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POWER OF ATTORNEY

Doc#. 2113806107 Fee: \$98.00

Karen A. Yarbrough

Cook County Clerk

Date: 05/18/2021 02:22 PM Pg: 1 of 11

Record and return to:

DOOR COLLAND DiBella & barrean LLC 45 N Addison Rd Adusn IL 60101

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"ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY"

"(Sometimes also referred to in this Act as the "statutory property power")" (Text of Section after amendment by P.A. 96-1195 Eff., 7/1/11) Sec. 3-3

Power of Attorney made this 23 day of April 2021
(month) (year) "1. I, Gustavo Gisbert , 641 S. Maple Ave., Unit C, Oak Park, IL 60304
(insert name and address of principal)
hereby revoke all prior powers of attorney for property executed by me and appoint:
Adrian Laurean, 45 N Addison Rd., Addison, IL 60101 (insert name and address of agent)
(NOTE: YOU MAY NOT NAME CO-AGENTS USING THIS FORM.)
as my attorney-ir-fact (my "agent") to act for me and in my name (in any way I could act in person) with respet the following powers, as defined in Section 3-4 of the "Statutory Short Form Power of Attorney for Property I (including all amendmens), but subject to any limitations on or additions to the specified powers inserted paragraph 2 or 3 below:
(NOTE: YOU MUST STRIKE OUT ANY ONE OR MORE OF THE FOLLOWING CATEGORIES OF POWERS YOU DO NOT WYOUR AGENT TO HAVE. FAILURE TO STRIKE THE TITLE OF ANY CATEGORY WILL CAUSE THE POWERS DESCRIBED IN TOCATEGORY TO BE GRANTED TO THE ACCENT, TO STRIKE OUT A CATEGORY YOU MUST DRAW A LINE THROUGH THE TITLE THAT CATEGORY.
(a) Real Estate transactions. (i) Tax metters.
(b) Financial institution transactions. (j) Claims and litigation.
(c) Stock and bond transactions. (k) Commodity and option transactions.
(d) Fangible 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. (b) Consider property transactions.
(h) Social Security, employment and military service benefit
(NOTE: LIMITATIONS ON AND ADDITIONS TO THE AGENT'S POWERS MAY BE INCLUDED IN THIS POWER 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 following particulars:
(NOTE: HERE YOU MAY INCLUDE ANY SPECIFIC LIMITATIONS YOU DEEM APPROPRIATE, SUCH AS A PROHIBITION CONDITIONS ON THE SALE OF PARTICULAR STOCK OR REAL ESTATE OR SPECIAL FULLS ON BORROWING BY AGENT.)
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 M GIFTS, EXERCISE POWERS OF APPOINTMENT, NAME OR CHANGE BENEFICIARIES OR JOINT TENANTS OR REVOKE AMEND ANY TRUST SPECIFICALLY REFERRED TO BELOW.) I authorize, consent and grant this Agent legal authority to handle and manage my digital assets and electronic description.
communications and legal authority to dispose of said assets and delete accounts and to communicate with and inst
custodians of same to disclose and release all information and records requested by this Agent, and to otherwise it
the rights and access that I could exercise.
(NOTE: YOUR AGENT WILL HAVE AUTHORITY TO EMPLOY OTHER PERSONS AS NECESSARY TO ENABLE THE AG TO PROPERLY EXERCISE THE POWERS GRANTED IN THIS FORM, BUT YOUR AGENT WILL HAVE TO MAKE ALL DISCRETION

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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

(NOTE, THIS POWER OF ATTORNEY MAY BE AMENDED OR REVOKED BY YOU AT ANY TIME AND IN ANY MANNER,

ABSENT AMENDMENT OF REVOCATION, THE AUTHORITY GRANTED IN THIS POWER OF ATTORNEY WILL BECOME EFFECTIVE AT THE TIME THIS FOWER 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 4/29/21
(NOTE: INSERT A FUTURE DATE OF 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 term in to on 5/14/21 (NOTE: INSERT A FUTURE DATE OR EVENT'S JICH AS A COURT DETERMINATION THAT YOU ARE NOT UNDER A LEGAL DISABILITY OR A WRITTEN DETERMINATION BY YOUR PLYSICIAN 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, rasign or refuse to accept the office of agent, name the following (each to act alone and successively, in the order named as successor(s) to such agent.
T _i
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 sometiment.
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 COUNT OFCIDES 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 quardian 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

(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 "(a separate)" part of this form."

