Doc#. 1911957141 Fee: \$58.00

Edward M. Moody

Cook County Recorder of Deeds
Date: 04/29/2019 12:38 PM Pg: 1 of 6

POWER OF ATTORNEY

Clark's Office

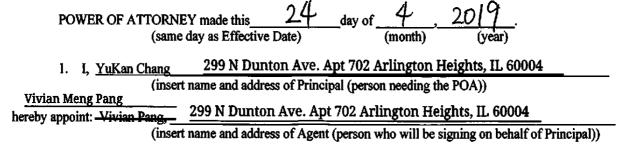
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#### ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY DURABLE POWER OF ATTORNEY

		1	
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(Th	e place above for Record	ders use only)	
Legal Description: See attacked 1	egal Description		
This Power of Attorney is being	reated for the purpose of	f purchase the property located at:	
	Ave.		
Street Address: 306 N Dwyer			
City ARLINGTON HEIGHTS,	IL 60005		
	0		
Permanent tax index #: 033036	010530000		
	<u> </u>		
(The above can be deleted if real	estate not subject to the	Yower of Attorney.)	

(NOTICE: THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY, WINCLIDE POWERS TO PLEDGE, SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. THIS FORM DOESNOT IMPOSE A DUTY ON YOUR AGENT TO EXERCISE GRANTED POWERS; BUT WHEN POWERS ARE EXERCISED, YOUR AGENT WILL HAVE TO USE DUE CARE TO ACT FOR YOUR BENEFIT AND IN ACCORDANCE WITH THIS FORM AND KEEP A RECORD OF RECE.PTS, DISBURSEMENTS AND SIGNIFICANT ACTIONS TAKEN AS A AGENT. A COURT CAN TAKE AWAY THE POWERS OF YOUR AGENT IF IT FINDS THE AGENT NOT ACTING PROPERLY. YOU MAY NAME SUCCESSORAGENTS UNDER THIS FORM BUT NOT AS CO-AGNETS. UNLESS YOU EXPRESSLY LIMIT THE DURATION OF THIS POWER IN THE TERMINATES IT, YOUR AGENT MAY EXERCISE THE POWERS GIVEN HERE THROUGHOUT YOUR LIFETIME, EVEN AFTER YOU BECOME DISABLED, THE POWERS YOU GIVE YOUR AGENT ARE EXPLAINED MORE FULLY IN SECTION 3-4 OF THE ILLINOIS "STARUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY LAW" OF WHICK THIS FORM. THAT LAW EXPRESSLY PERMITS THE USE OF ANY DIFFERENT FORM OF POWER OF ATTORNEY YOU MAY DESIRE. IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU.)



as my attorney-in-fact (my "agent") to act for me 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:

(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 maiters.
- (j) Claims and litigation.
- (k) Commodity and option transactions.
- (l) Business transactions.
- (m) Borrowing transactions.
- (n) Estate transactions.
- (o) All other property powers and transactions.

(LIMITATIONS ON AND ADDITIONS TO THE ACENT'S POWERS MAY BE INCLUDED IN THIS POWER OF ATTORNEY IF THEY ARE SPECIFICIALLY DESCRIBED BELOW)

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

Not Applicable	
	C <sub>2</sub>
	· O <sub>A</sub> ,
	owers granted above, I grant my agent the following powers (here you may add
other delegable pov	wers including, without limitation, power to make gifts, exercise powers
other delegable pov	
other delegable pov appointment, name of	wers including, without limitation, power to make gifts, exercise powers

(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 THE NEXT SENTENCE, 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 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.

(YOUR AGENT WILL BE ENTITLED TO REIMBURSEMENT FOR ALL REASONABLE EXPENSES INCURRED IN ACTING UNDER THIS POWER OF ATTORNEY. STRIKE OUT THE SENTENCE IF YOU DO NOT WANT YOUR AGENT TO ALSO BE ENTITLED TO REASONABLE COMPENSATION AS AGENT.)

