### **UNOFFICIAL COPY**

STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

Includes Amendments Required By
Public Act 96-1195
Form Valid July 1, 2011

Doc#. 2031235123 Fee: \$98.00

Edward M. Moody

Cook County Recorder of Deeds
Date: 11/09/2020 02:25 PM Pg: 1 of 8

RECORDER'S STAMP

# NOTICE 70 THE INDIVIDUAL SIGNING THE ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

PLEASE READ THIS NOTICE CAPEFULLY. The form that you will be signing is a legal document. It is governed by the Illinois Power of Atterney 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 I am Ile 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 any 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 Illinoi: 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:

KYUNG HO KIM'S initial

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## ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

l. I, <u>KYUNG HO KIM</u>		***
8975 WEST GOLF ROAL	)	
APT. 903		
NILES, ILLINOIS 60714		1100000
(insert name and address of principal)		
hereby revoke all prior statutory powers	of attorney for property exe	cuted by me and appoint:
(insert name and address of agent)		
GRACE KIM HUH		
1444 MIDWAY LANE		II
GLENVIEW, ILLINOIS	60026	P (II-
(NOTE: You may not name to-agents using	ng this form.)	
		- 11
as my attorney-in-fact (my "ager.") to act	for me and in my name (in an	y way I could act in person)
of Attorney for Property Law" (including	le all amendments), but subje	ect to any limitations on or
additions to the specified powers inserted	in paragraph 2 or 3 below:	
	T/) .	
(NOTE: You must strike out any one or n	nore of the following categorie	s of powers you do not want
I P. II 44 obsiles the t	HIA AT AND CHIEROLV WILL CAUSC	LIC POWC.5 GOODING IN
category to be granted to the agent. To str	ike out a category you must di	aw a line inrough the title of
that category.)	0(,	
	40x	
(a) Real estate transactions.		
(b) Financial institution transactions.		
(c) Stock and bond transactions.		
(d) Tangible personal property transaction	ıs.	
(e) Safe deposit box transactions.		
(f) Insurance and annuity transactions.		0.0
(a) Retirement plan transactions.	ike out a category you must di	0.
(h) Social Security, employment and mili	tary service benefits.	$O_{x_{-}}$
(i) Tax matters.		
(i) Claims and litigation.		10-
(k) Commodity and option transactions.		
(1) Business operations.		
(m) Borrowing transactions.		
(n) Estate transactions.		
(o) All other property transactions.		
		- included in this power of
(NOTE: Limitations on and additions	to the agent's powers may t	e included in this power or
attorney if they are specifically described	below.)	
		chall be modified or limited in
2. The powers granted above shall not in	clude the following powers or	shall be incalled of littless in
the following particulars:		
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NOTE: Here you may include any specific lor conditions on the sale of particular stock or	imitations you deem appropri real estate or special rules on	ate, such as a prohibition borrowing by the agent.)
		10
3. In addition to the powers granted above, I g		
(NOTE: Here you may add any other delegated gifts, exercise powers of appointment, name amend any trust specifically referred to below	or change beneficialies of 1	limitation, power to make oint tenants or revoke or
NO ADPITIONAL POWERS GRA	ANTED.	
110 AD1 11101112 2 3 1 1		108
		μ t)
(NOTE: Your agent will have authority to e properly exercise the powers granted in this decisions. If you want to give your agent the to others, you should keep paragraph 4, o he	form, but your agent will have right to delegate discretional	E to make an absorphonary
4. My agent shall have the right by written involving discretionary decision-making to such delegation may be amended or revoke who is acting under this power of attorney at	any person or persons whomed by any agent (including any the time of reference.	y successor) named by me
(NOTE: Your agent will be entitled to reim under this power of attorney. Strike out para to reasonable compensation for services as a	igraph 5 if you do not valid you	our agons no also se extenses
5. My agent shall be entitled to reasonable power of attorney.		0,
(NOTE: This power of attorney may be an Absent amendment or revocation, the au effective at the time this power is signed an beginning date or duration is made by initia	monty granted in this power	h. unless a limitation on the
6. This power of attorney shall become effe MARCH 11, 2020	ctive on:	1
(NOTE: Insert a future date or event dur disability or a written determination by you power to first take effect.)	ing your lifetime, such as a or physician that you are incap	court determination of your acitated, when you want this
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7. This power of attorney shall terminate on:		
DECEMBER 31, 2040		***************************************
(NOTE: Insert a future date or event, such disability or a written determination by your power to terminate prior to your death.)	as a court determination that physician that you are not inc	you are not under a legal apacitated, if you want this
(NOTE: If you wish to name one or more successor agent in paragraph 8.)		
8. If any agent named by me shall die, becagent, I name the following (each to act alto such agent:	ome incompetent, resign or re one and successively, in the or	fuse to accept the office of der named) as successor(s)
SANG KYU VIM		
8975 WEST GOLF ROAD		
APT. 903	 	
NILES, ILLINOIS 50714	<u></u>	
(Include name, address and phone number		
For purposes of this paragraph 8, a person person is a minor or an adjudicated incomprompt and intelligent consideration to bus	iness matters, as certified by a	licensed physician.
(NOTE: If you wish to, you may name you one should be appointed. To do this, retain court finds that this appointment will serve you do not want your agent to act as guard	e your best interests and welfa	re. Strike out paragraph 9 if
9. If a guardian of my estate (my property power of attorney as such guardian, to serve	Williout bond or security.	<b>/</b>
<ol> <li>I am fully informed as to all the contents of powers to my agent.</li> </ol>		0,5
(NOTE: This form does not authorize yo otherwise to engage in the practice of law practice law in Illinois.)	unless ne or sne is a necised	
11. The Notice to Agent, as set out below form.	w, is incorporated by reference	and included as part of this
Dated: <u>SPIC, 2020</u> Si	gned: KYUNG HO K	IM/Principal)
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(NOTE: This power of attorney will not your signature is notarized, using the form	below. The notary may not als	by at least one witness and sign as a witness.)		
The undersigned witness certifies that	KYUNG HO KIM	pal to the foregoing power of		
attorney, appeared before me and the no instrument as the free and voluntary act of believe him or her to be of sound mind an	f the principal, for the uses and memory. The undersigned	witness also certifies that the		
witness is not: (a) the attending physician or provider; (b) an owner, ope	am or mental health service t	MOAIGEL OF A LEISTING OF MIC		
facility in which the principal is a patient	or resident: (c) a parent, sibilin	a descend and or any shouse		
as such morent sibling or descendent of a	ither the principal or any agent	of successor agent under me		
foregoing power of attorney, whether suc agent or successor agent under the forego	hi relationship is by blood, ma	mage, or raoption, or (a) an		
Dated: Si PT 8. 2070 Si	gned: Mean Ma	(Witness)		
State of 111 (T)				
County of LAKE	) SS.			
		CE THE ENTING HO		
The undersigned, a notary public in and KIM, known to me to be the same pers	for the above county and state	as principal to the foregoing		
nower of attorney appeared before me an	If the witness $< -1/(1-5)$	COLLETT		
in nerson and a	cknowledged signing and deli	Active the meeting of me		
free and voluntary act of the principal, fo	rine uses and purposes therein	set forth, and certified to the		
correctness of the signature(s) of the ager	it(s)).			
Dated: 5-07 8 2020 S	ignature <u>Quil</u>	D.3.12		
	4	Notary Public		
My commission expires:	2027	KENT E NC VIT Official Seal		
My commission on participation of the second	mot mot	ry Public – State of Illinois		
	, Ay Cor	nmission Expires Sep 21, 2021		
(NOTE: You may but are not require	d to request your agent and	(5) = =		
(NOTE: You may, but are not required to, request your agent and specimen signatures below. If you include specimen signatures in this power of attorney, you must				
complete the certification opposite the sign	gnatures of the agents.)	0.		
Specimen signatures of agent (and succe		hat the sign atures of my		
(1. #N/V	agent (ar	d successors) are correct.		
(agent)	(KYUN	S HO KI WPrincipa		
(agoing)				
(successor agent)		(principal)		
(successor agent)		(principal)		
(NOTE: The name, address, and phone of principal in completing this form is optic	number of the person preparing	this form or who assisted the		
	ENT ELLIOTT NOVIT 00 NORTH LASALLE STRI	EET		
<u>S</u>	UITE 1700	<del></del>		
	HICAGO, ILLINOIS 60602			
Phone: 3	12-332-2407 x203			
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#### NOTICE TO AGENT POWER OF ATTORNEY FOR PROPERTY

