UNOFFICIAL COPY

26f 3 19-201900009-IT Prepared By and Mail To: POWER OF ATTORNEY

Clark's Office Joseph R. Spillane, Eqs. 114 Gale Avenue River Forest, IL 60305

Doc# 1922555162 Fee \$88.00

PREMIER TITLE 1000 JORIE BLVD., SUITE 136 OAK BROOK, IL 60523 630-571-2111

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

Unless you specifically limit the coriod 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, 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 or 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:

Principal's initials

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# UNOFFICIAL COPY POWER OF ATTORNEY FOR PROPERTY

1. I, Susan Sullivan, of Chicago, Illinois, hereby revoke all prior powers of attorney for property executed by me and appoint:

Joseph R. Spillane, of River Forest, Illinois, as my attorney-in-fact ("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 line through the title of that category.)

- (a) Real estate transactions. Specifically, 849 N. Franklin, Unit 822, Chicago, Illinois 60610
- (b) Financial institution transactions.
- (c) Stock and cond transactions.
- —(d) Tangible personal property transactions.
- —(e)-Safe-deposit-box-trar sactions.
- (f) Insurance and annuity transactions.
- (g) Retirement plan transactio is.
- —(h) Social Security, employment and military service benefits.
- (i) Tax matters.
- (i) Claims and litigation.
- (k) Commodity and option transactions
- (I) Business operations.
  - (m) Borrowing transactions.
  - (n) Estate transactions.
  - (o) All other property transactions.

(NOTE: Limitations on and additions to the agent's powers in w 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.)
3. In addition to the powers granted above, I grant my agent the following powers:  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 referred to below.)

(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.)

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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.

(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 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.

(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 heginning date or duration is n

made by initialing and completing one or both of paragraphs 6 and 7.)	uon i
6. ( ) This power of attorney shall become effective on July 31, 2019	
7. ( ) This power of attorney shall terminate on September 1, 2019	
8. If any agent named by me shall die, become incompetent, resign or refuse to accept the office of a I name the following (each to act all ne and successively, in the order named) as successor(s) to such agent:	igent
	For
purposes of paragraph 8, a person shall be considered to be incompetent if and while the person is a mor an adjudicated incompetent or disabled person or the person is unable to give prompt and intelligent consideration to business matters, as certified by a lieur.sed physician.	
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.	f

otherwise to engage in the practice of law unless he or she is a licensed attorney who is authorized to practice law in Illinois.)

(NOTE: This form does not authorize your agent to appear in court for you as an attorney-at-law or

11. Th	e Notice to Agent is incorporated by refere	ence and included as part of this form	
Dated: _	7/29/2019	·C	
Signed	Susan Sullivari		
	Susan Sullivan		
	1.		

(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.)

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#### WITNESS(ES) AND NOTARY

The undersigned witness certifies that Susan Sullivan, 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.

successor agent under the foregoing power of attorney	
Dated: July 29, 2019	Janet of p
	Witness
0	
(NOTE: Illinois raquires only one witness, but other juri wish to have a secorg v itness, have him or her certify	
(Second witness) The undersigned witness certifies the person whose name is subscibed as principal to the fothe notary public and acknowledged signing and delive the principal, for the uses and purposes therein set for memory. The undersigned witness also contifies that the health service provider or a relative of the physician or owner or operator of a health care facility in which the descendant, or any spouse of such parent, sibling, or osciences agent under the adoption; or (d) an agent or successor agent under the	pregoing power of attorney, appeared before me and ering the instrument as the free and voluntary act of the letter him or her to be of sound mind and the witness is not: (a) the attending physician or mental provider; (b) an owner, operator, or relative of an principal is a patient or resident; (c) a parent, sibling, descendant of either the principal or any agent or (a), whether such relationship is by blood, marriage, or
Dated:	77/1-
	Witness
State of Illinois)	4,
) SS. County of Cook )	100
The undersigned, a notary public in and for the above known to me to be the same person whose name is su attorney, appeared before me and the witness(es)) in person and acknowledge and voluntary act of the principal, for the uses and correctness of the signature(s) of the agent(s)).	ubscribed as principal to the foregoing power of  ECLUPORTER  (and powledged signing and delivering the instrument as the
Dated: <u>July 29, 2015</u>	Notary Public
My commission expires CFFICIAL SEAL REYNALDA MARTINEZ	
	River Forest, Illinois 60305
May 15: Phone: (708):488=0584	MANA

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Please place your initials on the following line indicating that you have read this Notice:

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# UNOFFICIAL COPY POWER OF ATTORNEY FOR PROPERTY

1. I, Joseph Sullivan, of Chicago, Illinois, hereby revoke all prior powers of attorney for property executed by me and appoint:

Joseph R. Spillane, of River Forest, Illinois, as my attorney-in-fact ("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:

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- --- (f) Insurance and annul y transactions.
- (g) Retirement plan-transactio is.
- (h) Social Security, employment and military-service benefits.
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- -(i)-Claims and litigation.
- (k) Commodity-and-option-transactions
- —(I) Business operations.
  - (m) Borrowing transactions.
  - (n) Estate transactions.
  - (o) All other property transactions.

(NOTE: Limitations on and additions to the agent's powers muy be included in this power of attorney if they are specifically described below.)

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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.

(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 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.

