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Doc#. 2115904178 Fee: \$98.00
Karen A. Yarbrough
Cook County Clerk
Date: 06/08/2021 11:21 AM Pg: 1 of 8

POWER OF ATTORNEY

PROPERTY ADDRESS: 8829 S LUELLA AVE CHICAGO IL 60617

PIN: 25-01-213-010-0000

LOT 31 IN BLOCK 5 IN SOUTH SHORE GARDENS, BEING A SUBDIVISION IN THE NORTHEAST QUARTER OF SECTION 1, TOWNSHIP 37 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED NOVEMBER 24, 1924 AS DOCUMENT 8682812 AND REGISTERED JUNE 22, 1925 AS DOCUMENT LR261054, IN COOK COUNTY, ILLINOIS.

File nr: AT210504

After recording mail to:

**Altima Title, LLC.
6444 N. Milwaukee Ave.
Chicago, IL 60631
Ph. 312-651-6070**

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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

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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:

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Y. G.
Principal's initials

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ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

I, YVONNE GOODSON, of 8829 S. Luella Ave. Chicago, IL 60617 hereby revoke all prior powers of attorney for property executed by me and appoint:

AARON GOODSON
1454 SHERMAN ST.
HAMMOND, IN 46320

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:

- (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.

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(m) Borrowing transactions.

(n) Estate transactions.

(o) All other property transactions.

2. The powers granted above shall not include the following powers or shall be modified or limited in the following particulars:

NO LIMITATIONS

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

NO ADDITIONAL 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 any 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 (if desired) to reasonable compensation for services rendered as agent under this power of attorney.

6. (H) This power of attorney shall become effective on MARCH 3, 2021

7. (H) This power of attorney shall terminate on DATE OF DEATH.

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:

JAVON GOODSON
1454 SHERMAN ST.
HAMMOND, IN 46320

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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.


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

Dated: 03/03/2021


 YVONNE GOODSON

The undersigned witness certifies that YVONNE GOODSON 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 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: 03/03/2021


 Witness

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The undersigned witness certifies that YVONNE GOODSON 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 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: 03/03/2021

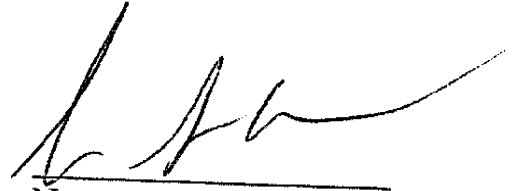

Witness

State of ILLINOIS)
) SS.
County of COOK)

The undersigned, a notary public in and for the above county and state, certifies that YVONNE GOODSON, 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 witnesses Charlotte Tyler and Tyone Garrett 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

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Dated: 03/03/2021

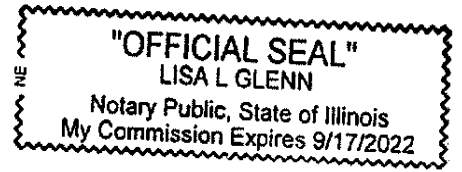


Notary Public

My commission expires September 17, 2022

PREPARED BY:

Name: Lisa Glenn of Law Office of Lisa L. Glenn, LLC
Address: 600 Holiday Plaza Dr, Ste 178
Matteson, IL 60443
Phone: 708.833.8406



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