(NOTE: This notice is incorporated by reference and included as a part of this Power of Attorney for Property.)

When you (the agent) 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 test interest. As agent you must not do any of the folioving:
- (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 funcs;
- (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 exper ise 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 Algent"

The meaning of the powers granted to you is contained in Section 3-4 of the Illivois 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 list le 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."

(f) The requirement of the signature of a witness in addition to the principal and the notary, imposed by Public Act 91-790, applies only to instruments executed on or after June 9. 2000 (the effective date of that Public Act).

(NOTE: This amendatory Act of the 96th General Assembly (Public Act 96-1195, effective July 1, 2011) 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".)

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#### AFFIDAVIT TO ESTABLISH RELIANCE UPON POWER OF ATTORNEY AGENT'S CERTIFICATION AND ACCEPTANCE OF AUTHORITY **PURSUANT TO 755 ILCS 45/2-8**

I, Grace Kim Huh (insert name of agent), certify that the attached is a true copy of a power of attorney naming the undersigned as agent or successor agent for Kyung Kim (insert name of principal).

certify that to the best of my knowledge the principal had the capacity to execute the power of attorney, is ali and has not revoked the power of attorney; that my powers as agent have not been altered or terminated; and t he power of attorney remains in full force and effect.
accept appointment as agent under this power of attorney.
This certification and acceptance is made under penalty of perjury.*
Dated: 10 / (2/2/20)  (Agent/s Signature) - Grace Kin. F.uh.
(Agenijo dignotore) - Sides ( and )
Grace Kim Huh, (Print Agent's Name and address)
*(NOTE: Perjury is defined in Section 32-2 of the Criminal Code of 2012, and is a Class 3 felony.)
Signed and swore to before me this day of, 2020
Old Mul
OFFICIAL SE AL VANESSA C VECA NOTARY PUBLIC - STATE OF I'L'IV DIS NY COMMISSION EXPIRES:04/25/21

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#### Legal Description

LOT 17-2, FINAL PLAT OF SUBDIVISION REGENCY AT THE GLEN, BEING A PART OF THE NORTHEAST 1/4 OF SECTION 28, TOWNSHIP 42 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS, PURSUANT TO THE PLAT THEREOF RECORDED IN COOK COUNTY, ILLINOIS ON MAY 17,2 012 AS DOCUMENT NUMBER 123829040, IN COOK COUNTY, ILLINOIS.

Property Address: 3093 Valcour Dr. Glenview, IL 60026

Property or Cook County Chart's Office Pin: 04-28-204-010-0000

Legal Description