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OFF-2014555 1/4

Doc#. 2032649021 Fee: \$98.00

Edward M. Moody

Cook County Recorder of Deeds
Date: 11/23/2020 10:04 AM Pg: 1 of 6

# Short Form Power of Attorney

Rares Ungureanu appoints Laura Di Andrea-Iversen

4340 Rock Cove Dr., Hoffman Estates, IL 66192

PIN: 02-19-321-042-0000

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ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

(NOTICE: THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO PLEDGE, SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT

Property Address: 4340 Rock Cove Dr., Hoffman Estates, Illinois

ADVANCE NOTICE TO YOU OR APPROVAL BY YOU THIS FORM DOES NOT IMPOSE A DUTY ON

YOUR AGENT TO EXERCISE GRANTED POWERS; BUT WHEN POWERS ARE EXERCISED, YOUR AGENT WILL HAVE TO USE DUE CARE TO ACT FOR YOUR BENEFIT AND IN ACCORDANCE WITH THIS FORM AND KEEP A RECORD OF PECEIPTS, DISBURSEMENTS AND SIGNIFICANT ACTIONS TAKENAS AGENT. A COURT CAN TAKE AWAY THE POWERS OF YOUR AGENT IF IT FINDS THE AGENT IS NOT ACTING PROPERLY. YOU MAY NAME SUCCESSOR AGENTS UNDER THIS FORM BUT NOT CO-AGENTS. UNLESS YOU EXPRESSLY LIMIT THE DURATION OF THIS POWER IN THE MANNER PROVIDED BELOW, UNTIL YOU REVOKE THIS POWER OR A COURT ACTING ON YOUR BEHALF TERMINATES IT, YOUR AGENT MAY EXERCISE THE POWERS GIVEN HERE THROUGHOUT YOUR LIFETIME, EVEN AFTER YOU BECOME DISABLED THE POWERS YOU GIVE YOUR AGENT ARE EXPLAINED MORE FULLY IN SECTION 3-4 OF THE LLINOIS "STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY LAW" OF WHICH THIS FORM IS A PART (SEE THE BACK OF THIS FORM). THAT LAW EXPRESSLY PERMITS THE USE OF ANY DIFFCLENT FORM OF POWER OF ATTORNEY YOU MAY DESIRE. IF THER IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU.) C/O/A/S O/A/CO

POWER OF ATTORNEY made this 1st day of August, 2020

Rares Ungureanu 1. I, 4340 Rock Cove Dr. Hoffman Estates, IL 60192

Hereby appoints:

Laura Di Andrea-Iversen ATTORNEY AT LAW 119 S. Emerson Street, #262 Mount Prospect, Illinois 60056

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

(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

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#### OUT A CATEGORY YOU MUST DRAW A LINE THROUGH THE TITLE OF THAT CATEGORY.)

Real estate-transactions.

Specific to the real estate transaction 4340 Rock Cove Dr., Hoffman Estates, Illinois 60192

• Financial institution transactions.

- Stock and bond transactions.
- · Tangible personal property transactions.
- · Safe deposit box transactions.
- Insurance and annuity transactions.
- Retirement plan transactions.
- Se ia Security, employment and military service benefits.
- Tax mutters.
- · Claim: ar d litigation.
- Commodity and option transactions.
- Business operations.
- Borrowing transactions.
- Estate transactions.
- All other property powers and transactions.

(LIMITATIONS ON AND ADDITIO IS TO THE AGENT'S POWERS MAY BE INCLUDED IN THIS POWER OF ATTORNEY IF THEY ARE SPECIFICALLY DESCRIBED BELOW.)

$\sigma$
2. The powers granted above shall not include the following powers or shall be modified or limited in the following
particulars (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 purrowing by the agent):
46
3. In addition to the powers granted above, I grant my agent the following powers (here you may add any other
delegable powers including, without limitation, power to make gifts, exercise powers of appointment, name or
change beneficiaries of joint tenants or revoke or amend any trust specifically referred to below):
N/A
(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 DESCRETIONARY DECISION-MAKING POWERS TO OTHERS, YOU SHOULD
WEED THE NEXT SENTENCE OFFICE AND THE WORLD PROPERTY OF THE NEXT SENTENCE OF THE MODEL OF THE MO
KEEP THE NEXT SENTENCE, OTHEWISE IT SHOULD BE STRUCK OUT.)
4 My agent shall have the right by written instrument to delegate and all six six

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.

