Doc#. 2036617226 Fee: \$98.00

Karen A. Yarbrough Cook County Clerk

Date: 12/31/2020 01:06 PM Pg: 1 of 11

Recording Cover Page

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ILLINOIS STATUTORY SHORT FORM --

POWER OF ATTORNEY FOR PROPERTY

1.1, Javier R. Vazquez, 6931 26th St. Berwen IL 60402 (Insert name and address of principal) hereby revoke all prior powers of attorney for property executed by me and appoint:

El cantina R. Vazquez, 9072 Santinge Pt., Hentington Beach, CA 92646

(Insert name and address of agent)

(NOTE: You may not name coagents using this form.)

as my attorneylnfar/(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 34 of the "Statutory Short Form Power of Atlorney for Property Law" (including all amendments), but subject to any limitations on or additions to the apecified powers inserted in paragraph (or 3 below:

(NOTE: You must strike out any or or more of the following categories of powers you do not want your agent to flavu. Fallure to strike the title of any category will cause the powers described in that category to be granted to the Ane Clarks Office 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.
- (e) Stock and bond transactioner
- (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 metters.
- (j) Claims and litigation.
- (k) Commedity and option transactions?
- (I) Business operations.
- (m) Borrowing transactions.
- (n) Estate transactions.
- (o) 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.)

2036617226 Page: 3 of 11

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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 lillinois 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 dispuse 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 coagents.

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 releast 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 so must also act in accordance with the law and with the directions in this form. You agent must keep a record of all receipts, disbursements, and significant actions to the pay as your agent.

Unless you specifically limit the period of time and 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 a court for you as an attorneyatiaw or otherwise to engage in the practice of law unless he or she is a licensed attorney who is authorized to practice law in litinois.

The powers you give your agent are explained more fully in Section 34 of in Hinois 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: (Principal's initials)

2. The powers granted above shall not include the following powers or shall be modified or limited in the following particulars:

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the right to delegate discretionary decisionmaking 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 decisionmaking 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 one or both of paragraphs 6 and 7.)

6. () This power of attorney shall become effective on

7-73-2014

(NOTE: Insert a future date covernt during your lifetime, such as a court determination of your disability or written determination by your physician that you are incapacitated, when you want the power to first take effect.)

7. () This power of attorney shall termin to on

7-23-2030

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

(NOTE: If you wish to name one or more successor agents, in said the name and address of each successor agent in paragraph 8.)

8. If any agent named by me shall die, become incompetent, resign or raise 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 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 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 book or security.
- 10. I an July 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 attorneyatiaw 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.)

11. The Notice to Agent is the opporated by reference and included as part of this form.

Signed January (principal

(NOTE: This power of attorney will not be effective unless it is agned by at least one witness and your signature is notarized, using the form below. The notary may not also sign as a witness.)

Javier Varquez-Parking per page perf

2036617226 Page: 7 of 11

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Dated: 07-23-19	PAHON CUEVA Witness
(NOTE: Illinois requires only one witness, be more to 2n one witness. If you wish to have certify and sign here:) (Second witness). The undersigned witness known to me to be the same person whose the foregoing power of attorney, appeared acknowledged signing and delivering the interpretation of the principal, for the user and purposes to be of sound mind and matter. The undersitive of the physician or provides (5) and owner or operator of a health care facility or descendant of either the principal or and foregoing power of attorney, whether such adoption; or (d) an agent or successor agest attorney. Dated:	a second witness, have him or her certifies that Jakie. C. R. Nazekez name is subscribed as principal to before me and the notary public and estrument as the free and voluntary act therein set forth. I believe him or her ersigned witness also certifies that the or mental health service provider or a owner, operator, or relative of an owner, operator, or relative o
State of	Serthe RECHSURS Pers

the agent(s)). Dated: .0.7. 23. .2019	My Commission to Indefinite	2
agents to provide specim	not required to, request your agent and successor on signatures below. If you include specimen signatur you must complete the certification opposite the	.
I certify that the sign	s of my agent (and successors) are genuine.	
Specimen signatures of	ed (and successors)	
(agent)	(principa!)	
(successor agent)	(principal)	
(successor agent)	(principal)	
(NOTE: The name, add or who assisted the prin	ess, and phone number of the person preparing this is spal in completing this form should be inserted below.	om .)
Address:	D(DD) D = 1 D D D D D D D D D	
9072 Santingo L	£	
Heatington Reach.		
Phone: 7/4-2.6.7		

2036617226 Page: 9 of 11

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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 this for the best interest of the principal, using due care, competence, and discusse;
- (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 reasons to 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 incorsistent with the other principles in this Notice to Agent;
 - : (2) do any act beyond the authority granted in this power of authory;
 - (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

2036617226 Page: 10 of 11

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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 34 of the Illinois Power of Atlorney 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 to be 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 righthure of a witness in addition to the principal and the notary, imposed by Public Act 91790, applies only to instruments executed on or after June 9, 2000 (the effective date of that Public Act).

(NOTE: This amendatory Act of the 96% General Assembly deletes provisions that referred to the one required witness on "additional witness", and it also provides for the signature of an optional "Sand witness".)

Exhibit "A" Legal Description

LOT OF NEPIL AND SERHANT'S SUBDIVISION OF THAT PART OF THE EAST 1/2 OF THE NORTHWEST 1/4 (EXCEPT THE EAST 41 ACRES THEREOF) LYING SOUTH OF RIVERSIDE PARKWAY OF SECTION 30, TOW SHIP 39 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLI OIS.

