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POA

Doc#: 2014107013 Fee: \$98.00  
Edward M. Moody  
Cook County Recorder of Deeds  
Date: 05/20/2020 08:43 AM Pg: 1 of 7

## COVER SHEET

### FOR RECORDED DOCUMENT

Power of Attorney  
Type of Document

Mail to:

Name and Address of Preparer:

Community Bank of Elmhurst

Bruce N. Tinkoff  
Tinkoff Law Group, LLC  
413 East Main Street  
Barrington, Illinois 60010

**\*\*\*THIS DOCUMENT IS BEING RECORDED IN REFERENCE TO  
A CERTAIN REAL ESTATE TRANSACTION FOR THE PURCHASE & SALE OF  
THE PROPERTY COMMONLY KNOWN AS  
46 INVERWAY ROAD, INVERNESS, ILLINOIS 60067,  
COOK COUNTY PARCEL NO. 02-17-403-028-0000  
HAVING CLOSED ON APRIL 23, 2020,  
AND A CERTAIN MORTGAGE AND NOTE  
HAVING BEEN EXECUTED THE SAME DAY THEREON\*\*\***

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

BUS20050029 2 of 4

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## ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

### **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 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 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.

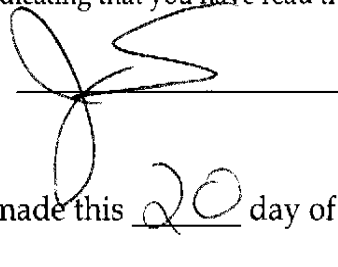
This Power of Attorney does not authorize your agent to appear in court for you as an attorney-at-law or otherwise to engage in the practice of law unless he or she is a licensed attorney who is authorized to practice law in Illinois.

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: \_\_\_\_\_



**POWER OF ATTORNEY** made this 20 day of April, 2020.

1. I, JENNIFER T. SILC, hereby revoke all prior powers of attorney for property executed by me and appoint: my attorney, DANIELLE M. TINKOFF, as my attorney-in-fact (my "agent"), to act for me and in my name (in any way I could act in

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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:

- (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.~~
- ~~\_\_\_\_\_ (l) Business operations.~~
- (m) Borrowing transactions.
- ~~\_\_\_\_\_ (n) Estate transactions.~~
- ~~\_\_\_\_\_ (o) All other property transactions.~~

2. The powers granted above shall not include the following powers or shall be modified or limited in the following particulars: NONE.

3. In addition to the powers granted above, I grant my agent the following powers:

I specifically grant to my attorney, DANIELLE M. TINKOFF, the power and right to execute any and all documents with respect to the purchase of the property commonly known as 46 INVERWAY ROAD, INVERNESS, ILLINOIS 60067, Parcel No. 02-17-403-028-0000, including but not limited to a Note and Mortgage for the purchase of said property, and all other title insurance and loan documents associated therewith.

- (a) My agent may appoint and employ, with or without compensation, any accountants, attorneys at law (including any firm of which my attorney hereunder is a partner or by which such attorney is employed, without diminishing or otherwise affecting his or her interests in the earnings of such firm, including reasonable compensation fixed by my agent hereunder), investment counsel, agents, servants or other persons, including their agents and associates, and dismiss or discharge the same and appoint or employ any others in their stead as my true and lawful attorneys, to appear and represent me as to all matters covered by this power of attorney, or for any other purpose; with full power and authority to such agents and attorneys to do any and all acts convenient or appropriate in connection with such matters, including the specific acts described above or below, and to substitute attorneys and agents subsequent to the date of such appointment and prior to any revocation thereof, and to delegate and revoke the authority so granted them.