Dated Apr 23, 2021	Signed 53-05-1-05-13-00 (Apr. 23., 2627) 27-57 (5-977-2)
NOTE: THIS DOWER OF ATTORNEY WILL NOT BE FEELD	(principal)

SIGNATURE IS NOTARIZED, USING THE FORM BELOW, THE NOTARY MAY NOT ALSO SIGN AS A WITNESS.)

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public and acknowledged signing and delivering the for the uses and purposes therein set forth. I believe undersigned witness also certifies that the witness is a provider or a relative of the physician or provider; (b) as a health care facility in which the principal is a patier spouse of such parent, sibling, or descendant of either	power of attorney, appeared before me and the notary instrument as the free and voluntary act of the principal, eve him or her to be of sound mind and memory. The lot (a) the attending physician or mental health service towner, operator, or relative of an owner or operator of it or resident; (c) a parent, sibling, descendant, or any the principal or any agent or successor agent under the lip is by blood, marriage, or adoption; or (d) an agent or
Dated :_ Apr 23, 2021	Signed Hans Rico Rocha (Apr 23, 2021 22:59 GMT>2)
(NOT c. II" INDIS REQUIRES ONLY ONE WITNESS, BUT O IF YOU WISH TO GIVE A SECOND WITNESS, HAVE HIM OR HER	(Witness) THER JURISDICTIONS MAY REQUIRE MORE THAN ONE WITNESS, GERTIFY AND SIGN HERE.)
the notary public and acknowledged signing and de the principal, for the user and purposes therein set to The undersigned witness also certifies that the witnesservice provider or a relative of the physician of provide operator of a health care facility in unich the principal is any spouse of such parent, sibling, or designant of e	known to me to be the same to foregoing power of attorney, appeared before me and elivering the instrument as the free and voluntary act of ith. I believe him or her to be of sound mind and themory, as is not: (a) the attending physician or mental health der. (b) an owner, operator, or felative of an owner or a patient or resident; (c) a parent, sibling, descendant, or there the principal or any agent or successor agent under ship is by blood, marriage, or adoption; or (d) an agent or
Dated : Sig	n.edben_
State of HUNOIS NORFOLK County of SUPPAGE Norman Vision Including SS. RETSIA M. Electronic N. Commonweal Registration My Commission Exp	otan / Pub/ic th of ∛inginia No. 327, 24
The undersigned, a notary public in and for the above co	unty and state, exifies that Gustsavo Gisbert 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) lia	na Rico Rocha
(and	n person and acknowled jed signing and delivering the
instrument as the free and voluntary act of the principal,	for the uses and purposes therein Sat forth (, and certified
to the correctness of the signature(s) of the agent(s)).	VI M.M.
Dated : <u>April 23, 2021</u> Sig	ned Attua / Culase
My commission expires 04/30/2023	(Notary Public) This notarial act was performed online by way of two-way to olvideo communication tectors and Provide NUEST YOUR AGENT AND SUCCESSOR AGENTS 10 PROVIDE
SPECIMEN SIGNATURES BELOW. IF YOU INCLUDE SPECIME COMPLETE THE CERTIFICATION OPPOSITE THE SIGNATURES OF	EN SIGNATURES IN THIS POWER OF ATTORNEY, YOU MUST
Specimen signatures of agent (and successors)	(certify that the signatures of my agent (and successors) are genuine.
(agent)	(principal)
(agent)	(principal)
(agent)	(principal)
\$75 ° 3"	æ, n n sint

