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2129419012

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KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 10/21/2021 10:48 AM PG: 1 OF 8

Property of Cook County Clerk's Office

Power of Attorney

This instrument was prepared by

ALEXANDER ECHEVARRIA
830 North Blvd.
Suite A
Oak Park, IL 60301

Mail To:

ALEXANDER ECHEVARRIA
830 North Blvd.
Suite A
Oak Park, IL 60301

ORNTIC File Number: 21141657 2/3
Old Republic National Title
9601 Southwest Hghwy
Oak Lawn, IL 60453
312/641-7799

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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 THE PERSON YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR FINANCIAL AFFAIRS, WHICH MAY INCLUDE POWERS TO PLEDGE, SELL OR OTHERWISE DISPOSE OF ANY 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 ON 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 THE AGENT IS NOT ACTING PROPERLY. YOU MAY ALSO REVOKE THE POWER OF ATTORNEY IF YOU WISH.

THE POWERS YOU GIVE YOUR AGENT ARE EXPLAINED MORE FULLY IN SECTION 3-4 OF THE ILLINOIS POWER OF ATTORNEY ACT. THIS FORM IS PART OF THAT LAW. THE "NOTE" PARAGRAPHS THROUGHOUT THIS FORM ARE INSTRUCTIONS.

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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):

All matters related to the purchase and financing of the real property addressed at 6129 S Meade Ave Chicago, IL 60638.

Cook County PIN# 19-17-323-010-0000

Legal Description:

THE LOT 31 IN BLOCK 7 IN CENTRAL ADDITION TO CLEARING, BEING A SUBDIVISION OF THE SOUTH 3/4 OF THE EAST 1/2 OF THE SOUTHWEST 1/4 OF SECTION 17, TOWNSHIP 38 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Including all loan documents, title company documents, title forms, land trust forms, mortgage documents, mortgage payoffs, municipal releases, satisfactions of judgments, and other related documentation.

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 IN ACTING 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.

THIS POWER OF ATTORNEY MAY BE AMENDED OR REVOKED BY ME 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 MY 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 the date of execution.

(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 December 30, 2021.

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

8. 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.

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9. I am fully informed as to all the contents of this Power of Attorney and understand the full import of this grant of powers to my agent.



Carmen V. Romo

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

Property of Cook County Clerk's Office

COOK COUNTY CLERK OFFICE
RECORDING DIVISION
118 N. CLARK ST. ROOM 120
CHICAGO, IL 60602-1387

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The undersigned witness certifies that Carmen V. Romo 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 said person to be of sound mind and memory. The undersigned witness also certifies that the witness is not: (a) the attending physician or mental health 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 relative; (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: 10-15-21, 2021.

Carmen V. Romo
Witness

STATE OF IL

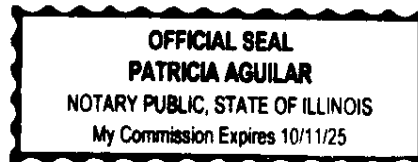
COUNTY OF COOK) SS

The undersigned, a notary public, in and for the above county and state, certifies that Carmen V. Romo, 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, FRANCIS CORVALES 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.

Dated: 10-16, 2021.

Patricia Aguilar
Notary Public

My commission expires 10-11-25



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LEGAL DESCRIPTION

LOT 31 IN BLOCK 7 IN CENTRAL ADDITION TO CLEARING, BEING A SUBDIVISION OF THE SOUTH 3/4 OF THE EAST 1/2 OF THE SOUTHWEST 1/4 OF SECTION 17, TOWNSHIP 38 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Address commonly known as:

6129 S Meade Ave

Chicago, IL 60638

PIN#: 19-17-322-010-0000

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