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Anaportower of Attornes
County Clork's Office

Prepared By/ mail to David M. Buddingh 1523 W. Roscoe Unid 8 60657 Chso

#### 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 in pose 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, disbursements, and significant actions taken as your agent.

Unless you specifically limit the period of time to at this Power of Attorney will be in effect, your agent may exercise the powers given to him or her 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—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 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:

BK LK

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

1	I, The Keiner Famil	Trust by ite	Trustees Brian	Keiner and	Lauren Keiner
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(insert name and address of principal),

hereby revokes all prior statutory powers of attorney for property executed by me except any prior statutory power of attorney for property appointing the same agent as is appointed herein, and appoint:

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

#### David M. Buddingh

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 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 County Clerk's Office 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.
- (i) 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.)

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.)

This power of attorney is limited to the sale of 701 South Wells Street, Unit 902, Chicago. Illinois 60607

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

No Additional Powers

(NOTE: 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 paragraph 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 person or persons whom my agent may select, but such delegation may be an ended 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 reimbul sement 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 egent.)

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 and 7:)

6. This power of attorney shall become effective on Immediately upon my execution hereof.

(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 <u>The sale of 701 South Wells Street, Unit 902.</u> Chicago IL 60607

(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:

6/2-		
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For purposes of this paragraph 8	, a person shall be considered to be incompetent if and wh	me me

person is a minor or adjudicated incompetent or person with a disability 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 you, 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 apy o nted, I nominate the agent acting under this power of attorney as such guardian, to serve without band or security.
- 10. I am fully informed as to all the contents of this form and a gerstand 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 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 terry

Dated: 5-7-19

Signed 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 also sign as a witness.)

The undersigned witness certifies that <u>The Keiner Family Trust by its Trustees Brian Keiner</u> and <u>Lauren Keiner</u>, 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.

	6 61	// //	
Dated:	5-8-201G	Signed A	
=		<del></del>	(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 The Keiner Family Trust by its Trustees Brian Keiner and Lauren Keiner, known to me to be the same person whose name is subscribed as principal to the foregoing 50 ver 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 eigent 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: _	5/8/249	Signed		
	•		- (W	itness)
State of	)			
	) SS		0,0	
Colunty o	f )			
			ve county and state, certifies that <u>T</u>	
	<del></del>		Lauren Keiner, known to me to be	
same pers	son whose name is subscribed as I	principal to	the foregoing power of attorney, a	ppeared
before me	e and the witness(es)	and		
in person	and acknowledged signing and d	lelivering the	e instrument as the free and volunt	ary act
of the pri	ncipal. For the uses and purposes	therein set f	forth (, and certified to the correctn	ess of
-	ture(s) of the agent(s)).		v	
Dated: _	•	Signed		
			Notary	Public
Му сотп	nission expires			
	- See attac	hed notáriál d	certificate	
	, - woo assess		(Au)	

#### 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
- (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 in erest that is inconsistent with the other principles in this Notice to Agent;
- (2) do any act beyond the authority gran ed in this owner 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 pearn 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 some "as Agent" in the following manner:

•		~0
	By	as Agent
(Principal's Name)	(Agent's Name)	<del></del>

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.

## 'CALIFORNIAND FIEIT POST ACKNOWLEDGMENT

CIVIL CODE § 1189

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 San Diego cian Keiner Name of Signer(s) who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s)-is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies', an I that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which 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. ALEX MELGOZA COMM. #2209632 ARY PUBLIC • CALIFORNIA SAN DIEGO COUNTY Signature Commission Expires: SEP 8, 2021 nature of Notary Public Place Notary Seal Above **OPTIONAL** Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document. Description of Attached Document inois Title or Type of Document: Document Date: Number of Pages: Signer(s) Other Than Named Above: Capacity(ies) Claimed by Signer(s) Signer's Name: \_ Brian Signer's Name: ☐ Corporate Officer — Title(s): □ Corporate Officer — Title(s): ☐ Partner — ☐ Limited ☐ General ☐ Partner — ☐ Limited ☐ General ☐ Attorney in Fact ☐ Individual ☐ Individual ☐ Attorney in Fact ☐ Guardian or Conservator **X** Trustee **☑**Trustee ☐ Guardian or Conservator Other:\_ ☐ Other:-

Signer Is Representing:

Signer Is Representing: The Keiner

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# **UNOFFICIAL COPY**

#### LEGAL DESCRIPTION

PARCEL 1: UNIT 902 IN THE WELLS STREET TOWER CONDOMINIUM AS DELINEATED ON A SURVEY OF THE FOLLOWING DESCRIBED REAL ESTATE: PARTS OF BLOCK 101 AND 102 IN SCHOOL SECTION ADDITION TO CHICAGO IN SECTION 16, TOWNSHIP 39 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN; WHICH SURVEY IS ATTACHED AS AN EXHIBIT TO THE DECLARATION OF CONDOMINIUM RECORDED AS DOCUMENT NUMBER 0020484524 TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS, ALL IN COOK COUNTY, ILLINOIS.

PARCEL 2: NCM-EXCLUSIVE EASEMENTS FOR THE BENEFIT OF PARCEL 1 FOR INGRESS, EGRESS USE, ENJOYMENT AND SUPPORT AS CREATED BY DECLARATION OF COVENANTS, CONDITIONS, RESTRICTIONS AND RECIPROCAL EASEMENTS RECORDED AS DOCUMENT NUMBER 0020484523.

PROPERTY ADDRESS: 701 South Wells Street, 902, Chicago, IL 60607

PERMANENT INDEX NUMBER:

17-16-402-050-1006