#### **UNOFFICIAL COPY**

Doc#. 2101301026 Fee: \$98.00

Karen A. Yarbrough Cook County Clerk

Date: 01/13/2021 08:13 AM Pg: 1 of 7

# RECORDING COVER PAGE

**POWER OF ATTORNEY** 

1381
OUNTY CIEPTS OFFICE CH20038142

2101301026 Page: 2 of 7

## **UNOFFICIAL COPY**

#### ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

POWER OF ATTORNEY made this 31 day of 10+0ber, 2020.
I, Janny Huang of 3658 W Hirsch Street, Chicago, Illinois 60651, Hereby revoke all prior powers of attorney for property executed by me and appoint:
Shaun Huang, of 3658 W Hirsch Street, Chicago, IL 60651.
(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 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:
(NOTE: 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.)
<ul> <li>(a) Real estate transactions.</li> <li>(b) Financial institution transactions.</li> <li>(c) Stock and bond transactions.</li> <li>(d) Tangible personal property transactions.</li> <li>(e) Safe deposit box transactions.</li> <li>(f) Insurance and annuity transactions.</li> <li>(g) Retirement plan transactions.</li> <li>(h) Social Security, employment-and military service benefits.</li> <li>(i) Tax matters.</li> <li>(j) Claims and litigation.</li> <li>(k) Commodity and option transactions.</li> <li>(l) Business operations.</li> </ul>
(k) Commodity and option transactions. (l) Business operations. (m) Borrowing transactions. (n) Estate transactions. (o) All other property powers and 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):

For the closing of 1120 N Mason, Chicago, Illinois

2101301026 Page: 3 of 7

#### **UNOFFICIAL COPY**

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):

(NOTE: 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.

(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 WAMT 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 EXFECTIVE AT THE TIME THIS POWER IS SIGNED AND WILL CONTINUE UNTIL YOUR DEATH CALESS 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 immediately.

(NOTE: insert a future date or event during your lifetime, such as 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 <u>upon the closing of 1120 N Mason</u>. Chicago. Illinois

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

#### **UNOFFICIAL COPY**

(IF YOU WISH TO NAME SUCCESSOR AGENTS, INSERT THE NAME(S) AND ADDRESS(ES) OF SUCH SUCCESSOR(S) IN THE 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:

(a) n/a.

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 W'AST TO NAME YOUR AGENT AS GUARDIAN OF YOUR ESTATE, IN THE EVENT A COURT DECIDES THAT ONE SHOULD BE APPOINTED, YOU MAY, BUT ARE NOT REQUIRED TO, DO SO BY RETAINING THE PARAGRAPH 9 AND THE COURT WILL APPOINT YOUR AGENT IF THE COURT FINDS THAT SUCH 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 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 my agent.

(NOTE: This form does not authorize your agent to appear jo court for you as an attorney-at-law or otherwise to engage in the practice of law unless he or she is a litensed attorney who is authorized to practice law in Illinois.)

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

Dated: 10/31/20
Signed Janny Huang

(THIS POWER OF ATTORNEY WILL NOT BE EFFECTIVE UNLESS IT IS NOTARIZED AND 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 witnesses certifies that Janny Huang, 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

2101301026 Page: 5 of 7

#### **UNOFFICIAL COPY**

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: 10/3 1/2020

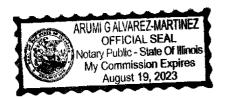
Signed: Residing at: 3/11 V k Mayor 5/ Mayor 1/2055

(NOTE: ILLIN DIS 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:)

The undersigned witnesses certifies that Janny Huang, known to me to be the same person whose name is

The undersigned witnesses certifies that Janny Huang, 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 toth 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 v high 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 at orney whether such relationship is by blood, marriage, or adoption; or (d) an agent or successor agent under the foregoing power of attorney.

Dated:	_	40.	*	
Signed:	_	Residing at:		
			C,	
			Q,	
State of Illinois	)		1/4	
	) ss.		΄΄, Ξ	
County of COOK	_)			
				/sc.
The undersigned, a notary				
known to me to be the same j	person whose nar	ne is subscrib <mark>ed</mark>	as principal to the fo	oregoing power of
attorney, appeared before				
	), in person and	acknowledged s	signing and delivering	the instrument as
the free and voluntary act of the	e principal, for the	uses and purpo	ses therein set forth (,	and certified to the
correctness of the signature(s)				
	• (,,,			0
Dated: 10/31/2020	(SEAL)			
	_ `		1 W	
			Notary Public	



2101301026 Page: 6 of 7

### **UNOFFICIAL COPY**

(NOTE: 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 signatures of my agent (and successors) are correct.	
(agent)	Janny Huang	
(successor agent)	Janny Huang	
(successor agent)	Janny Huang	

THE NAME AND ADDRESS OF THE PRINCIPAL IN COMPLETING THIS FORM.

This document was prepared by: AND RETURN TO:

The aw Offices, LLC

The principal in completing this port of the principal in the (THE NAME AND ADDRESS OF THE PERSON I'R EPARING THIS FORM OR WHO ASSISTED

2101301026 Page: 7 of 7

# **UNOFFICIAL COPY**

#### **EXHIBIT A**

Order No.: CH20038142

For APN/Parcel ID(s): 16-05-400-029-0000 For Tax Map ID(s): 16-05-400-029-0000

AL MERIL

OR COOK COUNTY CIENTS OFFICE LOT 16 IN BLOCK 2 IN JERNBERG'S SUBDIVISION OF THE WEST 1/2 OF THE NORTHWEST 1/4 OF THE SC JTHEAST 1/4 OF SECTION 5, TOWNSHIP 39 NORTH, RANGE 13, EAST OF THE

THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.