BW19047732

UNOFFICIAL COP

Doc#. 1930846305 Fee: \$98.00

Edward M. Moody

Cook County Recorder of Deeds Date: 11/04/2019 01:10 PM Pg: 1 of 7

Exhibit A **POWER OF ATTORNEY**

LOT 14 IN NORTH MEADOWS BEING A SUBDIVISION OF PART OF SECTIONS 8 AND 17, TOWNSHIP 42 NORTH, RANGE 10, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED MARCH 7, 1947 AS DOCUMENT NUMBER 14009292 AND REGISTERED AS DOCUMENT Clart's Organica NUMBER 1139851, IN COOK COUNTY, ILLINOIS.

PIN: 02-17-209-009-0000

For Informational Purposes only: 1868 Baldwin Road, Inverness, IL 60067

Baird & Warner Title Services, Inc. 475 North Martingale Suite 120 Schaumburg, IL 60173

BW 4047732



This Instrument Prepared By: Guaranteed Rate, Inc. 3940 N. Ravenswood Chicago, IL 60613

After Recording Return To: Guaranteed Rate, Inc. 3940 N. Ravenswood Chicago, IL 60613

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

PLEASE READ THE 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 experin 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 pov er 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 opent 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 Atomey 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 2.1 at corneyatlaw 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 hould 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:

32		
Principal's initials	(Borrower(s))	



2. ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR **PROPERTY**

The space ahove for Recorders Use Only		
This Power of Attorney is being created for the purpose of purchase of the property located at:		
Street address: 1868 BALDWIN RD		
City INVERNESS State IL Zip 60067		
Permanent Tax ID# 02-17-209-009-0000		

I, Zachary P Rogers 3R		
Street Address: 55 Pie. sant Hill Blvd		
City: Palatine State:IL Zip. 66367		
(insert name and address of principal above) hereby revoke all prior powers of attorney for property executed by		
me and appoint: Benjamin Malkin		
Street Address: 1650 Lake Cook Road 3rd floor		
Street Address: 1650 Lake Cook Road 3rd floor		

City: Deerfield State: IL Zip:60015

(NOTE: You may not name coagents using this form.) (i. sert name and address of agent) as my attorneyinfact (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 41.0 ney 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 categorie, of powers you do not want your agent to have. Failure to strike the title of any category will cause the powers describ an that category to be granted to the Sty's Office 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.
- (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.)

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



Not Applicable	
3. In addition to the powers granted above, I grant my agent the followin (NOTE: Here you may add any other delegable powers including, without powers of appointment, name or change beneficiaries or joint tenants or referred to below.)	ıt limitation, power to make gifts, exercise
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 decisionmaking powers to others, you should keep paragraph 4, otherwise i. 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

(NOTE: Your agent will be entitled to reimbursement for all reasonable expenses incurred in acting under this power of attorney. Strike out parage uph 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 rooked by you at any time and in any manner. Absent amendment or revocation, the authority granted in a is 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. (XX) This power of attorney shall become effective on (Men': //Date/Year): date of execution..

(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. (XX) This power of attorney shall terminate on (Month/Date/Year): *Completion of this transaction..
(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 offic 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 minor or an adjudicated incompetent or disabled person or the person is unable to give prompt and intelligent cor sideration 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.

Illinois Power of Attorney for Illinois Property

(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: 10/04/14 (District)
Signed (Principal)
O(t)
(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.)
notarized, asing the joint colonic the houry may not also sign as a ministry
The undersigned witness certifies that TACWALY P. LOGGES , 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 principe 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 bloom marriage, or adoption; or (d) an agent or successor agent under the foregoing
power of attorney.
/-/0 11 M/J/ L
Dated: 10/09/20/9 1/09/16 20/09/20/9
Signed (Witness)
(NOTE: Illinois requires only one witness, but other jur sdic ions may require more than one witness. If you wish to
have a second witness, have him or her certify and sign here.
nave a second winess, have him of her certify and sign here.
(Second witness) The undersigned witness certifies that, 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 sour a 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 operator of a health care
facility in which the principal is a patient or resident; (c) a parent, sibling, descendar, or any spouse of such parent,
sibling, or descendant of either the principal or any agent or successor agent under the firegoing power of attorney,
whether such relationship is by blood, marriage, or adoption; or (d) an agent or successor ugent under the foregoing
power of attorney.
Dated:
Signed (Witness) REPUBLIC OF GREECE
State of PROVINCE OF ATTICA
CITY OF ATHEMS
EMBASSY OF THE UNITED County OSTATES OF AMERICA
County OSTATES OF AMERICA
The undersigned, a notary public in and for the above county and state, certifies
that ZACHARY P. ROGERS, 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(ea) Kanstantinos Galia Tos
(and) 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)).

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



и	-9 OCT 2019	
Space below for Notary Seal 🗟	Dated:	
de limited	And A Standa M. Blou	nt
والمرابعة	Notary Public Consul of the United States of Ame	oriae
	My commission expires:	HICA
18	indefinite	
	(NOTE: You may, but are not required to, request your agent	
	and successor agents to provide specimen signatures below. If	
1.5 2 1/2	you include specimen signatures in this power of attorney, you	
	must complete the certification opposite the signatures of the	
	agents.)	
	Specimen signatures of	
I certify that the signatures agent	(and successors) of my agent (and successors) are genuine.	
	Salut Con	
(agent)	(principal)	
(successor agent)	(principal)	
	Ox	
(successor agent)	(principal)	
AVOTE: The same allows and	han a way of the annual and the Company has a selected the activated in	
completing this form should be it	phone number of the person preparing this form or who assisted the principal in	
ins joins should be in	acrica below,	
Name:		
Address:		
G:		
City:Sta	te:Zip:	
Phone:		

3. NOTICE TO AGENT

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

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 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;

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



- (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"

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 overide 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 regarding the Illinois Power of Attorney:

Text of Section after amendment by P.A. 961195) Sec. 33. Statutory short form power of attorney for property.

(a) The form prescribed in this Section 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; (2) Illinois Statutory Short Form Power of Attorney for Property; and (3) Notice to Agent. When a power of attorney in substantially the form prescrib at 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 14point 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 be in Coo Can tially the same format as the statutory form if the explanatory language throughout the form (the language following the designation " O E:") is distinguished in some way from the legal paragraphs in the form, such as the use of boldface or other difference in typeface and font of Joint 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 initials 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 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 form includes specific limitations on or additions to the agent's powers, as permitted by the form. Nothing in this Article shall invalidate or bar use to 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) and 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 other risp ct to the statutory property power.

The requirement of the signature of a witness in addition to the principal and the notary, impose a by Public Act 91790, applies only to instruments executed on or after June 9, 2000 (the effective date of that Public Act). (NOTE: 1 his 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. 961195, eff. 7111.)