5. My agent shall be entitled to reasonable compensation for services rendered as agent under this power of

(THIS POWER OF ATTORNEY MAY BE AMENDED OR REVOKED BY YOU AT ANY TIME AND IN ANY MANNER. ABSENT AMENDMENT OR REVOKATION, THE AUTHORITY GRANTED IN THIS POWER OF ATTORNEY WILL

LIMITATION	FECTIVE AT THE TIME THIS POWER IS SIGNED AND WILL CONTINUE UNTIL YOUR DEATH UNLESS A N ON THE BEGINNING DATE OR DURATION IS MADE BY INITIALIZING AND COMPLETING EITHER (OR HE FOLLOWING:)		
6.	(XX) This power of attorney shall become effective on		
	4/24/2019		
•	st tp'(e \ffect)		
7.			
Garant a dat	4/26/2019		
your death)	e or event, such as a court determination of your disability, when you want this power to terminate prior to		
(IF YOU WIS	SH TO NAME SUCCESSOR AGENTS, INSERT THE NAME(S) AND ADDRESS(ES) OF SUCH SUCCESSOR(S) LOWING PARAGRAPH.)		
8.	3. 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:		
	Not Applicable		
adjudicated business ma YOUR ESTA REQUIRED THE COURT	s of this paragraph 8, a person shall be considered to be in competent if and while the person is a minor or an incompetent or disabled person or the person is unable to give prompt and intelligent consideration to atters, as certified by a licensed physician. (IF YOU WIS!) TO NAME YOUR AGENT AS GUARDIAN OF ATE, IN THE EVENT A COURT DECIDED THAT ONE SHOULD 3E APPOINTED, YOU MAY, BUT ARE NOT TO, DO SO BY RETAINING THE FOLLOWING PARAGRAPH. THE COURT WILL APPOINT YOUR AGENT IF FINDS THAT SUCH APPOINTMENT WILL SERVE YOUR BEST INT: RUSTS AND WELFARE. STRIKE OUT H 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 impose of this grant of powers to my agent.		
	Signed: XX (principal)		

(YOU MAY, BUT ARE NOT REQUIRED TO, REQUEST YOUR AGENT AND SUCCESSOR AGENTS TO PROVIDE SPECIMEN SIGNATURES IN THIS POWER OF ATTORNEY, YOU MUST COMPLETE THE CERTIFICATION OPPOSITE THE SIGNATURES OF THE AGENTS.)

Specimen signatures of agents (and successors)	I certify that the signatures of my agent (and successors are correct)
(agent)	x Wha Company (principal)
XX N/A (successor agent)	XX(principal)
Witness: Signature	
Witness: Ifrinted Name	
(THIS POWER OF ATTORNEY WILL NOT BE EFFECTIV	E UNLESS IT IS NOTORIZED, USING THE FORM BELOW.)
State of Illinois )	
County of <u>Cook</u> ) ss.	
Principal to the foregoing Power of Attorney, appeared	n to me to be the same person whose name is subscribed as be fore me, and the additional witness, this day in person, and the free and voluntary act of the principal, for the uses and  Notary S wature  04/13/22  Commission Expire:
(Space for Notary Seal above)	
Prepared by and when Recorded mail to: Name:	T'S OFFICE
Street Address:	
City, St, Zip:	

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# **UNOFFICIAL COPY**

#### **LEGAL DESCRIPTION**

Order No.: 19GNW095144RM

For APN/Parcel ID(s): 03-30-301-053-0000

LOT 55 IN SUMMERHILL OF ARLINGTON HEIGHTS, A RESUBDIVISION OF PARTS OF LOTS 1, 2, 3, 4, AND 5 IN BLOCK 2 IN HOLE'S ADDITION TO ARLINGTON HEIGHTS OF THE EAST 1/2 OF THE SOUTHWEST 1/4 OF SECTION 30, TOWNSHIP 42 NORTH, RANGE 11, EAST OF THE THIRD AN, AN, IT NUML

STATE OF COUNTY CLOTHES OFFICE PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT IN THE RECORDER'S OFFICE ON MAY 5, 1961, AS DOCUMENT NUMBER 18154602, IN COOK COUNTY, ILLINOIS.