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Doc#: 2030625051 Fee: \$98.00
Edward M. Moody
Cook County Recorder of Deeds
Date: 11/03/2020 10:36 AM Pg: 1 of 8

Mail To:

(_____)

LIBERTY TITLE & ESCROW

275 WEST NATICK ROAD

WARWICK, RI 02886

RECORDING COVER PAGE

Permanent Parcel Number:

01-22-205-005-0000

Property Address:

10 LEANDA COURT

SOUTH BARRINGTON, IL 60010

Prepared By:	ANGELA KOCONIS-GIBSON, ESQUIRE	4854 N KEDVALE	CHICAGO IL 60630
	Name	Address	City, State & Zip Code

*Please note – This cover page has been attached to the document for recording purpose.
It is a permanent part of the document and has been included in the page count.

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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 A ATTORNEY-AT-LAW OR OTHERWISE TO ENGAGE IN THE PRACTICE OF LAW UNLESS HE OR SHE IS 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:

DA
PRINCIPAL'S INITIALS

POWER OF ATTORNEY made this 19 day of September, 2020.

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I, Deepak Agrawal, of PO Box 3801, Barrington, Illinois, hereby appoint: Angela Koconis-Gibson of 4854 N. Kedvale, Chicago, IL (Note: you may not name co-agents using this form) 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 §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 paragraph 3 below:

(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.
- (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.

This power shall not be affected by the disability of the principal.

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(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):

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):

Sign any and all documents necessary to purchase the property located at, 10 Leanda Ct., South Barrington, Illinois 60010 including but not limited to, Promissory Note, Mortgage, Closing Disclosure, Settlement Statement, checks, drafts, and such other instruments in writing whatever kind and nature as may be necessary or proper in the exercise of the rights and powers herein granted.

~~(a) Annual Exclusion and Tuition and Medical Exclusion Gifts. The agent may make Annual Exclusion Gifts and Tuition and Medical Exclusion Gifts under Code §2503(e) to any one or more of my descendants and their spouses in such amounts as the agent considers appropriate. Annual Exclusion Gifts shall be made in such manner as to qualify for the federal gift tax annual exclusion under Code §2603(b). Annual Exclusion Gifts to each person in any calendar year shall not exceed the maximum allowable amount of such annual exclusion for an unmarried donor, or twice that amount if I am married at the time of such gift. My "spouse" is _____ . The "spouse" of any person, other than me, means the individual legally married to, and not legally separated from, such person on the date of the gift then in question or on the date of the prior death of such person. References to sections of the Code refer to the Internal Revenue Code of 1986, as amended from time to time, and include corresponding provisions of subsequent federal tax laws.~~

~~(b) Other Compensation. The agent may compensate separately any brokers, attorneys, auditors, depositories, real estate managers, investment advisors, and other persons (including my agent and any firm with which my agent is associated without reducing compensation in any capacity).~~

~~(c) Funding Trust. The agent may transfer any part or all of my assets to the trustee of an irrevocable trust of which I am the grantor.~~

(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.

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(YOUR AGENT WILL BE ENTITLED TO REIMBURSEMENT FOR ALL REASONABLE EXPENSES INCURRED IN ACTING UNDER THIS POWER OF ATTORNEY. STRIKE 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 service rendered as agent under this power of attorney.~~

(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 PARAGRAPH 6 AND 7 OF THE FOLLOWING:)

6. (DA) This power of attorney shall become effective on September 21, 2020.

(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. (DA) This power of attorney shall terminate on October 30, 2020.

(Note: insert a future date or event, such as court determination that you are not under a legal disability or a written determination by your physician that you are not incapacitated, when you want this power to terminate prior to your death).

(NOTE: IF YOU WISH TO NAME SUCCESSOR AGENTS, INSERT THE NAME(S) AND ADDRESSE(S) OF SUCH SUCCESSOR(S) 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:

For purposes of this paragraph 8, a person shall be considered to be incompetent if and when 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 INTERSTS 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.~~

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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 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.)

(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 signature of my agent (and successors) are correct.

(agent)

(principal)

(successor agent)

(principal)

(successor agent)

(principal)

11. The notice to Agent is incorporated by reference and included as part of this form.

Dated: 9-19-2020

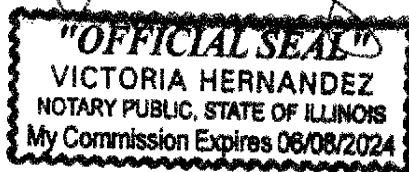
Signed 
DEEPAK AGRAWAL

(NOTE: THIS POWER OF ATTORNEY WILL NOT BE EFFECTIVE UNLESS IT IS SIGNED BY AT LEAST ON WITNESS AND YOUR SIGNATURE IS NOTARIZED, USING THE FORM BELOW. THE NOTARY MAY NOT ALSO SIGN AS A WITNESS.)

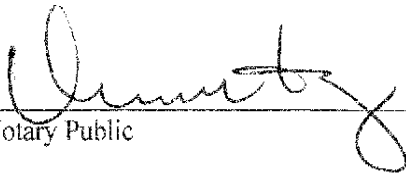
STATE OF ILLINOIS)
) ss.
COUNTY OF COOK)

The undersigned, a notary public in and for the above county and state, certifies that DEEPAK AGRAWAL, 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 witnesses (Anushka Agrawal) 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

Dated: 9/19/2020



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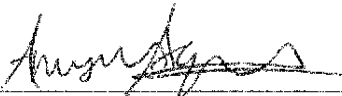
Notary Public

My commission expires 6/8/2011

The undersigned witness certifies that Deepak Agrawal, 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.

Dated: 9-19-2010 (SEAL)



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 :)

(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.)

This document was prepared by: Angela Koconis-Gibson, Attorney At Law, 4854 N. Kedvale, Chicago, IL 60630

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EXHIBIT "A"

Legal Description

LOT 10 IN NATHAN'S GLENN SUBDIVISION, BEING A SUBDIVISION OF PART OF THE NORTHEAST QUARTER OF SECTION 22, TOWNSHIP 42 NORTH, RANGE 9 EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED JANUARY 10, 2006 AS DOCUMENT NUMBER 0601027121, CERTIFICATE OF CORRECTION RECORDED DECEMBER 19, 2006 AS DOCUMENT NUMBER 0635315032, IN COOK COUNTY, ILLINOIS.

PIN: 01-22-205-005-0000

Property of Cook County Clerk's Office