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- (b) My agent may transfer, assign and convey any property or interest in property which I may own to any trust of which I am a beneficiary and under the terms of which I expressly have the power, exercisable alone or with others, to amend or revoke such trust, whether such trust was created before or after the execution of this power of attorney (and I hereby express my intent that my attorney make such transfer, assignment or conveyance to such trust, unless the result thereof would be financially or personally detrimental to me).
- (c) My agent may pay my pledges to and make such gifts as I have regularly made to charitable organizations described in Section 170(c) of the Internal Revenue Code of 1986, as from time to time amended, or corresponding provisions of any subsequent federal tax laws; and may make gifts to such persons, or for their benefit, as I have regularly made, or as may further my estate plan, including gifts designed to minimize transfer taxes that may become due on account of my death.
- (d) My agent may execute any documents my agent deems necessary or desirable for purposes of managing my assets or administering my estate hereunder, including, without limiting the foregoing, a Form 2848 Power of Attorney, or any substitute form, promulgated by the Internal Revenue Service, naming my agent to act for me in any matters before the Service or before any administrative or judicial body, including the filing of returns, audits of prior years' returns, and appeals from any assessment or determination of liability.

(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 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.

5. My agent shall be entitled to reasonable compensation for services rendered as agent under this power of attorney.

6. AS This power of attorney shall become effective on my execution of the same.  
 (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. AS This power of attorney shall terminate on the completion of the purchase of the property commonly known as 46 Inverway Road, Inverness, Illinois.

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: NONE

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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.

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.

11. The Notice to Agent is incorporated by reference and included as "(a separate)" part of this form.

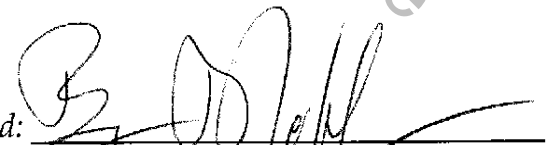
Dated: 4/20/20

Signed:   
Jennifer T. Silc

(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 JENNIFER T. SILC, 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 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: 4/20/2020

Signed:   
Witness

State of Illinois  
County of Cook ss

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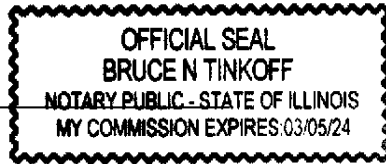
The undersigned, a notary public in and for the above county and state, certifies that JENNIFER T. SILC, known to me to be the same person whose name is subscribed as principal to the foregoing power of attorney, appeared before me and the witness BRYAN P. NAKFOOR in person and acknowledged signing and 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).

Dated: 4/20/20



Notary Public

My commission expires: \_\_\_\_\_



(NOTE: YOU MAY, BUT ARE NOT REQUIRED TO, REQUEST YOUR AGENT AND SUCCESSOR AGENTS TO PROVIDE SPECIMEN SIGNATURES BELOW. IF YOU INCLUDE SPECIMEN SIGNATURES IN THIS POWER OF ATTORNEY: YOU MUST COMPLETE THE CERTIFICATION OPPOSITE THE SIGNATURES OF THE AGENTS.)

Specimen signatures of agent (and successors) I certify that the signatures of my agent (and successors) are genuine.

x \_\_\_\_\_  
Danielle M. Tinkoff

\_\_\_\_\_   
Jennifer T. Silc

This document was prepared by:

Bruce N. Tinkoff  
TINKOFF LAW GROUP, LLC  
413 East Main Street  
Barrington, Illinois 60010

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BW20050029

Exhibit A

LOT 2 OF WILLES' CONSOLIDATION, OF TRACT 88 AND PART OF TRACTS 89 AND 91 IN SELDON WOODS, BEING A SUBDIVISION OF PARTS OF SECTION 16 AND 17, TOWNSHIP 42 NORTH, RANGE 10 EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED FEBRUARY 14, 1941 AS DOCUMENT 12623936, IN COOK COUNTY, ILLINOIS, SAID PLAT OF CONSOLIDATION, RECORDED JULY 28, 2003 AS DOCUMENT 0320945120.

PIN: 02-17-403-028-0000

For Informational Purposes only: 46 Inverway Road, Inverness, IL 60067

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2014107013 Page: 7 of 7