

90607-61

This Instrument Prepared By: Guaranteed Rate, Inc.

> 3940 N. Ravenswood Chicago, IL 60613

Chicago, IL 60613

Doc#. 1925555260 Fee: \$98.00

Edward M. Moody

Cook County Recorder of Deeds
Date: 09/12/2019 10:53 AM Pg: 1 of 10

After Recording Return To: Guaranteed Rate, Inc. 3940 N. Ravenswood

1. NOTICE TO THE INDIVIDUAL SIGNING THE ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

UNOFFICIAL CO

PLEASE READ T (If NOTICE CAREFULLY. The form that you will be signing is a legal document. It is governed by the Illiputs yower 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 A tomey 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 rotice 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 'o 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 agen must keep a record of all receipts, disbursements, and significant actions taken as your agent.

Unless you specifically limit the period of time that this Power of Attories will be in effect, your agent may exercise the powers given to him or her throughout your lifetime, both before and aft a you become incapacitated. A court, however, can take away the powers of your agent if it finds that the agent is not exting 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 o 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 chould 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:

ML79

AEG

Principal's initials (Borrower(s))

Illinois Power of Attorney for Illinois Property Eff. 7/1/11

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2. ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

The space above for Recorders Use Only
This Power of Attorney is being created for the purpose of Purchase(drop down choice) of the property located at
Street address: 428 N Noble St. Apt 1 Chicago IL 60642
City State Zip
Permanent Tax ID# 17-08-137-026-1001
薄冰水水水水水水水水水水水水水水水水水水水水水水水水水水水水水水水水水水水水
I, Maria Vielix De Garcia
Street Address: 1780 Tanya Lane, Ukiah CA 95482
City: State: Zip:
(insert name and address of principal above) hereby revoke all prior powers of attorney for property executed
me and appoint:
••
Ana E Garcia
Street Address: 1460 N Sandburg Ter 5/16, Chicago IL 60610
Street Address: 1400 14 Sandoutg Tel 500, Chicago IL 60010
Claus Burn Claus
City: State: Zip:
(NOTE: You may not name co-agents using this for a) (insert name and address of agent) 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 power
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 categor's 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
agent. To strike out a category you must draw a line through the title of tha can gory.)
(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.
(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.
— (j) Claims and litigation.
(k) Commodity and option transactions.
— (1) Business operations:
(m) Borrowing transactions.
(n) Estate transactions.
— (a) All other property transactions.
(4) LL1
(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 follow
The state of the contract of t

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.)

Not Applicable

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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.)
Not Applicable
••

(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 decirion-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 antitled 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 in 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. MLPA This power of attorney shall become effective on (Month/Date/Year): 8 //26// 19
(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. MLF5This power of attorney shall terminate on (Month/Date/Year) (11/26/19) (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:

Not Applicable

For purposes of this 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, you may 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 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 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.)