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Adrian Laurean (NAME)	DIBELLA AND LAUREAN LLC (ADDRESS)
630-492-1885	45 N. Addison Road, Addison, Illinois 60101
(PHONE) (SOUTCE: P.A. 96-1195, eff. 7-1-11.) THE SPACE BELOW IS NOT PART OF THE OFFICIAL STATUTORY FORM, IT	IS FOR THE AGEN'S USE IN RECORDING THIS FORM WHEN NECESSARY FOR THE REAL ESTATE TRASACTIONS.
NAME	÷
STREET ADDRESS	
CITY.	
STATE	
ZIP	
OR RECORDER'S OFFICE BOX NO.	 ,
EGAL DESCRIPTION (Please see exhibit)	
	(The above space for Recorder's Use Only
	Colluit Clotte
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	74,
	T'S OFFICE
	O_{ic}

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"NOTICE TO THE INDIVIDUAL SIGNING THE ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY"

"(Sometimes also referred to in this Act as the "statutory property power")" (Text of Section after amendment by P.A. 96-1195 Eff. 7/1/11) Sec. 3-3.

"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, discursements, 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 au horize 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 out 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 road this Notice:

GG (Principal's Initials)"

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"ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY AGENT'S CERTIFICATION AND ACCEPTANCE OF AUTHORITY"

"(Sometimes also referred to in this Act as the "statutory property power")"
(Text of Section after amendment by P.A. 96-1195 Eff. 7/1/11) Sec. 2-8

rower of ratorney is	ade this day of	
"I, Adrian Laurean	(month)	(year)
that the attached is a true copy of a pow	er of attorney naming the undersigned as agent o	(insert name of agent) Certify r successor agent for
Gustavo Gisbert		(insert
name of principal) I cert v that to the best of my kn	owledge the principal had the capacity to exec	uite the nower of attorney is
alive, and has not revoked the power and that the power of attorney remains I accept appoinment as agent up	of attorney; that my powers as agent have not in full force and effect,	been altered or terminated
Dated:		
	45 N Addison Rd, Addison	
(Agent's signature)	(Agent's Ad	dress)
Adrian Laurean (Print Agent's Name)		
* (NOTE Perjury is defined in Section 32-	of the Original Code of 1961, and is a Class 3 f	eloný.)"
(Text of Section after	amendment by P.A. 96-1195 Eff. 7/1/11) Sec. 3	-3 11. (e)
*Notice to Agent. The following form ma under a power of attorney for property.	be known as "Notice to Agent" and shall be su	upplied to an agent appointed
	NOTICE TO AGENT	
created between you and the principal. A attorney is terminated or revoked. As agent you must: (1) do what you know the principal (2) act in good faith for the best (3) keep a complete and detail the principal; (4) attempt to preserve the principal is consistent with the principal (5) cooperate with a person where the principal (6) cooperate with a person (6) cooperate with a	ander this power of attorney a special logal relationship imposes upon you duties that continue until reasonably expects you to do with the principal needs of the principal, using due care, competed record of all receipts, disbursements, and significally setate plan, to the extent actually known incipalls best interest; and or has authority to make health care decisions to tations to the extent actually in the principal's best	ntil you resign or the power of "s property; rice, and diligence; inificant lictions conducted for by the agran, if preserving the
As agent you must not do any of the follo	ving:	
 (2) do any act beyond the author (3) commingle the principal's furified by the principal's furified by the principal's furified by the principal's furified by the principal solution of your marriage to the principal solution. 	ty from the principal, unless otherwise authorized the principal if you learn of any event that terming, such as the death of the principal, your legal solutions. I must use those special skills and expertise whenever you act for the principal by writing or principal b	finates this power of attorney
Gustavo Gisbert	Adrian Laurean	
"(principal's name)"	"by (your name	

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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."

"The requirement of the signature of a witness in addition to the principal and the notary, imposed by Public Act 91-790, applies only to instruments executed on or after June 9, 2000 (the effective date of that Public Act).

(NOTE: THIS AMENDATORY ACT OF THE 96th General ASSEMBLY DELETES PROVISIONS THAT REFERRED TO THE ONE REQUIRED WITNESS AS AN "ADDITIONAL WITNESS", AND IT ALSO PROVIDES FOR THE SIGNATURE OF AN OPTIONAL "SECOND WITNESS".)"

(Source: P.A. 96-1195, eff: 7/1/11.)