(NOTE: This power of attorney may be amended or revoked by you at any time and in any manner. Absent amendment of 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 July 31, 2019

		4			For
agent:		0			
I name the	following (each to act al )n	e and successively,	in the order name	d) as successor(s) to su	ch
8. If any	agent named by me snall	die, become incomp	etent, resign or ref	use to accept the office	of agent,
7. ( ) <b>T</b> h	nis power of attorney shall	terminate on Septer	nber 1, 2019		

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.

- 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 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 form

Dated: 7:21=13	
Signed	
Joseph Millivan	
/ / . •	

(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.)

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## **UNOFFICIAL COPY**

#### WITNESS(ES) AND NOTARY

The undersigned witness certifies that Joseph Sullivan, 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.

Dated: 1 29, 20/9

Dated

(NOTE: Illinois raquires only one witness, but other jurisdictions may require more than one witness. If you wish to have a second vitness, have him or her certify and sign here:)

(Second witness) The undersigned witness certifies that Joseph Sullivan, known to me to be the same person whose name is subscibled 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 actorney, whether such relationship is by blood, marriage, or adoption; or (d) an agent or successor agent under the foregoing power of attorney.

	Witness
State of Illinois ) ) SS.	'C/4,
County of Cook )	'S
The undersigned, a notary public in and for the above known to me to be the same person whose name is sub attorney, appeared before me and the witness(es)) in person and acknow free and voluntary act of the principal, for the uses and proper correctness of the signature(s) of the agent(s)).	scribed as principal to the foregoing power of U.L. PORTER (and wledged signing and delivering the instrument as the
Dated: 9.14 29, 20/9	Jerola Music
My commission expires SCFICIAL SEAL REYNALDA MARTI	NITZ E
Prepared by: Joseph R. Spillane, Esophines Palex Ave.  Phone: (708) 488-0584	NEZ FILLINGIS SUBJURIVER Forest, Illinois 60305

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## **UNOFFICIAL COPY**

## EXHIBIT "A" Legal Description

File No.: 19-201900009-IT

#### PARCEL 1:

UNIT NUMBER 822 IN THE PARC CHESTNUT CONDOMINIUM, AS DELINEATED ON A SURVEY OF THE FOLLOWING DESCRIBED TRACT OF LAND:

#### SUB -PARCEL 1:

LOTS 10 TO 18 IN STORR'S SUBDIVISION OF BLOCK 30 IN JOHNSTON, ROBERTS AND STORR'S ADDITION TO CHICAGO IN SECTION 4, TOWNSHIP 39 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

#### SUB -PARCEL 2:

THE WEST 26 FEET OF LOT 3, ALL OF LOTS 4 TO 10 AND THE WEST 26 FEET OF LOT 11 ON THE SUBDIVISION OF ELOCK 31 IN JOHNSTON, ROBERTS AND STORR'S ADDITION TO CHICAGO IN SECTION 4, TOWNSHIP 39 NOW THE RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

#### SUB -PARCEL 3:

ALL OF THE NORTH -SOUTH 10 '-OOT WIDE VACATED ALLEY LYING WEST OF AND ADJOINING THE WEST LINE OF LOTS 4 AND 10 AND SAID WEST LINE OF LOT 4 PRODUCED NORTH 18 FEET AND LYING EAST OF AND ADJOINING THE EAST ', INE OF LOTS 5 TO 9 ALSO ALL OF THE EAST -WEST 18 FOOT WIDE VACATED ALLEY LYING SOUTH OF AND ADJOINING THE SOUTH LINE OF LOT 10, LYING NORTH OF AND ADJOINING THE NORTH LINE OF LOT 4 AND LYING WEST OF AND ADJOINING THE WEST LINE OF THE EAST 18 FEET OF SAID LOT 4 PRODUCED NORTH 18 FEET ALL IN THE SUBDIVISION OF BLOCK 31 IN JOHNSTON, ROBERTS AND STORR'S ADDITION TO CHICAGO IN SECTION 4, TOWNSHIP 39 NORTH RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN. IN COOK COUNTY, ILLINOIS.

#### SUB -PARCEL 4:

ALL OF THE EAST -WEST 18 FOOT WIDE VACATED ALLEY LYING SOUTH OF THE SOUTH LINE OF LOTS 10 AND THE WEST 26 FEET OF LOT 11, LYING NORTH OF THE NORTH LINE OF LOT 4 AND THE WEST 26 FEET OF LOT 3, LYING WEST OF A LINE EXTENDING NORTH FROM THE NORTHEAST CORNER OF THE WEST 26 FEET OF SAID LOT 3 TO THE SOUTHEAST CORNER OF THE WEST 26 FEET OF SAID LOT 11 AND LYING EAST OF THE NORTHERLY EXTENSION OF THE WEST LINE OF THE WEST 18 FEET OF LOT 4, ALL IN JOHNSTON, ROBERTS AND STORR'S ADDITION TO CHICAGO IN SECTION 4, TOWNSHIP 39 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS; WHICH SURVEY IS ATTACHED AS EXHIBIT "C" TO THE DECLARATION OF CONDOM'N'UM RECORDED AS DOCUMENT NUMBER 0613910107, AS AMENDED FROM TIME TO TIME; TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS IN COOK COUNTY ILLINOIS

#### PARCEL 2:

THE EXCLUSIVE RIGHT TO THE USE OF GARAGE SPACE 161, A LIMITED COMMON ELEMENT, AS DELINEATED AND DEFINED IN THE DECLARATION OF CONDOMINIUM AFORESAID.

COMMONLY KNOWN AS: 849 N. Franklin St. Unit 822, Chicago, IL 60610

PERMANENT INDEX NO.: 17-04-445-017-1117