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1. The Notice to Agent is incorporated by reference a Dated: 8/26/19 Signed Mayia C. Faix Le Gavaia	(Principal)
NOTE: This power of attorney will not be effective un	less it is signed by at least one witness and your signature is
otarized, using the form below. The notary may not a	* * *
he undersigned witness certifies that	
refore me and the notary public and acknowledged signer of the principal, for the uses and purposes therein a nemory. The undersigned witness also certifies that the ervice provider of a relative of the physician or provide a health care facility in which the principal is a patient such parent, sibling, or descendant of either the principal.	as principal to the foregoing power of attorney, appeared using and delivering the instrument as the free and voluntary set forth. I believe him or her to be of sound mind and se witness is not: (a) the attending physician or mental health der; (b) an owner, operator, or relative of an owner or operator ent or resident; (c) a parent, sibling, descendant, or any spouse scipal or any agent or successor agent under the foregoing od, marriage, or adoption; or (d) an agent or successor agent
Dated: 8/26/19	(Witness)
Signed	(Witness)
	crisdictions may require more than one witness. If you wish to
ave a second witness, have him or her certify and six	n nere:)
ame person whose name is subscribed as principal to notary public and acknowledged signing and delivering or the uses and purposes therein set forth. I believe his vitness also certifies that the witness is not: (a) the attached the physician or provider; (b) an owner, operacility in which the principal is a patient or resident; (b) bling, or descendant of either the principal or any age	known to me to be the the foregoing power of attorney, appeared before me and the g the instrument as the free and voluntary act of the principal, m or her to be of sound mind and memory. The undersigned ending physician or mental health service provider or a crator, or relative of an other or operator of a health care (c) a parent, sibling, descendant, or any spouse of such parent, ent or successor agent under the foregoing power of attorney, option; or (d) an agent or successor agent under the foregoing
ame person whose name is subscribed as principal to notary public and acknowledged signing and delivering for the uses and purposes therein set forth. I believe his witness also certifies that the witness is not: (a) the attained of the physician or provider; (b) an owner, operacility in which the principal is a patient or resident; (abbling, or descendant of either the principal or any against the principal or any against the principal or and appropriately.	the foregoing power of attorney, appeared before me and the g the instrument as the free and voluntary act of the principal, m or her to be of sound mind and memory. The undersigned ending physician or mental health service provider or a crator, or relative of an owner or operator of a health care (c) a parent, sibling, descendant, or any spouse of such parent, ent or successor agent under the foregoing power of attorney,
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ame person whose name is subscribed as principal to notary public and acknowledged signing and delivering or the uses and purposes therein set forth. I believe his witness also certifies that the witness is not: (a) the attribute of the physician or provider; (b) an owner, operacility in which the principal is a patient or resident; (aibling, or descendant of either the principal or any agree whether such relationship is by blood, marriage, or acknower of attorney. Dated:	the foregoing power of attorney, appeared before me and the g the instrument as the free and voluntary act of the principal, m or her to be of sound mind and memory. The undersigned ending physician or mental health service provider or a crator, or relative of ap otyner or operator of a health care (c) a parent, sibling, descendant, or any spouse of such parent, ent or successor agent under the foregoing power of attorney, option; or (d) an agent or successor agent under the foregoing
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ame person whose name is subscribed as principal to notary public and acknowledged signing and delivering for the uses and purposes therein set forth. I believe his witness also certifies that the witness is not: (a) the attachment of the physician or provider; (b) an owner, operacility in which the principal is a patient or resident; (bibling, or descendant of either the principal or any agray whether such relationship is by blood, marriage, or advocated: State of	the foregoing power of attorney, appeared before me and the g the instrument as the free and voluntary act of the principal, m or her to be of sound mind and memory. The undersigned ending physician or mental health service provider or a crator, or relative of an owner or operator of a health care (c) a parent, sibling, descendant, or any spouse of such parent, ent or successor agent under the foregoing power of attorney, option; or (d) an agent or successor agent under the foregoing (Witness) (Witness)
same person whose name is subscribed as principal to notary public and acknowledged signing and delivering for the uses and purposes therein set forth. I believe his witness also certifies that the witness is not: (a) the attachmentative of the physician or provider; (b) an owner, operacility in which the principal is a patient or resident; (a) sibling, or descendant of either the principal or any agraymenter such relationship is by blood, marriage, or addressed to be a subscribed signed. State of	the foregoing power of attorney, appeared before me and the g the instrument as the free and voluntary act of the principal, m or her to be of sound mind and memory. The undersigned ending physician or mental health service provider or a crator, or relative of an owner or operator of a health care (c) a parent, sibling, descendant, or any spouse of such parent, ent or successor agent under the foregoing power of attorney, option; or (d) an agent or successor agent under the foregoing (Witness) (Witness) Maria L. Felix De to be the same person whose name is subscribed as principal and the witness(es) (and
notary public and acknowledged signing and delivering for the uses and purposes therein set forth. I believe his witness also certifies that the witness is not: (a) the atterelative of the physician or provider; (b) an owner, operated in which the principal is a patient or resident; (a) sibling, or descendant of either the principal or any again whether such relationship is by blood, marriage, or adepower of attorney. Dated: Signed County of County of The undersigned, a notary public in and for the above Garcia to the foregoing power of attorney, appeared before meaning the principal or and principal or a	the foregoing power of attorney, appeared before me and the g the instrument as the free and voluntary act of the principal, m or her to be of sound mind and memory. The undersigned ending physician or mental health service provider or a crator, or relative of an owner or operator of a health care (c) a parent, sibling, descendant, or any spouse of such parent, ent or successor agent under the foregoing power of attorney, option; or (d) an agent or successor agent under the foregoing (Witness) (Witness)

