

# UNOFFICIAL COPY

2 of 5 CT- 20GSA315039NL

PREPARED BY:  
Cross Town Legal  
19201 S. LaGrange Road  
Suite 205  
Mokena, IL 60448  
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Doc#: 2103421096 Fee: \$98.00  
Karen A. Yarbrough  
Cook County Clerk  
Date: 02/03/2021 10:35 AM Pg: 1 of 6

## MAIL TO:

Cross Town Legal  
19201 S. LaGrange Road  
Suite 205  
Mokena, IL 60448

## ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

I, Joseph Shep Bryar, of 5412 E. Morrison Lane, Paradise Valley, AZ 85253, hereby appoint:

KATHLEEN CUNNINGHAM  
19201 S. LA GRANGE SUITE 205  
MOKENA, ILLINOIS 60448

*(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.)*

- (a) Real estate transactions.
- (b) Financial institution transactions.
- ~~(c) Stock and bond transactions.~~
- (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 matters.~~
- ~~(j) Claims and litigation.~~
- ~~(k) Commodity and option transactions.~~
- ~~(l) Business operations.~~
- (m) Borrowing transactions.

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~~(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.)*

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.)*

This power of attorney is limited to the purchase of 5467 S. Ingleside Ave, Unit 2E, Chicago, Illinois 60615.

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 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.)*

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6. ( x ) This power of attorney shall become effective on July 29, 2020.

*(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. ( x ) This power of attorney shall terminate on PURCHASE of 5467 S. Ingleside Ave., Unit 2E, Chicago, IL 60615.

*(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 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.)*

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:

.....  
.....

For purposes of 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 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 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.)*

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

**UNOFFICIAL COPY**Dated: 7/30/2020Signed Joseph Shep Bryan  
Joseph Shep Bryan

*(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 witness certifies that Joseph Shep Bryan, 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 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: 7/30/20Sheila Heffington  
Witness

*(NOTE: Illinois 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:)*

(Second witness) The undersigned witness certifies that Joseph Shep Bryan, 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 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: 7/30/2020Michelle Kelly  
Witness

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State of Arizona )  
 ) SS.  
County of Maricopa )

The undersigned, a notary public in and for the above county and state, certifies that Joseph Shep Bryan, 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 witness(es) Sheila Heffington (and Michelle Kelly) 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: July 30, 2020



[Signature]  
Notary Public

My commission expires: 6/3/2022

*(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 genuine.

.....  
(agent)

.....  
(successor agent)

.....  
(successor agent)

*(NOTE: The name, address, and phone number of the person preparing this form or who assisted the principal in completing this form should be inserted below.)*

CROSS TOWN LEGAL  
19201 S. LAGRANGE, SUITE 205  
MOKENA, ILLINOIS 60448  
708 478-9700

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## LEGAL DESCRIPTION

Order No.: 20GSA315039NL

**For APN/Parcel ID(s): 20-11-328-028-1014**

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UNIT NUMBER 5467-2E, IN THE INGLESIDE COURT CONDOMINIUM HOMES SOUTH, AS DELINEATED ON A SURVEY OF THE FOLLOWING DESCRIBED REAL ESTATE:

THE SOUTH 4 7/8 INCHES OF LOT 6, ALL OF LOT 7, AND THE NORTH 49 FEET 9 1/2 INCHES OF LOT 10 IN BLOCK 20 IN EGAN DALE, A SUBDIVISION OF THE EAST 118 ACRES OF THE SOUTH WEST 1/4 OF SECTION 11, TOWNSHIP 38 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS;

WHICH SURVEY IS ATTACHED AS EXHIBIT 'A' TO THE DECLARATION OF CONDOMINIUM RECORDED AS DOCUMENT 24776936, TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS, IN COOK COUNTY, ILLINOIS

COOK COUNTY CLERK'S OFFICE