# UNOFFICIAL C

WARRANTY DEED Statutory (ILLINOIS) Doc# 1930506160 Fee ⊈88.00

?HSP FEE:\$9.00 RPRF FEE: \$1.00 EDWARD M. MOODY JOOK COUNTY RECORDER OF DEEDS )ATE: 11/01/2019 03:58 PM PG: 1 OF 14

#### ABOVE SPACE FOR RECORDER'S USE

THE GRANTORIS), (ENIYA KORIKOVA, a Marred Woman having an address of 400 Manda Lane, Unit 201, Wheeling, it 60090, for and in consideration of Ten and No/100ths Dollars (\$10.00), and other good and valuable consideration in hand paid, CONVEY and WARRANT to GRANTEE, VPH OWNER WHEELING, LLC, a Delaware limited liability company, having an address of 401 West Superior Street, Suite 200, Chicago, IL 60654, the following described Real Estate situated in the County of McHenry in the State of l'incis, to wit:

#### SEE LEGAL DESCRIPTION ATTACHED HERETO AS EXHIBIT "A"

And the Grantor, for itself, and its successors, does covenant, promise and agree, to and with the Grantee, its heirs and assigns, that it has not done or suffered to be done, anything whereby the said Premises hereby granted are, or may be, in any manner encumbered or charged, except as herein recited; and that the Grantor will WARRANT and DEFEND the said Premises, against all Clart's Office persons lawfully claiming, or to claim the same, subject to

PIN:

03-04-201-026-1017

Address of Real Estate:

400 Manda Lane, Unit 201 Wheeling, IL 60090

This **½** / is not homestead property.

This instrument was prepared by and after recording mail to: **Daniel Cousino** Cousino Law PLLC 402 S. Lafayette, Suite 103 Royal Oak, MI 48067

Chicago Title (L) 190600422

Send Subsequent Tax Bills to: VPH OWNER WHEELING, LLC 401 West Superior Street Suite 200

Chicago, IL 60654 1081

Real Estate Transfer Approved

VALIDIFOR A PERIOD OF THIRTY DAYS FROM THE DATE OF ISSUANCE

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IN WITNESS WHEREOF, said Grantor(s), have caused their names to be signed to this Warranty Deed to be effective this Bday of Ochiber, 2019. <u>Kenixa Karikova</u> by Huly-XENIYA KORIKOVA as Affy in fact State of Illinois )ss County of  $6\infty$ I, the undersigned, a notary public in and for the State and County aforesaid, do hereby certify that XENIYA KORIKOVA, personally known to me to be the same person(s) whose name(s) are subscribed to in the foregoing instrument, appeared before me this day in person and acknowledged that they signed and delivered the said instrument as their free and voluntary act for the uses and purposes therein set forth. Given under my hand and official seal this 13 day o MICHELLE HARRISON Official Seal Asiary Public - State of Illinois My Com aiss on Expires Feb 23, 2020 Notary Public My commission éxpires: 25-Oct-2019 **EAL ESTATE TRANSFER TAX** 

| COUNTY: 54.75 | ILLINOIS: 109.50 | TOTAL: 164.25 | 1-345-551-968 |

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# **UNOFFICIAL COPY**

#### Exhibit A

BUILDING 400 UNIT 201 IN THE PINE HILL CONDOMINIUM, AS DELINEATED ON A PLAT OF SURVEY OF THE FOLLOWING DESCRIBED TRACT OF LAND:

LOT 1 IN PINE HILLS RESUBDIVISION, A SUBDIVISION OF PART OF OF THE NORTHEAST 1/4 AND PART OF THE SOUTHEAST 1/4 OF SECTION 4, TOWNSHIP 42 NORTH, RANGE 11, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

WHICH PLAT OF SURVEY IS ATTACHED AS EXHIBIT "A" TO THE DECLARATION OF AINIUM.
ER WITH

COOK COUNTY CLERK'S OFFICE CONDOMINIUM RECORDED DECEMBER 6, 2006 AS DOCUMENT NUMBER 0634015073; TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS.

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# UNOFFICIAL COPY

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 coagents.

