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Doc#. 2031238256 Fee: \$98.00

Edward M. Moody

Cook County Recorder of Deeds Date: 11/09/2020 02:22 PM Pg: 1 of 5

IL STATUTORY SHORT FORM POWER OF ATTORNEY

O PORTY



1. I, BRIAN NG, Hereby revoke all prior powers of attorney for property executed by me and appoint:

LILY NG 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:

- Real estate transactions 337 W 23rd St, Unit A, Chicago, IL 60016
- (B) Financial institution transactions - Guaranteed Rate loan number #203042839
- (C)Stock and bond transactions.
- (D) Tangible personal property transactions.
- (E) Safe deposit box transactions.
- Insurance and annuity transactions.
- (G) Retirement plan transactions.
- (H)Social Security, employment and military service benefits.
- Tax-matters
- Claims and litigation.
- (K) Commodity and option transactions.
- Business operations.
- (M) Borrowing transactions.
- (N) Estate-transactions.
- (0)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: (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.)

IL Statutory Short Form Power of Attorney 7.1,11

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3. In addition to the powers granted above, I grant my agent the following powers: (NOTE: Here you may add ar other delegable powers including, without limitation, power to make gifts, exercise powers of appointment, name change beneficiaries or joint tenants or revoke or amend any trust specifically referred to below.)
(NOTE. You, 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 nove 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 ramb insement 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 one 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
(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. () This power of attorney shall terminate on
(NOTE: Insert a future date or event, such as a court determination that you are not under a 'ear c'sability 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 one or more successor agents, insert the name and address of each successor agent in paragraph 8.)
<ol><li>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:</li></ol>
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, 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 interests and welfare. Strike out paragraph 9 if you do not want your agent to act

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- 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.
- ny

agent.				
in the practice of law unless he or she is a licensed attorne	in court for you as an attorney-at-law or otherwise to engage by who is authorized to practice law in Illinois.)			
11. The Notice to Agent is incorporated by reference and included as part of this form.				
A7 101	Ba. A			
Dated: 07/19/2020 Sig	gned: Br. (Principal)			
	,			
(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 wi' news certifies that BRIAN NG known to	to me to be the same person whose name is subscribed as			
delivering the instrument as the free and voluntary act of	ore me and the notary public and acknowledged signing and the principal, for the uses and purposes therein set forth.			
believe him of her to be at sound mind and memory. The H	undersigned witness also certifies that the witness is not: (a) or a relative of the physician or provider; (b) an owner,			
operator, or relative of an owner of operator of a health car	re facility in which the principal is a patient or resident: (c) a			
successor agent under the foregoing Lower of attorney, w	sibling, or descendant of either the principal or any agent or hether such relationship is by blood, marriage, or adoption;			
or (d) an agent or successor agent under the thregoing pov	wer of attorney.			
Dated: 1 18/2020 sid	gned:			
	(Witness)			
(NOTE: Illinois requires only one witness, but other jurisdict a second witness, have him or her certify and sign here:)	tions may require more than one witness. If you wish to have			
(Second witness)				
The undersigned witness certifies that BRIAN NG 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 rotary rublic 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 class certifies that the witness is not: (a)				
the attending physician or mental health service provider	FOR a relative of the news can or provider (h) 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.				
	Y5c.			
Dated: Sin	anod:			

(Witness)

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#### STATE OF ILLINOIS, COUNTY OF COOK ) SS

SOLITE DELOCAL MAIL	use name is subscribentas orincipal to the	ty and state, certifies that BRIAN NG known to me to be the foregoing power of attorney,
person and ackno	me and witness(es) Savahrula A owledged signing and delivering the instru es therein set forth (, and certified to the co	\(\frac{1}{\ell(M\o)_n}\) (and) in siment as the free and voluntary act of the principal, for the prrectness of the signature(s) of the agent(s)).
Dated:	uly 18,2020	JESSIŒĀ ĈHESTER Official Seal Net Notary Publida State of Illinois My <b>(My: Commission</b> Expires May 9, 2021
D		Noter'y Public
My commission e	xp. 98: May 9, 2021	
(NOTE: You may below. If you incli signatures of the	ude specimen signatures in this power of	ent and successor agents to provide specimen signatures attorney, you must complete the certification opposite the
Specimen signatu	res of agent (and succe: so/s)	I certify that the signatures of my agent (and successors) are genuine
	(agent)	(principal)
,		(principal)
	(successor agent)	(principal)
(	(successor agent)	(princ'pa.)
NOTE: The name completing this for	e, address, and phone number of the persorm should be inserted below.)	on preparing this form or who assisted the principal in
Name: Address: City/State/Zip: Phone:	PHILIP CHOW 2323 S. Wentworth Chicago, IL 60616 312-842-0300	

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#### **LEGAL DESCRIPTION**

Order No.: 20GSA579066LP

For APN/Parcer (u's): 17-28-212-035-1001

UNIT 337-A IN ORIENTAL TERRACES CONDOMINIUM NO. 337 AS DELINEATED ON A SURVEY OF THE FOLLOWING DESCRIBED REAL ESTATE:

LOT 19 IN ALLEN C. L. LEE'S SUBDIVISION BEING A RESUBDIVISION IN THE WEST 1/2 OF THE NORTHEAST 1/4 OF SECTION 28 TOWNSHIP 39 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS:

WHICH SURVEY IS ATTACHED AS EX ILEIT "B" TO THE DECLARATION OF CONDOMINIUM RECORDED NOVEMBER 25, 1985, AS DOCUMENT NO. 85-296676 TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS.