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20GSA 804064 LP

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Edward M. Moody
Cook County Recorder of Deeds
Date: 09/04/2020 09:34 AM Pg: 1 of 5

ILLINOIS STATUTORY
SHORT FORM POWER OF
ATTORNEY FOR PROPERTY

Prepared By and after Recording
Return to:

Steven K. Norgaard, P.C.
493 Duane Street, #400
Glen Ellyn, IL 60137

I, SARANYA RAVICHANDRAN, 195 N. Harbor Dr., Unit #3604, Chicago, IL 60601
hereby appoint:

my attorney, STEVEN K. NORGAARD, 493 Duane Street, 4th Floor, Glen Ellyn, Illinois 60137

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 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 estate transactions. (f) Insurance and annuity transactions. (k) Commodity and option transactions.
(b) Financial institution transactions. (g) Retirement plan transactions. (l) Business operations.
(c) Stock and bond transactions. (h) Social security, employment and military service benefits. (m) Borrowing transactions.
(d) Tangible personal property transactions. (i) Tax matters. (n) Estate transactions.
(e) Safe deposit box transactions. (j) Claims and litigation. (o) All other property powers and 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.

Note: 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):

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:

My agent shall have all powers necessary to sign on my behalf closing documents and mortgage loan
documents related to purchase of the residential real estate commonly known as 8146 Lincoln Ave., Skokie,
IL 60076, legally described on the exhibit "A" attached hereto, including the power to sign any and all
closing documents, including the closing disclosure and ALTA Settlement Statement

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**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 the next sentence, 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 either (or both) of Paragraphs 6 and 7.

6. ( R ) This power of attorney shall become effective: immediately.

**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. ( R ) This power of attorney shall terminate: August 31, 2020

**NOTE:** Insert a future date or event during your lifetime, 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 successor agents, insert the name and address of each successor agent in the following 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:

None

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 name your agent as guardian of your estate, in the event 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. 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 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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10. The Notice to Agent is incorporated by reference and included as part of this form.

Signed:

*Saranya R.*

SARANYA RAVICHANDRAN

**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 SARANYA RAVICHANDRAN 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 mental health service provider; (b) an owner, operator, or relative of an owner or operator or a health care facility in which the patient 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: 7-13, 2020

*Rizwan Bilani*  
Witness

**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:

**(Second Witness)** The undersigned witness certifies that SARANYA RAVICHANDRAN 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 mental health service provider; (b) an owner, operator, or relative of an owner or operator or a health care facility in which the patient 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: \_\_\_\_\_, 2020

\_\_\_\_\_  
Witness

State of IL )  
County of Cook ) SS.

The undersigned, a notary public in and for the above county and state, certifies that SARANYA RAVICHANDRAN, 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) Rizwan Bilani 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)).

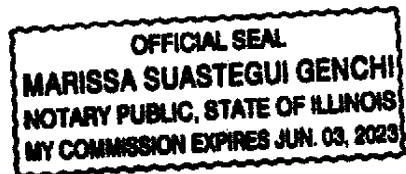
Dated: 07/13, 2020

*Marissa Suastegui Genchi*  
Notary Public

(SEAL)

My commission expires 06/03/2023

This document was prepared by *mal b*:  
Steven K. Norgaard  
493 Duane Street, Suite 400  
Glen Ellyn, Illinois 60137  
Tel.630.545.1005, Fax 630.545.1051



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## 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 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;
- (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.: 20GSA804064LP

For APN/Parcel ID(s): 10-21-409-004-0000, 10-21-409-005-0000, 10-21-409-019-0000 and  
10-21-409-022-0000

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THAT PART OF LOTS 1 AND 2 IN NEA MAYA RESUBDIVISION OF THE SOUTHEAST QUARTER OF SECTION 21, TOWNSHIP 41 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED NOVEMBER 8, 2019 AS DOCUMENT NUMBER 1931216031 ARE TAKEN AS A TRACT, DESCRIBED AS:

COMMENCING AT THE SOUTHEAST CORNER OF SAID TRACT; THENCE NORTH 19° 27' 07" WEST, ALONG THE EAST LINE OF SAID TRACT, A DISTANCE OF 204.10 FEET; THENCE SOUTH 89° 26' 32" WEST, A DISTANCE OF 0.48 FEET TO THE POINT OF BEGINNING; THENCE SOUTH 02° 41' 45" EAST, A DISTANCE OF 1.98 FEET; THENCE SOUTH 87° 14' 20" EAST, A DISTANCE OF 0.96 FEET; THENCE SOUTH 00° 53' 06" EAST, A DISTANCE OF 11.88 FEET; THENCE SOUTH 86° 31' 01" WEST, A DISTANCE OF 1.12 FEET; THENCE SOUTH 00° 40' 04" EAST, A DISTANCE OF 12.65 FEET; THENCE SOUTH 89° 05' 05" WEST, A DISTANCE OF 27.79 FEET ALONG THE APPROXIMATE CENTER LINE OF A PARTY WALL; THENCE SOUTH 00° 32' 12" EAST, A DISTANCE OF 0.50 FEET; THENCE SOUTH 89° 19' 57" WEST, A DISTANCE OF 9.25 FEET; THENCE NORTH 00° 34' 19" WEST, A DISTANCE OF 26.67 FEET; THENCE NORTH 89° 15' 21" EAST, A DISTANCE OF 27.77 FEET ALONG THE APPROXIMATE CENTER LINE OF A PARTY WALL; THENCE NORTH 00° 25' 54" WEST, A DISTANCE OF 0.47 FEET; THENCE NORTH 89° 08' 38" EAST, A DISTANCE OF 9.27 FEET, MORE OR LESS TO THE POINT OF BEGINNING;