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 period 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 attorneyatlaw 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 34 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 r	olace your init	ials on the follo	wing line ir	ndicating tha	at you have i	read this
Notice:	XK	ials on the follo (Principal's	s initials)		•	

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### UNOFFICIAL COPY

#### ILLINOIS STATUTORY SHORT FORM

#### POWER OF ATTORNEY FOR PROPERTY

1. I, Xeniya Korikova, 500 Manda Ln, apt 209, Wheeling, IL 60090, (insert name and address of principal) hereby revoke all prior powers of attorney for property executed by me and appoint:

#### Anastasia Ognev, 286 12th st., Wheeling, IL 60090

(insert name and address of agent)

(NOTE: You may not name coagents using this form.)

as my attorneying at (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 34 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 a h. 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 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 may be included in this power of attorney if they are specifically described below.)

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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.)

400 Manda Ln. apt 201, Wheeling IL, 60090
500 Manga Ln., apt 209, Wheeling IL, 60090
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.)
N/A

(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 wan't to give your agent the right to delegate discretionary decisionmaking 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 decisionmaking to any person or persons whom my agent may select, but such delegation may be amended a 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.

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(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

#### 09/06/2019

(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

#### 12/31/2019

(NOTE: Insert a future date or event, such as a court determination that you are not under a legal disability or a viritten determination by your physician that you are not incapacitated, if you want to is 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:

Stanislav Stoupin, 723 Auburn Rd., Groton NY 13073	4

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.)

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- 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 attorneyatlaw 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: 09/06/2019

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 **Xeniya Korikova**, 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 cound 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: 09/06/2019

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(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:)

Dated: NA

Witness

State of NEW 4 ORIC)

) SS.

County of CHOLDACA

The undersigned, a notary public in and for the above county and state certifies that **Xeniya Korikova**, 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) **Stanislav Stoupin** in person 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)).

Datad: 9 7

PAUL E BASSETT
Notary Public - State of New York
NO. 018A6385811
Qualified in Onondaga County
Ay Commission Expires Jan 14, 2023

Pert

Notary Public

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# **UNOFFICIAL COPY**

My commission expires	
agents to provide specimer in this power of attorney, yo signatures of the agents.)	not required to, request your agent and successor in signatures below. If you include specimen signatures but must complete the certification opposite the of my agent (and successors) are genuine.
Specimen signatures of an	d (and successors)
7/	
(agent)	(principal)
(successor agent)	(principal)
(successor agent)	(principal)
	s, and phone number of the person preparing this form al in completing this form should be inserted below.)
Name:	
Address:	
	······································
Phone:	

NOTICE TO AGENT

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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 property;
- (2) act in good faith for the best interest of the principal, using due care, competence, and diligence;
- (3) keep a correlete 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:
- (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"

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### **UNOFFICIAL COPY**

The meaning of the powers granted to you is contained in Section 34 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.

(f) The requirement of the signature of a witness in addition to the principal and the notary, reposed by Public Act 91790, applies only to instruments executed on or after June 9, 2000 (the effective date of that Public Act).

(NOTE: This amen fatory 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".)

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### **UNOFFICIAL COP**

#### Exhibit A

BUILDING 500 UNIT 209 IN THE PINE HILL CONDOMINIUM, AS DELINEATED ON A PLAT OF SURVEY OF THE FOLLOWING DESCRIBED TRACT OF LAND:

LOT 1 IN PINE HILLS RESUBDIVISION, A SUBDIVISION OF PART OF OF THE NORTHEAST 1/4 AND PART OF THE SOUTHEAST 1/4 OF SECTION 4, TOWNSHIP 42 NORTH, RANGE 11, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

WHICH PLAT OF SURVEY IS ATTACHED AS EXHIBIT "A" TO THE DECLARATION OF CONDOMINIUM RECORDED DECEMBER 6, 2006 AS DOCUMENT NUMBER 0634015073: TOGE YER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS.

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PRINCIPAL MERIDIAN,

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WITH ITS UNDIVIDED PERCENTAGE IN.

3-04-201-026-1153

500 Manyla Lane #209
Wheel, n., J. Loogo

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# **UNOFFICIAL COPY**

#### Exhibit A

BUILDING 400 UNIT 201 IN THE PINE HILL CONDOMINIUM, AS DELINEATED ON A PLAT OF SURVEY OF THE FOLLOWING DESCRIBED TRACT OF LAND:

LOT 1 IN PINE HILLS RESUBDIVISION, A SUBDIVISION OF PART OF OF THE NORTHEAST 1/4 AND PART OF THE SOUTHEAST 1/4 OF SECTION 4, TOWNSHIP 42 NORTH, RANGE 11, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

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ODERATION OF COOK COUNTY CLERK'S OFFICE CONDOMINIUM RECORDED DECEMBER 6, 2006 AS DOCUMENT NUMBER 0634015073; TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS.