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Karen A. Yarbrough Cook County Clerk

Date: 01/11/2022 09:37 AM Pg: 1 of 7

POWER OF ATTORNEY COVER PAGE

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s 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 regal 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 is 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 1 mit 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 indapacitated. 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 explaine; 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 age t 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:

Principal's initials

ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

1. I, Connel Smola hereby revoke all prior powers of attorney for property executed by me and appoint: May parrett Kirby 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:

(NOTE: 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 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 and initial it.)

- (a) Real estate transactions.
- (b) Financial institution transactions.
- (m) Borrowing transactions.

(NOTE: 13 mitations on and additions to the agent's powers may be included in this power of attorney if they are specifically described below.)

2. The jowers granted above shall not include the following powers or shall be modified or limited in the following particulars: (NOTE: Here you has 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.)

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(NOTE: 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 incisions. If you want to give your agent the right to delegate discretionary decision-making powers to others, you should keep paragraph 4, otherwise it thould be struck out.)

- 4. My agent shall have the right by written instrume 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 to 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 attorney.

(NOTE: This power of attorney may be amended or revoked by you at any time and in any manner. Absent emendment 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 one or both of paragraphs 6 and 7.)

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determi	nation o	if vour	disab	Lity	or a	writ	ten del	terminat	ion by	vann	physt.	ភពនេះ

7. (initial here C.S.) This power of attorney shall terminate on

that you are incapacitated, when you want this power to first take effect.)

(NOTE: Insert a future date or event, such as a court determination that you are not under a legal disability or a written determination by your physician that you are not incepacitated, if you want this power to terminate prior to your 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: None 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. (NOTE: If you wish to, you may name your agent as guardian of your estate if a court decides 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 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 contexts of this form and understand the full import of this grant of powers to my agent. (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: 12-28-21

Signed

Principal

(NOTE: This power of attorney will not be effective unless it is signed by at least one witness and your signature is notarized, using the form below. The notary may not also sign as a witness.)

The undersigned witness certifies that Connel Smola (insert name of principal), 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. 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, descendent, or any spouse of such parent, sibling, or descendant of either the principal or any agent or successor

agent under the foregoing power blood, marriage, or adoption; foregoing power of attorney.		
Dated: Dunby 24, 7021	Day a	wals Miness
State of <u>Illinois</u>)		
County of <u>lock</u>)		
The undersigned, a notary certifies that formed Supply whose name is subscribed as prappeared before me and the will person and acknowledged signing voluntary act of the principal (, and certified to the correct	to the foregoing process to the foregoing process to the foregoing process and delivering the instruction for the uses and purpose	to be the same person cover of attorney, in rument as the free and as therein set forth
Dated: /2-28-2/	il nos me	KATHERINE DE GROOTE
My commission expires 10-15	-24.	OFFICIAL SEAL PRINCIPLE NOTATE PUBLIC STATE OF My Commission Expires October 15, 2024
(NOTE: You may, but are not re agents to provide specimen sig signatures in this power of at opposite the signatures of the	matures below. If you incl torney, you must complete	ude specimen
Specimen signatures of agent (and successors)	I certify that the signat of my agent (and successor are genuine.	
(agent)	(principal)	non-market
+ Mail to.	; ,	KATHERINE DE GROOTE OFFICIAL SEAL NOTARY E Notary Public - State of Illino STATE OF My Commission Expires My Commission Expires October 15, 2024

Address:

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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, compétence, and diligence;
- (3.) cep a complete and detailed record of all receipts, disbursements, and significant actions conducted for the principal;
- (4) actions 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) deoperate with a person who has authority to make health care decisions for the principal to carry out the principal's reasonable expectations to the extern actually in the principal's best interest As agent you must not do any of the Lorlowing:
- (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 property from the principal, unless otherwise authorized;
- (5) continue acting on behalf of the principal if you learn of any event that terminates this power of actorney or your authority under this power of actorney, 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 have "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 Seccion 3-4 of the Illinois Power of Attorney Act, which is incorporated by reference into the body of the power of attorney for property accument.

If you violate your duties as agent or act outside the authority franted 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.

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LEGAL DESCRIPTION

Order No.: 21ST03929NB

For APN/Parcel ID(s): 11-29-101-019-0000

LOT 4 IN BLOCK 1 IN FERGUSON'S BIRCHWOOD ADDITION TO EVANSTON, BEING A PART OF OF 1
41 NOR.
OS.
OS.
OCOLONIA
COLONIA
COLONIA THE SOUT 1/2 OF THE NORTHWEST 1/4, NORTH OF THE INDIAN BOUNDARY LINE IN SECTION 29, TOWNSHIP 41 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.