Himois Power of Attorney for Illinois Property Eff. 7/1/11

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CALIFORNIWALLPURPOSEACKNOWLEDGEMENT

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 MENDOCINO
On 26th August 2019 before me, D.R. KAWKEKA, Notary Public, personally appeared
personally appeared DNVIOL FLAMBURES
NAME(S) OF SIGNER(S)
who proved to me on the pesis of satisfactory evidence to be the person(s) whose
name(ಶ) sare subscribed to the within instrument and acknowledged to me that
(ne) she they executed the same in his her their authorized capacity(ies), and
that by this 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.
D.R. MWKEN B COMM. #225 in NOTARY PUBLIC CA 20 MENDOC
Refundado My Comm. Expires Dec
SIGNATURE OF NOTARY
THIS CERTIFICATE MUST BE ATTACHED TO THE DOCUMENT DESCRIBED BELOW:
DATE OF DOCUMENT <u>P.ZL ZO19</u> TITLE OR TYPE OF DOCUMENT
POWER OF AHORNEU
TOWER OF HHORNEY

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CALIFORNIAN CONTROLLA CHICAGE MENT

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 MENDOCINO				
On 22 August 2019 before me, D.R. KAWKEKA, Notary Public,				
personally eppeared MARIA L. FELIX DE GARLIA				
NAME(S) 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 came in his their authorized capacity(ies), and that by his 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.				
D.R. KA, VVK EKA COMM. 1/2967261 in NOTARY PUBLIC CALIFORNIA 27 MENDOCING My Contin. Expires Dec. 4, 2022.				
THIS CERTIFICATE MUST BE ATTACHED TO THE DOCUMENT DESCRIBED BELOW:				
DATE OF DOCUMENT 8.24.2019 TITLE OR TYPE OF DOCUMENT				
Power of Attorney				
· · · · · · · · · · · · · · · · · · ·				

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		Signature:	1 1 1		
		My commission ex	pires:	and to contribute the desired transfer of the contribute of the co	
		(NOTE: You may, but are not required to, request your agent and successor agents to provide specimen signatures below, you include specimen signatures in this power of attorney, yo must complete the certification opposite the signatures of the agents.)			
Leastify that the signatures agent f	and dispassors)	Specimen signature		nina	
l certify that the signatures agent (and successors)	or my agent (and succ	essuis) are gen	uine.	
(agent)	(principal)	, , , , , , , , , , , , , , , , , , , ,			
(successor agent)	(principal)	,			
(successor agent)	(principal)				
(NOTE: The name, address, and p completing this form should he in:		the person preparing	this form or wh	o assisted the principal in	
Name: <u>James Blaszak</u>		4			
Address: 3940 N Ravenswe	ood Ave		folk B. B. A. B. Marie		
City: Chicago	State: <u>IL</u>	Zi[:6061	13		
Phone: 773-516-6297		17	· }		

3. NOTICE TO AGENT

(The following form shall be supplied to an agent appointed under a power of attorne) for property)

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 reday, 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 property;
- (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 interest that is inconsistent with the other principles in this Notice to Agent;
- (2) do any act beyond the authority granted in this power of attorney;
- (3) commingle the principal's funds with your funds;
- (4) borrow funds or other property from the principal, unless otherwise authorized;

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(5) continue acting on behalf of the principal if you learn 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 name "as Agent" in the following manner:

"(Principal's Name) by (Your Name) as Agent"

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."

