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Doc#. 2120304084 Fee: \$98.00

Karen A. Yarbrough Cook County Clerk

Date: 07/22/2021 07:51 AM Pg: 1 of 6

ILLINOIS STATUTORY

SHORT FORM

DOOP OF POWER OF ATTORNEY FOR PROPERTY County Clark's Office

CHM

219TO 1789VH

Prepared by: Judge, James, Hoban & Judge, LLC

422 N. Northwest Hwy., Park Ridge, IL 60068

847 292-1200

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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 hand! I your financial affairs, which may include the power to pledge, sell, or dispose of any of you. Teal 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 (up 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 cignificant 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:

NF			
Principal's initials			

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(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 part of this form.
Dated: 5-14-2-21 Signed Nuch Fallisa Nicholas Fallico	
- Not Ellina	
Signed NICH F AND Signed Nicholas Fallico	
(NOTE: This power of attorney will not be effective unless it	t is signed by at least one witness and your
signature is notarized, using the form below. The notary ma	
The undersigned witness certifies that Nicholas Fallico know	wn to me to be the same person whose name is
subscribed as principal to the foregoing power of attorney, a	appeared before me and the notary public and
acknowledged signing and delivering the instrument as the uses and purposes therein set forth. I believe him or her to	free and voluntary act of the principal, for the be of sound mind and memory. The undersigned
witness also certifies that the witness is not: (a) the attending	ng physician or mental health service provider or
a relative of the physician or provider; (b) an owner, operato care facility in which the principal is a patient or resident; (c)	or, or relative of an owner or operator of a health
such parent, sibling, or descendant or citner the principal or	r any agent or successor agent under the
foregoing power of attorney, whether such relationship is by successor agent under the foregoing power c. attorney.	y blood, marriage, or adoption; or (d) an agent or
- I / 1	STANA
Dated: 5/14/2.	Diorect
4	Witness
"	181
(NOTE: Illinois requires only one witness, but other jurisdict	tions may require more than one witness. If you
wish to have a second witness, have him or her certify and	sign ne e:)
(Second witness) The undersigned witness certifies that	known to me to be
the same person whose name is subscribed as principal to me and the notary public and acknowledged signing and de	the foregoing power of attorney, appeared before elivering the instrument as the free and voluntary
act of the principal, for the uses and purposes therein set for	orth. I believe him or her to be of sound mind and
memory. The undersigned witness also certifies that the will health service provider or a relative of the physician or prov	tness is not: (a) the attending physician or mental vider: (b) an owner, operator, or telative of an
owner or operator of a health care facility in which the princ	
descendant, or any spouse of such parent, sibling, or desce	cipal is a patient or resident; (c) a parent, sibling,
successor agent under the foregoing power of attorney, wh	cipal is a patient or resident; (c) a parent, sibling, endant of either the principal or any agent or
successor agent under the foregoing power of attorney, wh adoption; or (d) an agent or successor agent under the fore	cipal is a patient or resident; (c) a parent, sibling, endant of either the principal or any agent or nether such relationship is by blood, marriage, or
adoption; or (d) an agent or successor agent under the fore	cipal is a patient or resident; (c) a parent, sibling, endant of either the principal or any agent or nether such relationship is by blood, marriage, or
successor agent under the foregoing power of attorney, wh adoption; or (d) an agent or successor agent under the fore Dated:	cipal is a patient or resident; (c) a parent, sibling, endant of either the principal or any agent or nether such relationship is by blood, marriage, or egoing power of attorney.
adoption; or (d) an agent or successor agent under the fore	cipal is a patient or resident; (c) a parent, sibling, endant of either the principal or any agent or nether such relationship is by blood, marriage, or

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The undersigned, a notary public in a	and for the above county and sta	te, certifies that Nicholas Fallico, known
to me to be the same person whose	name is subscribed as principal t	to the foregoing power of attorney,
appeared before me and the witness	(es)	(and ng and delivering the instrument as the
free and voluntary act of the principal	person and acknowledged significant for the uses and purposes there	ein set forth (, and certified to the
correctness of the signature(s) of the		<u> </u>
	• ,	
Dated: 5/14/2031	OFFICIAL SEAL	\neg
Dated	JANIS OLSEN	Tonis!
0.5	NOTARY PUBLIC, STATE OF ILLIN	OIS Jeis Clese - Janis (Notary Public
	MY COMMISSION EXPIRES JUL. 09, 2	2023 / Notary Public
My commission expires 07/08/	کی در ا	
(NOTE: You may, but are not require	ed to, resulest your agent and suc	ccessor agents to provide specimen
signatures below. If you include spec certification opposite the signatures		attorney, you must complete the
certification opposite the signatures of	or the agenta.)	
Specimen signatures of		I certify that the signatures
agent (and successors)	⁴ O _x	of my agent (and successors) are genuine.
	9	are genume.
(agent)		(principal)
		C/_
(successor agent)		(principal)
		0.
(augager agent)		(principal)
(successor agent)		
(NOTE: The name, address, and ph	one number of the person prepa	ring this form or who a sixted the
principal in completing this f	form should be inserted below.)	Q

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"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) citempt 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 proporty rom 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"

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

ytuna. If there is anything about this document or your duties that you do not understand, you should seek legal advice from an attorney."

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LEGAL DESCRIPTION

Order No.: 21ST01789VH

For APN/Parcel ID(s): 12-01-205-030-1004

Unit 1E AS DESCRIBED IN SURVEY DELINEATED ON AND ATTACHED TO AND A PART OF A DECLARATION OF CONDOMINIUM OWNERSHIP REGISTERED ON THE 20TH DAY OF JULY, 1984 AS DOCUMENT NUMBER 3383762 TOGETHER WITH AN UNDIVIDED 12.22 PERCENT INTEREST (EXCEPT THE UNITS DELINEATED AND DESCRIBED IN SAID SURVEY) IN AND TO THE FOLLOWING DESCRIBED PREMISES: LOT 17 IN ROY M. BERRY AND CO.'S DEVON HARLEM SUBDIVISION USEING A SUBDIVISION OF PARTS OF THE SOUTH 1/2 OF SECTION 36, TOWNSHIP 41 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN AND PART OF TE RINCH.

OF COUNTY CLARKS OFFICE THE NORTHEAST 1/4 OF THE NORTHEAST 1/4 OP SECTION 1, TOWNSHIP 40 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.