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Doc#. 2103512498 Fee: \$98.00

Karen A. Yarbrough Cook County Clerk

Date: 02/04/2021 02:46 PM Pg: 1 of 6

File No.: CH20030578

(Grantor) ELITE 1031 EXCHANGE LLC AS QI FBO VINAY PENMETCHA AND NEEHARIKA PENMETCHA

and power of attorney

(Grantee) Wayne Y Chen and Eva Yen

This page is added to provide adequate space for recording information and microfilming.

Do not remove this page as it is now part of the document.

PREPARE BY AND RETURN THIS DOCUMENT TO:

Saichang Xt 960 Rand Rd., Sie #217 Desplaines, IL 60016

Fidelity National Title Company, LLC 6250 W 95th St Oak Lawn, IL 60453

FIDULITY NATIONAL TITLE

Recording Cover Sheet ILD0100.doc / Updated: 03.12.13

Printed: 11.25.20 @ 05:53 PM by IL-FT-FILL-01040.235206-CH20030578

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II. OTATIITORV OHORT FORM	I
IL STATUTORY SHORT FORM	
POWER OF ATTORNEY	
Preparer rile.	}
FATIC No.:	
CVA.	
ILLINOIS STATUTO	
POWER OF ATTORNE	
	11 CA 99696
1. 1. Warm Ving-chang Clen, 1903 12th	Ave Cabland (insert name and address of principal)
1. I, Wayne Yung-Chang Clen, 1903 12th J Hereby revoke all prior powers of attorney for property exect	uted by me and appoint: ,
	L 85 d 10
(NOTE: You may not name co-agents using this form, as	Des Magnes 11 (insert name and address of agent)
(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 La v"	
on or additions to the specified powers inserted in paragraph	
of again, to an absolute between the against	
(NOTE: You must strike out any one or more of the follow	ing categories of powers you do not want your agent to
have. Failure to strike the fitle of any category will cause th	
agent. To strike out a category you must draw a line through	
(A) Real estate transactions.	0/4/
(B) Financial institution transactions.	
(C) Stock and bond transactions:	T_{a}^{\prime}
(D) Tangible personal property transactions.	· W
(E) Safe deposit box transactions.	
(F) Insurance and annuity transactions.	$\bigcup_{\mathcal{K}_{\alpha}}$
(G) Retirement plan-transactions .	
(H) Social Security, employment and military service be	inents.
(1) Tax matters	enefits.
(J) Claims and litigation.	
(K) Commodity and option transactions. (L) Business operations.	
(L) Business operations. (M) Borrowing transactions.	
(N) Estate transactions.	
(O)—All other property transactions.	
(2) an eater broker A compagnition	

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.)

the powers are limited to the puchase of the real estate bocated at 343 E



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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 is 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 decimer-making to any person or persons whom my agent may select, but such delegation may be amended or revoked 's may 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 paragrapi 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 mannerAbsent 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
(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 legal disability or a written determination by your physician that you are not incapacitated, if you want to 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 agant, I name the following (each to act alone and successively, in the order named) as successor(s) to such agent:
Eva Yen
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 guardlan 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 guardlan.)

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.

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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 refere		
Dated:	Oct. 1612020 Signed	i: Wayne	ym - chang clim agne yung-chang chin
		(Principal) Wa	zyne Yung-Chang chin
(NOTE: This p notarized, usin	ower of attorney will not be effect g the form below. The notary may	ive unless it is signed by a	at least one witness and your signature is
same person we notary public a for the uses ar witness also co of the physicial which the principle descendant of such relationsh attorney.	nd acknowledged signing and de ad purposes therein set forth. I be ertified that the witness is not: (a) to n or provide; (b) an owner, oper ipal is a patient or resident; (c) a p either the principal or any agent ip is by blood, marriage, or adopti	ivering the instrument as in ieve him or her to be of so he attending physician or relative of an own parent, sibling, descendant or successor agent under on; or (d) an agent or successor	known to me to be the r of attorney, appeared before me and the the free and voluntary act of the principal bund mind and memory. The undersigned mental health service provider or a relative ner or operator of a health care facility in the foregoing power of attorney, whether the sessor agent under the foregoing power of
Dated:	Oct. 16, 2020 Signed	: Wang chen	Ruei - nei
	9	(Witness) WANG, C	MEN KUEI-MEI
(NOTE: Illinois requires only one witness, but other urisdictions may require more than one witness. If you wish to have a second witness, have him or her certify and sign fiere.)			
(Second witnes	s)	0,	
	d witness certifies that	pal to the foregoing rower	known to me to be the of attorney, appeared before me and the
notary public ar for the uses and witness also cer of the physiciar which the princi descendant of a	nd acknowledged signing and delict purposes therein set forth. I belict tifies that the witness is not: (a) the provider; (b) an owner, operapal is a patient or resident; (c) a petither the principal or any agent of	vering the instrument as it eve him or her to be of so he attending physician or n ator, or relative of an own arent, sibling, descendant, hr successor agent under t	ne free and voluntary act of the principal, und mind and memory. The undersigned ental nealth service provider or a relative er or of erator of a health care facility in or any spouse of such parent, sibling, or the foregoing power of attorney, whether essor agent under the foregoing power of
Dated:	Signed:		7/5
(Witness)			

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FEI YAN GUO OFFICIAL SEAL Notary Public - State of Illinois My Commission Expires Jul 19, 2024

STATE OF ILLINOIS, COUNTY OF)\$\$
The undersigned, a notary public in and for the above count known to me to be the same person whose name is substantiated before me and witness(es) (NAMA, CHTAL) person and acknowledged signing and delivering the instruses and purposes therein set forth (, and certified to the	cribed as principal to the foregoing power of attorney, in rument as the free and voluntary act of the principal, for the
My commission extres: July 19, 2024	Notary Public Notary Public
(NOTE: You may, but are not required to, request your a below. If you include specimen signatures in this power of signatures of the agents.) Specimen signatures of agent (and successors)	igent and successor agents to provide specimen signatures of attorney, you must complete the certification opposite the least
(agent)	(principal)
(successor agent)	(principal)
(successor agent)	(principal)
(NOTE: The name, address, and phone number of the pe completing this form should be inserted below.)	rson preparing this form or who assisted the principal in
Name: Address: City/State/Zip: Phone:	750 050

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EXHIBIT A

Order No.: CH20030578

For APN/Parcel ID(s): 17-27-129-093-1006 For Tax Map ID(s): 17-27-129-093-1006

PARCEL 1:

UNIT 18-C TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS IN EASTGATE CONDOMINIUM AS DELINEATED AND DEFINED IN THE DECLARATION RECORDED AS DOCUMENT NO. 0722222004 AND AS AMENDED FROM TIME TO TIME IN THE WEST 1/2 OF SECTION 27, TOWNSHIP 39 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PARCEL 2:

EXCLUSIVE USE FOR PARKING SPACE NO. PU-2, A LIMITED COMMON ELEMENT, AS SET FORTH AND DEFINED IN SAID DECLARATION OF CONDOMINIUM AND SURVEY ATTACHED THERETO, IN COOK COUNTY, ILLINOIS.

Property address: 343 6. 25 PL, WAIT 3W