(YOUR AGENT WILL BE ENTITLED TO REIMBURSEMENT FOR ALL REASONABLE EXPENSES INCURRED IN ACTING UNDER THIS POWER OF ATTORNEY. STRIKE OUT THE NEXT SENTENCE 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.

(initial)

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(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 THE FOLLOWING:)

6. This power of attorney shall become effective on 08-01, 2020.

7. This power of attorney shall terminate upon completion of the closing. PO (initial)
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 agent.  N/A
person shall be considered to be incompetent if and while the person is a minor or an adjudicated incompetent of disabled person or the person is unable to give prompt and intelligent consideration to business matters, as certificately a licensed physician.
(IF YOU WISH TO NAME YOUR AGENT AS GUARDIAN OF YOUR ESTATE, IN THE EVENT A COUR DECIDES THAT ONE SHOULD BY APPOINTED, YOU MAY, BUT ARE NOT REQUIRED TO, DO SO BY RETAINING THE FOLLOWING PARACKAPH, THE COURT WILL APPOINT YOUR AGENT IF THE COUR FINDS THAT SUCH APPOINTMENT VILL SERVE YOUR BEST INTERESTS 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 at pointed, I nominate the agent acting under this power of attorned 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 magent.
Signed X
(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 POWE. OF ATTORNEY, YOU MUST COMPLETE THE CERTIFICATION OPPOSITE THE S GN ATURES OF THE AGENTS.)
Specimen signatures I certify that the signatures agent (and successors) of my agent (and successors) are correct.

(THIS POWER OF ATTORNEY WILL NOT BE EFFECTIVE UNLESS IT IS NOTARIZED AND SIGNED BY AT LEAST ONE ADDITIONAL WITNESS, USING THE FORM BELOW.)

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State of Illinois	.)	
0 6	)	SS
County of Cools	.)	

The undersigned, a notary public in and for the above county and state, certifies that Rares Ungureanu, 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 additional witness 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: 05/0/20°

Notary Public

My commission expires Sch 30 1 20 25

ALEXANDER J MATZIG Official Seal Notary Public - State of Illinois Ny Commission Expires Sep 30, 2023

The undersigned witness certifies that Kares Ungureanu, known to me to be the same person whose name is subscribed as principal to the foregoing power of atto ney, 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 me no y. 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.

Signed:

Dated: am I 20

(THE NAME AND ADDRESS OF THE PERSON PREPARING THIS FORM SHOULD BE INSERTED IF THE AGENT WILL HAVE POWER TO CONVEY ANY INTEREST IN REAL ESTATE.)

This document was prepared by:

Iversen Law 119 South Emerson Street, #262 Mount Prospect, IL 60056

The requirement of the signature of an additional witness imposed by the amendatory Act of the 91st General Assembly applies only to instruments executed on or after the effective date of June 9th, 2000. (P.A. 86-736.)

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Address Given:

4340 Rock Cove Dr

Hoffman Estates, IL 60192

Property Tax No(s).: 02-19-321-042-0000

Legal Description:

LOT 16 IN BLOCK 2 IN HARPER'S LANDING UNIT NUMBER 3, BEING A SUBDIVISION OF PART OF SECTION 19, AND PARTS OF VACATED STREETS VACATED PER DOCUMENT NUMBER 22650177 AND A RESUBDIVISION OF PARTS OF BLOCKS 15, 18 AND 19 OF HOWIE IN THE HILLS UNIT NUMBER 1 AND PARTS OF HOWIE IN THE HILLS UNIT NUMBER 3, BOTH BEING SUBDIVISIONS IN SAID SECTION 19, NE. NORTI.

Proberty of Cook County Clerk's Office TOWNSHIP 42 NORTH, RANGE 10, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.