

# UNOFFICIAL COPY

Doc#: 2109518265 Fee: \$98.00  
Karen A. Yarbrough  
Cook County Clerk  
Date: 04/05/2021 01:53 PM Pg: 1 of 13

Property of Cook County Clerk's Office

## POWER OF ATTORNEY COVER PAGE

⑤

20 GNW 2132138K

2/3

# UNOFFICIAL COPY

## 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 Illinois 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 dispose 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 co-agents.

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 select 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 she must also act in accordance with the law and with the directions in this form. Your agent must keep a record of all receipts, disbursements, and significant actions taken as your agent.

Unless you specifically limit the period of time that 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.

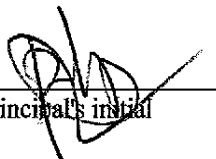
This Power of Attorney does not authorize your agent to appear in court for you as an attorney-at-law or otherwise to engage in the practice of law unless he or she is a licensed attorney who is authorized to practice law in Illinois.

The powers you give your agent are explained more fully in Section 3-4 of the Illinois 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 initial



# UNOFFICIAL COPY

.....(Space above this line for Recording Data).....

## ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

1. I, Pratap Madgula, 568 Kirkstone Court, San Ramon, CA 94582 hereby revoke all prior powers of attorney for property executed by me and appoint: Ravi Kaipa, 3304 Rollingridge Rd., Naperville, IL 60564 (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.
- (n) Estate transactions.
- (o) All other property transactions.

# UNOFFICIAL COPY

2. The powers granted above shall not include the following powers or shall be modified or limited in the following particulars:
  
3. In addition to the powers granted above, I grant my agent the following powers:
  
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 an agent (including any successor) named by me who is acting under this power of attorney at the time of reference.
  
5. My agent shall be entitled to reasonable compensation for services rendered as agent under this power of attorney.
  
6.  ) This power of attorney shall become effective on March 2, 2021
  
7.  ) This power of attorney shall terminate on April 3, 2021
  
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 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.

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.

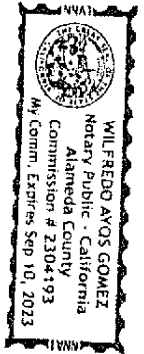
# UNOFFICIAL COPY

State of CALIFORNIA )  
 ) SS  
County of ALAMEDA )

The undersigned, a notary public in and for the above county and state, certifies that Pratap Madgula 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) PRASAD KODALI and GIRIHA RAO 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: MARCH 06, 2021 Signed [Signature] (Notary Public)

My commission expires: 09/10/2023  
\* ATTORNEY CALIFORNIA A COUNSELOR GENERAL



(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)

[Signature]  
(agent)

\_\_\_\_\_  
(successor agent)

\_\_\_\_\_  
(successor agent)

I certify that the signature of my agent (and successors) are genuine

[Signature]  
(principal)

\_\_\_\_\_  
(principal)

\_\_\_\_\_  
(principal)

(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.)

Name: Dadkhah Law Group

Address: 7126 N. Lincoln Ave., Lincolnwood, IL 60712

Phone: 312-224-1719

# UNOFFICIAL COPY

## CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California }

County of ALAMEDA }

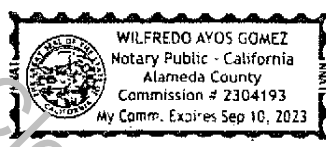
On MARCH 06, 2021 before me, WILFREDO AYOS GOMEZ  
NOTARY PUBLIC  
(Here insert name and title of the officer)

personally appeared PRATAP VENKATA SATYA MADHUKA,  
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

*[Signature]*  
Notary Public Signature (Notary Public Seal)



### ADDITIONAL OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT  
POWER OF ATTORNEY  
(Title or description of attached document)  
  
(Title or description of attached document continued)  
Number of Pages \_\_\_\_\_ Document Date 03/04/2021

### INSTRUCTIONS FOR COMPLETING THIS FORM

- This form complies with current California statutes regarding notary wording and, if needed, should be completed and attached to the document. Acknowledgments from other states may be completed for documents being sent to that state so long as the wording does not require the California notary to violate California notary law.*
- State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
  - Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
  - The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).
  - Print the name(s) of document signer(s) who personally appear at the time of notarization.
  - Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/they, -is /are ) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
  - The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
  - Signature of the notary public must match the signature on file with the office of the county clerk.
    - ❖ Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
    - ❖ Indicate title or type of attached document, number of pages and date.
    - ❖ Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
  - Securely attach this document to the signed document with a staple.

