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Doc#. 2002915034 Fee: \$98.00

Edward M. Moody

Cook County Recorder of Deeds
Date: 01/29/2020 11:48 AM Pg: 1 of 6

RECORDING COVER PAGE

□ DEED	POWER OF ATTORNEY
□ RELEASE	☐ RE-RECORD TO
C	CORRECT LEGAL
□ MORTGAGE	RE-RECORD RELEASED
	IN ERROR
☐ ASSIGNMENT OF RENT	□ RE-RECORD TO
	CORRECT PIN
☐ MODIFICATION	□ RE-RECORD !N
	CORRECT COUNTY
☐ SUBORDINATION	☐ RE-RECORD TO
	CORRECT ADDRESS

GADOT - 19018230RL

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ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

1. I, **Avital Pinchevsky**, residing at, 498 W Belmont Ave Chicago, IL 60657, hereby revoke all prior powers of attorney for property executed by me and appoint **Moshe Gadot** residing at 498 W Belmont Ave Chicago, IL 60657 as 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:

(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	estat ?	transa	ctions
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- (b) Financial insultation transactions.
- (c) Stock and bond teap actions.
- (d) Tangible personal praparty transactions.
- (e) Safe deposit box transactions.
- (f) Insurance and annuity trained attions.
- (g) Retirement plan transactions.
- (h) Social Security, employment at d military service benefits.
- (i) Tax matters.
- (j) 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.)

2. The powers granted above shall not include the following powers or shall be modified or limited in the following particulars: Only those powers necessary to complete the refinance of the mortgage on real property

commonly known as 498 W Belmont Ave Chicago, IL 60657
(NOTE: Here you may include any specific limitations you deem appropriate, such as a prohibition o conditions on the sale of particular stock or real estate or special rules on borrowing by the agent.
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 trus 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

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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.

(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 beginning date or duration is made by initialing and completing one or both of paragraphs 6 and 7.)

- 6. (x) This power of attorney shall become effective on November 18, 2019.
- 7. (x) This power of attorney shall terminate on December 18, 2019.

(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:
- 9. If a guardian of my estate (my property) is to be appointed, I no ninate 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 attorner -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: _	11-15-19
Signed:	M
	(P <i>f</i> ylcipal)

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(First witness) The undersigned witness certifies that **Avital Pinchevsky** 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.

of a health care facility in which the principal is spouse of such parent, sibling, or descendant the foregoing power of attorney, whether such or successor agent under the foregoing power	t of either the principal or a relationship is by blood, m	a parent, sibl anv agent or	ling, descendan	t, or any nt under
Dated: 11, 15-19	Stophen Clar	k S	Witness	••••••
(NOTE: IL requires only one witness, but other to have a second witness, have him or her cert	· jurisdictions may require i tify and sign here:)	more than or		u wish
(Second witness) The undersigned witness or person whose name is subscribed as principal the notary public and acknowledged signing an principal, for the uses and purposes therein set The undersigned witness also certifies that the service provider or a relative of the physician operator of a health care facility in which the prior any spouse of such parent, sibling, or descended the foregoing power of attorney, whether agent or successor agent under the foregoing parent.	Il to the foregoing power of and delivering the instrument et forth. I believe him or he witness is not: (a) the a prorovider; (b) an owner, incipal is a patient or reside endant of either the princip r such relationship is by blo	f attorney, ap it as the free er to be of so attending phy operator, or ent; (c) a pare pal or any ag	ppeared before and voluntary a ound mind and residian or mental relative of an opent, sibling, descent, sibling, descent or successi	me and oct of the memory. al health owner or cendant, or agent
Dated:	720	•••••	10/ft.	—
State of Illinois)) SS County of Cook)	C)	9/4/	Witness	
The undersigned, a notary public in and for known to me to be the same person whose nam appeared before me and the	the above county and state the is subscribed as principal witness(es) Sharp and acknowledged signing a	te, certifies to all to the force han Own and delivering	poir g power of a	ittomey, (and it as the
free and voluntary act of the principal, for the correctness of the signature(s) of the agent(s)).	e uses and purposes ther			
Dated: 11 15 2019 My commission expires:	LISA B TORRES Official Seal Notary Public - State of Illi My Commission Expires Aug 22	nois 2, 2020	dim B.	Jones y Public
Specimen signatures of agent (and successors)		•	the signatures (and successor	·s)

(agent)

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(NOTE: The name, address, and phone number of the person preparing this form or who assisted the principal in completing this form should be inserted below.)

Name: Self-prepared
Address:

Phone:

"NOTICE TO AGENT"

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 prir cipal 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 atto nev:
- (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 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."

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LEGAL DESCRIPTION

Order No.: 19018230RL

For APN/Parcel ID(s): 14-21-314-049-1008

UNIT NUMBER 498 IN EAST LAKE VIEW CONDOMINIUM AS DELINEATED ON A SURVEY OF THE FOLLOW, NO PARCEL OF REAL ESTATE (HEREINAFTER REFERRED TO AS PARCEL):

THAT PART OF ORIGINAL LOT 28 IN PINE GROVE, SAID PINE GROVE BEING A SUBDIVISION IN THE SOUTHWEST 1/4 OF FRACTIONAL SECTION 21, TOWNSHIP 40 NORTH, RANGE 14, EAST OF THE THIRD PENCIPAL MERIDIAN, DESCRIBED AS FOLLOWS:

BEGINNING AT A POINT IN THE NORTH LINE OF BELMONT AVENUE, 684.75 FEET EAST OF THE SOUTHWEST CORNER OF SAID LOT 28; RUNNING THENCE WEST ON THE NORTH LINE OF BELMONT AVENUE 75 FEET: CHENCE NORTH TO THE NORTH LINE OF SAID LOT 28 TO A POINT WHICH IS 656.65 FEET WEST OF THE WEST LINE OF LAKE VIEW AVENUE, PRODUCED NORTHERLY: THENCE EAST ON THE NORTH LINE OF SAID LOT 28, 93.15 FEET TO A POINT 563.5 FEET WEST OF THE WEST LINE OF LAKE VIEW AVENUE, PRODUCED NORTHERLY; THENCE SOUTHERLY TO THE POINT OF PEGINNING; WHICH POINT IS 563.5 FEET WEST OF THE WEST LINE OF LAKE VIEW AVENUE, PRODUCED NORTHERLY IN COOK COUNTY, ILLINOIS, WHICH SURVEY IS ATTACHED AS [EXHIBIT 'B' TO A DECLARATION MADE BY AMERICAN NATIONAL BANK AND TRUST COMPANY OF CHICAGO. A A NATIONAL BANKING ASSOCIATION AS TRUSTEE UNDER TRUST AGREEMENT DATED FEBRUARY 20, 1973 KNOWN AS TRUST NUMBER 77585, RECORDED ON SEPTEMBER 26, 1977 AS DOCUMENT NUMBER 24121481; TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN SAID PARCEL. (EXCEPTING FROM SAID PARCEL, ALL THE PROPERTY AND SPACE COMPRISING ALL THE in the office UNITS, AS DEFINED AND SET FORTH IN SAID DECLARATION AND SURVEY), IN COOK COUNTY, ILLINOIS.