# JOF JUNOFFICIAL

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ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY



Doc# 1919606038 Fee \$88.00

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

EDWARD M. HOODY

COOK COUNTY RECORDER OF DEEDS

DATE: 07/15/2019 01:00 PM PG: 1 OF 5

Citywide Title Corporation 850 W. Jackson Blvd., Ste. 320 Chicago, IL 60607

above space for recorder's purposes only

1. I, Bradley W. Roseberry, hereby revoke all prior powers of attorney for property executed by mo and appoint [You may not name co-agents using this form]: Jason Polcyn 1760 N. Farnsworth Ave., Suite 12., Aurora, IL 60505 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 positiution transactions.
- (c) Claims and litigation.
- (o) All other property transactions.

[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: [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]

<u>NO</u>	<u>LIMITATI</u>	<u>ON</u>					
				<del></del>			
		,					
						····	
3. In	addition to	the power	rs grante	ed above, I gra	ant my ago	ent the following	ng powers:
THere	vou mav	add anv	other	delegable	powers	including,	without

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						_	, exer		-					
		_					joint		ants	or	rev	roke	or	amend
any	trust	spec	ifica	ally	ref	erred	to be	low]						
					_									<del></del>
		-							•					

[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 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 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.

[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 upon signing.
- 7. (X) This power of attorney shall terminate on **August 1, 2019**.

[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 or otherwise not be available to attend the closing, I name the

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[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 Dyodo W. Loebe, 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 hearth 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: Witness:

Witness:

Print name:

State of

County of Taxes

The undersigned, a notary public in and for the above county and state, certifies that <u>brackly u. hosehend</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 witness(es) <u>colly (roze)</u> in rerson 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(s) of the agent(s)).

Given under my official seal on (

Notary Public

Prepared by: Motta & Motta, LLC

1700 N. Farnsworth Ave. Suite 12., Aurora IL 60505

T: 630-844-2766

OFFICIAL SEAL
S.L. MEYERS
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires Feb. 21, 2020

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following (each to act alone and suc agent:	cessively, in the order named) as successor(s) to such
Robert M. Motta	
while the person is a minor or an ad	person shall be considered to be incompetent if and judicated incompetent or disabled person or the intelligent consideration to business matters, as
estate if a court decides this, recain paragraph 9, if the court finds that th	ame your agent as guardian of your that one should be appointed. To do and the court will appoint your agent is appointment will serve your best ike out paragraph 9 if you do not want ian.]
-	property) is to be appointed, I nominate the agent as such guardian, to serve without bond or security.
10. I am fully informed as to all the import of this grant of powers to my	he contents of this form and understand the full agent.
you as an attorney-at-law	ize your agent to appear in court for or otherwise to engage in the practice a licensed attorney who is authorized s.]
11. The Notice to Agent is incorp	orated by reference and included as part of this form.
Dated: 6-10-19 Signed	Bully W. Kisch (principal)
successor agents to provide include specimen signature	ired to, request your agent and e specimen signatures below 15 you s in this power of attorney, you must opposite the signatures of the igents]
Specimen signatures of	I certify that the signatures
agent (and successors)	of my agent (and successors) are genuine.
	Mully W. Real
(agent)	(principal)
(successor agent)	(principal)
(successor agent)	(principal)

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#### Exhibit "A" - Legal Description

LOT 1, IN BLOCK 3, IN FLOSSMOOR FILEDS, BEING A SUBDIVISION OF THAT PART OF THE SOUTH HALF OF THE NORTHWEST QUARTER OF THE NORTHEAST QUARTER OF SECTION 12, TOWNSHIP 35 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, WEST OF THE ILLINOIS CENTRAL RAILROAD, EXCEPTING FROM SAID PREMISES THE WEST 262 FEET THEREOF, IN COOK COUNTY, ILLINOIS, AND THAT PART OF THE NORTH QUARTER OF THE SOUTH HALF OF THE NORTHEAST QUARTER OF SECTION 12, TOWNSHIP 35 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, LYING WEST OF THE RIGHT OF WAY OF THE ILLINOIS CENTRAL RAILROAD, EXCEPT THE WEST 262 FEET THEREOF, IN COOK COUNTY, ILLINOIS.

Siz Nolun Openty Or Cook Colling Clerk's Office COMMONLY KNOWN AS: 2712 Emelia Court, Flossmoor, IL 60422 PIN: 31-12-206-063-0 00, Volume 178 /