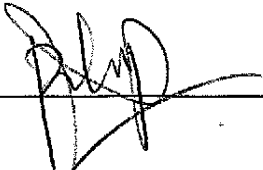
CAPACITY CLAIMED BY THE SIGNER

Individual (s)  
 Corporate Officer  
\_\_\_\_\_  
(Title)

Partner(s)  
 Attorney-in-Fact  
 Trustee(s)  
 Other \_\_\_\_\_

# UNOFFICIAL COPY

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

Dated: 3/04/2021 Signed  (principal)

The undersigned witness certifies that Pratap Madgula, 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: 03/06/2021 Signed  (Witness)

(Second witness) The undersigned witness certifies that Pratap Madgula, 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: 03/07/2021 Signed  (Witness)

# UNOFFICIAL COPY

(This page is not part of official statutory form. It is only for the Agent's use in recording this form when necessary for Real Estate Transactions)

For the premises commonly known as:

1922 W. Cullerton St., Chicago, IL 60608

Permanent Index Number(s): 17-19-414-029-0000

Legal Description:

LOT 39 IN BLOCK 52 IN THE SUBDIVISION OF SECTION 19, TOWNSHIP 39 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

(The name and address of the person preparing this form should be inserted if the Agent will have the power to convey any interest in Real Estate)

This instrument was prepared by:

Dadkhah Law Group, LLC  
7126 N. Lincoln Ave.  
Lincolnwood, IL 60712

Recorder - Mail recorded document to:

Pratap Madgula  
668 Kirkstone Court  
San Ramon, CA



# UNOFFICIAL COPY

## 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 faith for the best interest of the principal, using due care, competence, and diligence;
- (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 reasonable 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 inconsistent with the other principles in this Notice to Agent;
2. Do any act beyond the authority granted in this power of attorney;
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 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"

# UNOFFICIAL COPY

The meaning of the powers granted to you is contained in Section 3-4 of the Illinois Power of Attorney 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 liable 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.

    *JK*     Agent's Initials

Property of Cook County Clerk's Office

# UNOFFICIAL COPY

## AGENT'S CERTIFICATION AND ACCEPTANCE OF AUTHORITY

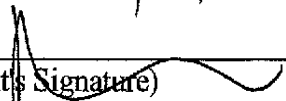
I, Ravi Kaipa, certify that the attached is a true copy of a power of attorney naming the undersigned as agent or successor agent for Pratap Madgula.

I certify that to the best of my knowledge the principal had the capacity to execute the power of attorney, is alive, and has not revoked the power of attorney; that my powers as agent have not been altered or terminated, and that the power of attorney remains in full force and effect.

I accept appointment as agent under this power of attorney.

This certification and acceptance is made under penalty of perjury. \*

Dated: 03/17/21

  
\_\_\_\_\_  
(Agent's Signature)

Ravi Kaipa  
\_\_\_\_\_  
(Print Agent's Name)

3304 Rollingridge Rd., Naperville, IL 60564  
\_\_\_\_\_  
(Agent's Address)

\*(NOTE: Perjury is defined in Section 32-2 of the Criminal Code of 1961, (720 ILCS 5/32-2) and is a Class 3 felony.)

Property Of Cook County Clerk's Office

# UNOFFICIAL COPY

## AGENT'S CERTIFICATION AND ACCEPTANCE OF AUTHORITY

I, \_\_\_\_\_ (insert name of agent), certify that the attached is a true copy of a power of attorney naming the undersigned as agent or successor agent for \_\_\_\_\_ (insert name of principal).

I certify that to the best of my knowledge the principal had the capacity to execute the power of attorney, is alive, and has not revoked the power of attorney; that my powers as agent have not been altered or terminated; and that the power of attorney remains in full force and effect.

I accept appointment as agent under this power of attorney.

This certification and acceptance is made under penalty of perjury. \*

Dated: \_\_\_\_\_

\_\_\_\_\_  
(Agent's Signature)

\_\_\_\_\_  
(Print Agent's Name)

\_\_\_\_\_  
(Agent's Address)

\*(NOTE: Perjury is defined in Section 32-2 of the Criminal Code of 1961, (720 ILCS 5/32-2) and is a Class 3 felony.)

Property of Cook County Clerk's Office

# UNOFFICIAL COPY

## Agent's Certification and Acceptance of Authority Form 7/1/11

(Text of Section after amendment by P.A. 96-1195)

Sec 2-8: Reliance on document purporting to establish an agency.

- (a) Any person who acts in good faith reliance on a copy of a document purporting to establish an agency will be fully protected and released to the same extent as though the reliant had dealt directly with the named principal as a fully-competent person. The named agent shall furnish an affidavit or Agent's Certification and Acceptance of Authority to the reliant on demand stating that the instrument relied on is a true copy of the agency and that, to the best of the named agent's knowledge, the named principal is alive and the relevant powers of the named agent have not been altered or terminated; but good faith reliance on a document purporting to establish an agency will protect the reliant without the affidavit or Agent's Certification and Acceptance of Authority.
- (b) Upon request, the named agent in a power of attorney shall furnish an Agent's Certification and Acceptance of Authority to the reliant in substantially the following form: