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Karen A. Yarbrough
Cook County Clerk
Date: 04/23/2021 10:48 AM Pg: 1 of 6

RECORDING COVER SHEET

2101790IL MACFADYEN PCA

Submitted for Recording by:

Ravenswood Title Company, LLC
320 W Ohio Street, #3E
Chicago, IL 60654

When Recorded Return To:

Ravenswood Title Company, LLC
320 W Ohio Street, #3E
Chicago, IL 60654

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POWER OF ATTORNEY

Prepared by:
 RAVENSWOOD TITLE
 320 W OHIO ST, STE 3E
 CHICAGO IL 60654

Mail To:
 Ravenswood Title Company, LLC
 319 W Ontario St. #200
 Chicago, IL 60654

ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY.

(NOTICE: THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON YOU DESIGNATE YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO PLEDGE, SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. THIS FORM DOES NOT IMPOSE A DUTY ON YOUR AGENT TO EXERCISE GRANTED POWERS; BUT WHEN POWERS ARE EXERCISED, YOUR AGENT WILL HAVE TO USE DUE CARE TO ACT FOR YOUR BENEFIT AND IN ACCORDANCE WITH THIS FORM AND KEEP A RECORD OF RECEIPTS, DISBURSEMENTS AND SIGNIFICANT ACTIONS TAKEN AS AGENT. A COURT CAN TAKE AWAY THE POWERS OF YOUR AGENT IF IT FINDS THE AGENT IS NOT ACTING PROPERLY. YOU MAY NAME SUCCESSOR AGENTS UNDER THIS FORM BUT NOT CO-AGENTS. UNLESS YOU EXPRESSLY LIMIT THE DURATION OF THIS POWER IN THE MANNER PROVIDED BELOW, UNTIL YOU REVOKE THIS POWER OR A COURT ACTING ON YOUR BEHALF TERMINATES IT, YOUR AGENT MAY EXERCISE THE POWERS GIVEN HERE THROUGHOUT YOUR LIFETIME, EVEN AFTER YOU BECOME DISABLED.

THE POWERS YOU GIVE YOUR AGENT ARE EXPLAINED MORE FULLY IN SECTION 3-4 OF THE ILLINOIS "STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY LAW" OF WHICH THIS FORM IS A PART (SEE THE BACK OF THIS FORM). THAT LAW EXPRESSLY PERMITS THE USE OF ANY DIFFERENT FORM OF POWER OF ATTORNEY YOU MAY DESIRE. IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU.)

POWER OF ATTORNEY made this 17th day of MARCH, 20 20

1. I, ELIZABETH S MAY – 87 ELM ST, BELMONT MA 02478

hereby appoint: CHRISTOPHER MACFADYEN – 1448 N ORLEANS STREET, UNIT 1A, CHICAGO IL 60610

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:

(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

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AUTHORIZATION:

I, Elizabeth S. May (name of requesting party), having the power, authority and/or permission to do so, hereby authorize and request a deed be prepared putting property ownership into the name(s) and vesting option indicated above on this form.

I also hereby authorize an invoice to be sent and I agree to pay for the deed within the next 60 days even if the deed is not used by that date.

If this property resides in a location that requires that transfer taxes be paid or transfer stamps to be obtained as part of the process in the recording of a deed, I HEREBY ACKNOWLEDGE THAT I HAVE BEEN NOTIFIED THAT SUCH TAXES MUST BE PAID. RAVENSWOOD TITLE WILL ATTEMPT TO PROVIDE ACCURATE TRANSFER TAX INFORMATION, HOWEVER IN THE EVENT THAT THE INFORMATION PROVIDED IS NOT ACCURATE, FURTHERMORE ACKNOWLEDGE AND AGREE THAT I AM ULTIMATELY RESPONSIBLE FOR PAYMENT OF ANY TRANSFER TAXES REQUIRED BY THE APPLICABLE GOVERNMENT RECORDER'S OFFICE AND AGREE TO INDEMNIFY RAVENSWOOD TITLE COMPANY, LLC IN THE EVENT THEY SUSTAIN A LOSS IN CONNECTION TO THE RECORDING OF A DEED.

I FURTHER UNDERSTAND THAT BY SIGNING THIS FORM I AM AGREEING TO A NON-REFUNDABLE AND NON-WAIVABLE \$100 CHARGE FOR THE PREPARATION OF THE REQUESTED DEED.

Signature of property owner/requesting party: Elizabeth S. May

(Note: the person signing this document will be held responsible for payment)

Please submit completed form via e-mail to title@ravenswoodtitle.com

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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. | (i) Tax matters. |
| (b) Financial institution transactions. | (j) Claims and litigation. |
| (c) Stock and bond transactions. | (k) Commodity and option transactions. |
| (d) Tangible personal property transactions. | (l) Business operations. |
| (e) Safe deposit box transactions. | (m) Borrowing transactions. |
| (f) Insurance and annuity transactions. | (n) Estate transactions. |
| (g) Retirement plan transactions. | (o) All other property powers and transactions. |
| (h) Social Security, employment and military service benefits. | |

(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 (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):

- Limited to the refinance transaction with Guaranteed Rate, Inc. for property located at 1448 N ORLEANS STREET, UNIT 1A AND P12, CHICAGO IL 60610

3. In addition to the powers granted above I grant my agent the following powers (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):

N/A

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 DELEGATEDISCRETIONARY DECISION-MAKING POWERS TO OTHERS, YOU SHOULD KEEP THE NEXT SENTENCE, 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.

(YOUR AGENT WILL BE ENTITLED TO REIMBURSEMENT FOR ALL REASONABLE EXPENSES INCURRED INACTING UNDER THIS POWER OF ATTORNEY. STRIKE OUT THE NEXT SENTENCE 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.

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(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 EITHER (OR BOTH) OF THE FOLLOWING:)

6. () This power of attorney shall become effective on _____
(insert a future date or event during your lifetime, such as court determination of your disability, when you want this power to first take effect)

7. () This power of attorney shall terminate on _____
(insert a future date or event, such as court determination of your disability, when you want this power to terminate prior to your death)

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

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.

(IF YOU WISH 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 FOLLOWING PARAGRAPH. 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

Signed ELIZABETH S MAY (principal) Elizabeth S. May
(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.)

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Specimen signatures of agent
(and successors)

I certify that the signatures of my agent (and
successors) are correct

(Agent) _____

(principal) _____

(Successor
Agent) _____

(principal) _____

(Successor
Agent) _____

(principal) _____

(THIS POWER OF ATTORNEY WILL NOT BE EFFECTIVE UNLESS IT IS NOTARIZED AND SIGNED BY AT
LEAST ONE ADDITIONAL WITNESS, USING THE FORM BELOW.)

First Witness:

The undersigned witness certifies that Ma, Elizabeth
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.

Dated: 03/17/2021 Witness Signature: _____

Witness Printed Name: Keita Mamouron

Notary:

State of MASS ISS.
County of Middlesex

The undersigned, a notary public in and for the above county and state, certifies that
Elizabeth S May 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 additional
witness 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: 3/17/2021

Notary Public _____
My commission expires MAY 16 2025



JAYDEN DDHIR
Notary Public
Commonwealth of Massachusetts
My Commission Expires
May 16, 2025