as Agent”**

### **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. 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 BEFORE YOU SIGN ANY DOCUMENTS OR TAKE ANY ACTIONS ON BEHALF OF THE PRINCIPAL.**

This Document was prepared by: *of mail to*  
 Debicki Law Group, LTD  
 832 E. Rand Road, Suite 15  
 Mount Prospect, IL 60056  
 847-398-6500

# UNOFFICIAL COPY

## FREEDOM TITLE CORPORATION

2220 HICKS ROAD, SUITE 206, ROLLING MEADOWS, IL 60008

PHONE (847)797-9200 FAX (847)797-8150

Issuing Agent for

CHICAGO TITLE INSURANCE COMPANY

### COMMITMENT SCHEDULE A (CONTINUED)

---

COMMITMENT NUMBER: 6717951CD

---

### PROPERTY DESCRIPTION

THE LAND REFERRED TO IN THIS POLICY IS DESCRIBED AS FOLLOWS:

PARCEL 1: LOT 17 IN FEUERBORN AND KLODE'S RIDGE CREST ADDITION, BEING A SUBDIVISION OF LOT 1 AND 2 IN CHRISTIAN GRUPE'S SUBDIVISION IN THE EAST HALF OF SECTION 27, TOWNSHIP 41 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

PARCEL 2: THE WEST HALF OF THE VACATED ALLEY LYING EAST OF AND ADJOINING SAID LOT 17 IN FEUERBORN AND KLODE'S RIDGE CREST ADDITION, BEING A SUBDIVISION OF LOT 1 AND 2 IN CHRISTIAN GRUPE'S SUBDIVISION IN THE EAST HALF OF SECTION 27, TOWNSHIP 41 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

Pin: 09-27-406-004-0000