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"ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY SUCCESOR AGENT'S CERTIFICATION AND ACCEPTANCE OF AUTHORITY"

"(Sometimes also referred to in this Act as the "statutory property power")" (Text of Section after amendment by P.A. 96-1195 Eff. 7/1/11) Sec. 2-10.3

(This Section may contain text from a Public Act with a delayed effective date)

•	ay of(month)	(year)
"I, <u>Adrian Laurean</u>		(insert name of agent
ertify that the attached is a true copy of a power	of attorney naming the undersigned a	s agent or successor agent for
Gustavo Gisbert		(insert name of principal)
I certify that to the best of my knowledge		(insert name of unavailable agent
s unavailable due .o	(specify death, resignation, absence,	illness, or other temporary incapacity)
I accept appointment as agent under this po This certification and acceptance is made u		
Dated:		
(Agent's signature)	45 N. Addison Rd., Addis (Agent's	son, IL 60101 Address)
Adrian Laurean	VIII.	
(Print Agent's Name) (NOTE Perjury is defined in Section 32-2 of the	or minal Code of 1961, and is a Class	3 felony.)*
(Text of Section after amendation Notice to Agent. The following form may be knowned a power of attorney for property.	ment by P.A. 96-1195 Eff. 7/1/11) Sec own as Notice to Agent" and shall be	: 3-3 11. (e) e supplied to an agent appointed
	NÖTICE TO AGE! T	
When you accept the authority granted under this reated between you and the principal. Agency in tomey is terminated or revoked.	s power of attorney a special legal re nposes upon you duties, hat continue	elationship, known as agency, is until you resign of the power o
 (1) do what you know the principal reasonable (2) act in good faith for the best interest of the (3) keep a complete and detailed record of principal; 	e principal, using due care, competer d	ce, and diligence;
 (4) attempt to preserve the principal's estate is consistent with the principal's best inter 	rest; and	
(5) cooperate with a person who has author principal's reasonable expectations to the	extent actually in the principal's best	interest as agent
s agent you must not do any of the following:		
 (1) act so as to create a conflict of interest the (2) do any act beyond the authority granted in (3) commingle the principal's funds with your 	rithis power of attorney; funds;	
 (4) borrow funds or other property from the p (5) continue acting on behalf of the principal authority under this power of attorney, principal, or the dissolution of your marria 	if you learn of any event that termina such as the death of the principal, ige to the principal.	tes this power of attorney or you your legal separation from the
you have special skills or expertise, you must used disclose your identity as an agent whenever and signing your own name "as Agent" in the following the state of the state o	se those special skills and expertise veryou act for the principal by writing or	
Sustavo Gisbert	Adrian Laurean	
"(principal's name)"	"by (your na	

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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."

"The requirement of the signature of a witness in addition to the principal and the notary, imposed by Public Act 91-790, applies only to instruments executed on or after June 9, 2000 (the effective date of that Public Act).

(NOTE: THIS AMENDATORY ACT OF THE 96th General ASSEMBLY DELETES PROVISIONS THAT REFERRED TO THE ONE REQUIRED WITNESS. AS AN "ADDITIONAL WITNESS", AND IT ALSO PROVIDES FOR THE SIGNATURE OF AN OPTIONAL "SECOND WITNESS".)"

(Source: P.A. 96-1195, eff. 7/1/11.)



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LEGAL DESCRIPTION:

PARCEL 1: UNIT C TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS IN TRUE HOME CLINTON CONDOMINIUM AS DELINEATED AND DEFINED IN THE DECLARATION RECORDED AS DOCUMENT NO. 0815616082, IN THE SOUTHWEST 1/4 OF SECTION 7, TOWNSHIP 39 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY ILLINOIS.

PARCEL 2: EXCLUSIVE USE FOR PARKING PURPOSES IN AND TO PARKING SPACE NO. P-5 AND P-6, LIMITED COMMON ELEMENTS, AS SET FORTH AND DEFINED IN SAID DECLARATION OF CONDOMINIUM AND SURVEY ATTACHED THERETO, IN COOK COUNTY, ILLINOIS.

PROPERTY ADDRESS:

603, Cooperation Clarks Office 115 Clinton Avenue, Unit C, Oak Parl., 7L 60302

PERMANENT INDEX NUMBER:

16-07-303-017-1003