Regulatory information read ding the Illinois Power of Attorney:

Text of Section after amendment by P.A. 96-1195) Sec. 3-3. Statutory short form power of attorney for property.

(a) The form prescribed in this Sertion may be known as "statutory property power" and may be used to grant an agent powers with respect to property and financial matters. The "statutory property power" consists of the following: (1) Notice to the Individual Signing the Illinois Statutory Short Form Power of Attorney for Property; and (3) Notice to Agent. When a power of attorney in substantially the form prescribed in this Section is used, including all 3 items above, with item (1), the Notice to Individual Signing the Illinois Statutory Short Form Power of Attorney for Property, on a separate sheet (coversheet) in 14-point type and the notarized form of acknowledgment at the end, it shall have the meaning and effect prescribed in this Act.

(b) A power of attorney shall also be deemed to b in substantially the same format as the statutory form if the explanatory language throughout the form (the language following the designation "NOTE:") is distinguished in some way from the legal paragraphs in the form, such as the use of boldface or other difference in typeface and former point size, even if the "Notice" paragraphs at the beginning are not on a separate sheet of paper or are not in 14-point type, or if the principal's initial, do not appear in the acknowledgement at the end of the "Notice" paragraphs.

The validity of a power of attorney as meeting the requirements of a statutory property power shall not be affected by the fact that one or more of the categories of optional powers listed in the form are struck out or the immincludes specific limitations on or additions to the agent's powers, as permitted by the form. Nothing in this Article shall invalidate or bat use by the principal of any other or different form of power of attorney for property. Nonstatutory property powers (i) must be executed by the principal, (ii) must designate the agent and the agent's powers, (iii) must be signed by at least one witness to the principal's signature, and (iv) must indicate that the principal has acknowledged his or her signature before a notary public. However, nonstatutory property powers need not conform in any the importance of the statutory property power.

The requirement of the signature of a witness in addition to the principal and the notary, i aposed by Public Act 91-790, applies only to instruments executed on or after June 9, 2000 (the effective date of that Public Act). (NGTE: This amendatory Act of the 96th General Assembly deletes provisions that referred to the one required witness as an "additional witness", and it also provides for the signature of an optional "second witness".) (Source: P.A. 96-1195, eff. 7-1-11.)

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Maria L Felix De Garcia 1780 Tanya Lane Ukiah CA 95482

RE: Power of Attorney

To Whom it May Concern:

I, Maria L Felix De Garcia, am unable to attend the closing for the purchase of 428 N Noble St. Apt 1, Chicago IL on 8/26/2019 due to work obligations in California. In my stead my daughter and co-borrawer on the loan, Ana E Garcia, will sign on my behalf using Power of Attorney.

Please contact me if you have any further questions.

X Maria L. Feiix de Garcia

e Garcia DATE: 8/1/26/1 19

Office

Maria L Felix De Garcia

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15826-19-60906-IL

Property Address: 428 N Noble St. Unit#1, Chicago, IL 60642

Parcel ID:

17-08-137-026-1001

UNIT 428-1 IN 428 NORTH NOBLE CONDOMINIUMS AS DELINEATED ON A SURVEY OF THE FOLLOWING DESCRIBED REAL ESTATE:

LOT 4 IN BLOCK 2 IN ARMOUR'S SUBDIVISION IN THE SOUTHEAST 1/4 OF THE WEST 1/2 OF THE NORTHWEST 1/4 OF SECTION 8, TOWNSHIP 39 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN. IN COOK COUNTY, ILLINOIS.

WHICH SURVEY IS ATTACHED AS AN EXHIBIT "A" TO THE DECLARATION OF CONDOMINIUM RECORDED AS DOCUMENT 002/209778. TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENT.