UNOFFICIAL COPY

Doc#. 2104939137 Fee: \$98.00

Karen A. Yarbrough Cook County Clerk

Date: 02/18/2021 09:35 AM Pg: 1 of 7

SPACE ABOVE THIS LINE FOR RECORDERS USE

Power of Attorney

1 OF 2 20-14847

PLYMOUTH TITLE GUARANTY CORP 6323 N Avondale Ave, Chicago IL 60631 PH 630-300-3900 FX 630-300-3901

2104939137 Page: 2 of 7

UNOFFICIAL COPY

ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

POWER OF ATTORNEY FOR PROPERTY
1. Lucrecia Delgado of 4142 Wenonah Ave, Stickney IL 60402
(insert name and address of principal) hereby revoke all prior powers of attorney for property executed by me and appoint: Eliel N.Delgado of
Tot property executed by the and appoint.
4142 Wenonah Ave, Stickney IL 60402
(insert name and address of agent) 20-148047
(NOTE: You may not name co-agents using this form.) as my attorney-in-fact (my "agent") to act for
me and in my nam; (ii) 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 incre 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 bend-transactions.
(d) Tangible percenal preperty transactions.
that category.) (a) Real estate transactions. (b) Financial institution transactions. (c) Stock and bond transactions. (d) Tangible personal property transactions. (e) Oafe deposit box transactions. (f) Insurance and annuity transactions.
(f) Insurance and annuity transactions.
(g) Potirement plan transactions.
(g) Retirement plan transactions. (h) Gosial Geourity, employment and military service benefits.
(i) Tax-mattere:
(j) Olaims and litigation.
(k) Commedity and option transactions.
(f) Basiness operations:
(m) Bonowing transactions.
(n) Estate transactions.
(e) All other property transactions.

2104939137 Page: 3 of 7

UNOFFICIAL COPY

(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: Limited to signing of loan documents for the refinance of 4142 Wenonah Ave, Stickney IL 60402

(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.)

LOTS 17 AND 18 IN BLOCK 2 IN GOSS, JUDD AND SHERMAN'S FOREST MANOR, BEING A SUBDIVION OF BLOCKS 32 AND 33 IN THE CIRCUIT COURT PARTITION OF SECTION 6, TOWNSHIP 38 NORTH, RANGE 13, LAST OF THE THIRD PRINCIPAL MERIDAN, IN COOK COUNTY.

PIN 19-06-113-035-0000 AND 19-06-113-036-0000

2. In addition to the powers granted above, I grant my agent the following powers: N/A

(NOTE: Here you may add any other delcar.ble 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 desicion 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 atterney 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.)

2104939137 Page: 4 of 7

UNOFFICIAL COPY

5. My agent shall be entitled to reasonable compensation for consisce randored 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 $\frac{1/7/2021}{1.00000000000000000000000000000000000$
(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 2/7/2021
(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 ramed) as
successor(s) to such agent: N/A
For purposes of this paragraph 8, a person shall be considered to be incompetent if and while the

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 a person with a disability 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

2104939137 Page: 5 of 7

UNOFFICIAL COPY

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 atterney as such guardian, to serve without bend or essurity.

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 er gage 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. C'004 Signed Principal (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 nearly may not also sign as a witness.) Lucrecia Delgado The undersigned witness certifies that 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 confises 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. Mario Delgado Ma Inf

2104939137 Page: 6 of 7

UNOFFICIAL COPY

(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
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.
believe him or her to be of sound mind and memory. The undersigned witness also certifies that the
witness is not: (a) the reending 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:
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:
Witness
State of ILLINGIS
) SS.
State of ILLINOUS) SS. County of Coek
The undersigned, a notary public in and for the above county and state, certifies that Lucrecia Delgado 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) MARIO DELGADO (and MARIO)
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: (1/08/2021
Dated: 01/08/2021 Berton R. Novok 04/04/2021
Notary Public My Commission Expires

OFFICIAL SEAL BARBARA R NOVAK NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES: 04/04/21

2104939137 Page: 7 of 7

UNOFFICIAL COPY

EXHIBIT A:

LEGAL DESCRIPTION:

LOTS 17 AND 18 IN BLOCK 2 IN GOSS, JUDD AND SHERMAN'S FOREST MANOR, BEING A SUBDIVISION OF BLOCKS 32 AND 33 IN THE CIRCUIT COURT PARTITION OF SECTION 6, TOWNSHIP 38 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY,

C.K.A: 4142 S. Wenonah, Stickney, IL 60402 P.I.N. 19-05-123-035-0000 19-06-113-036-0000

Wen. 3-035-00.

Of Cook County Clark's Office