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Doc# 1902433057 Fee \$50.00

RHSP FEE:\$9,00 RPRF FEE: \$1.00

EDWARD H. MOODY

COOK COUNTY RECORDER OF DEEDS

DATE: 01/24/2019 10:57 AM PG: 1 OF 7

PL OF COUNTY CLORES OFFICE

Prepared By and Mail To:

Matt Albrecht 323 S Catherine LaGrange, IL 60525

18CSA011020LP um 2013

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### **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. 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, distursements, 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 in oughout 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 snz 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 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 place your initials on the following line indicating that you have read this Notice:

Principal's initials

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

1. I, Thomas F Reynolds III, of \$\frac{1}{3}350 W. Warner Ave.,	
powers of attorney for property executed by me and appoin	tt Shelley S. Reynolds, of 3350 W. Warner
Ave., Chicago IL 60616	$\frac{1}{2}$

(NOTE: You may not name co-agents using this form.)

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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 strike out any one or more of the following categories of powers you do not want your agent to have. Failure to 'ari'e the title of any category will cause the powers described in that category to be granted to the agent. It 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 ber.eff.s
- —(j) Claims and litigation.
- —(k) Commodity 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.)

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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:  To mortgage or otherwise encumber the property commonly known as 12-3350 W. Warner Ave.,
To mortgage or otherwise encumber the property commonly known as / 1 K-3350 W. Warner Ave.,

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Chicago IL 60616_, or any rights, title or interests to the Property on any terms or considerations which my said attorney shall think proper; and to execute any instruments necessary to effectuate such purchase transaction, including, but not limited to, mortgages and deeds of trust, and specifically to obtain a mortgage loan from _Chase, its successors and/or assigns as their interests may appear, on or about _January 15th, 2019 through
GIVING AND GRANTING to our attorney full general power and authority to do and perform each and every act, deed, matter and thing whatsoever in and about our property, as fully and as effectively to all intents and purposes as we might or could in our own proper person do if personally present.
I/We do hereby declare that any act or thing lawfully done hereunder by our said attorney shall be binding on rie/w, my/our heirs, legal and personal representatives and my/ours assigns, whether the same shall have been done before or after my death or other revocation of this instrument, unless and until reliable intelligence or notice thereof shall have been received by our said attorney.
(NOTE: Your agent will have authority ic employ other persons as necessary to enable the agent to properly exercise the powers granted in this 10 m, 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 4, otherwise it i nould 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 person or persons whom my agent may select, but such delegation may be amended or revoked by any agent (including the 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 exent 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 manur. 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 and 7.)
6. This power of attorney shall become effective on January 15th, 2019
(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.)

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7. (1) This power of attorney shall terminate on February 15th _, 2019
(NOTE: Can be longer than 60 days after effective date)
(NOTE: If you wish to name one or more successor agents, insert the name and address of each successon 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:  NONE
For purposes of 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, year ay 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 save 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 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-at-law or otherwise to engage in the practice of law unless he or she is a ticensed 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: 1 10 , 2018, 2016.
Dated: 1 10 , 2018, 2016.  Signed X
(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 Thomas F Reynolds III 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)

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a parent, sibling, descendant, or any spouse of such parent any agent or successor agent under the foregoing power of blood, marriage, or adoption; or (d) an agent or successor	f attorney, whether such relationship is by
Dated:	x flan Bosaett
State of ILLINOIS  County of Cook  SS.	
County of Cook ) SS.	
The undersigned, a notary public in and for the above c Reynolds III_, known to me to be the same person whose foregoing power of attorney, appeared before me and the time) in person and acknowled the free and voluntary act of the principal, for the uses and correctness of the signature(s) of the agent(s)).	name is subscribed as principal to the witness(es)LahBoaler T.S (and dged signing and delivering the instrument as
Dated: 1/10/2019	Matalie D Paulor
My commission expires April 19, 25,19	Notary Public
(NOTE: You may, but are not required to, request jour ag signatures below. If you include specimen signatures in 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)	(princip:i)
(successor agent)	(principal)
(NOTE: The name, address, and phone number of the per- principal in completing this form should be insert	
Name:	
Address:	,
Phone: .	

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### **LEGAL DESCRIPTION**

Order No.: 18CSA011020LP

For APN/Parcel ID(s): 13-14-420-042-0000

THAT PART OF LOT 44 (EXCEPT THE EAST 12 FEET THEREOF), LOT 45 AND THE EAST 16.00 FEET OF LOT 46, TAKEN AS TRACT, IN BLOCK 5 IN W.H CONDON'S SUBDIVISION OF THE WEST 1/2 OF THE EAST 1/2 OF THE SOUTHEAST 1/4 OF SECTION 14, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY ILLINOIS, DESCRIBED AS FOLLOWS:

BEGINNING AT THE SOUTHWEST CORNER OF AFORESAID TRACT; THENCE EAST ALONG THE SOUTH LINE OF TRACT (ALSO NORTH LINE OF WEST WARNER AVE.) 23.83 FEET; THENCE NORTH PARALLEL WITH THE WEST LINE OF SAID TRACT, 71.60 FEET; THENCE RORTH PARALLEL WITH THE SOUTH LINE CF SAID TRACT, 1.17 FEET; THENCE NORTH PARALLEL WITH THE WEST LINE OF SAID TRACT, 52.00 FEET TO THE POINT ON THE NORTH LINE OF SAID TRACT; THENCE WEST ALONG SAID NORTH LINE OF TRACT 25.00 FEET TO THE NORTHWEST CORNER OF SAID TRACT. HENCE SOUTH ALONG THE WEST LINE OF SAID TRACT, 123.60 FEET TO THE POINT OF BEGINNING.