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Doc#. 2205617119 Fee: \$98.00

Karen A. Yarbrough Cook County Clerk

Date: 02/25/2022 03:05 PM Pg: 1 of 5

PRAIRIE TITLE
6821 W. NORTH AVE.
OAK PARK, IL 60302

2230426

Power of Attorney

LEGAL DESCRIPTION

LOT 4 IN LINCOLN COURT LOFT TOWNHOMES RESUBDIVISION PHASE 1, BEING A RESUBDIVISION OF LOT 23 (EXCEPT THE NORTH 10 FEET THEREOF) AND ALL OF LOT 24 IN BRUHN'S SUBDIVISION OF BLOCK 22 (EXCEPT THE SOUTH 68.60 FEET THEREOF) IN RAILROAD ADDITION TO TOWN OF HARLEM, BEING A SUBDIVISION OF PART OF THE SOUTHEAST 1/4 OF SECTION 12, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PENCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

COMMONLY KNOWN AS: 220 Des Plaines Ave., Unit C, Forest Park, IL 60130

PERMANENT INDEX NUMBER: 15-12-430-039-0000

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2230424

ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

(NOTICE: THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO PLEDGE, SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR YOUR APPROVAL BY YOU. THIS FORM DOES NOT IMPOSE A DUTY ON YOUR AGENT TO EXERCISE GRANTED POWERS; BUT WHEN POWERS ARE EXERCISED, YOUR AGENT WILL HAVE TO USE DUE CAPT TO ACT FOR YOUR BENEFIT AND IN ACCORDANCE WITH THIS FORM AND YEEP A RECORD OF RECEIPTS, DISBURSEMENTS AND SIGNIFICANT ACTIONS TAKEN AS AGENT. A COURT CAN TAKE AWAY THE POWERS OF YOUR AGENT IF IT FINDS THE AGENT IS NOT ACTING PROPERLY. YOU MAY NAME SUCCESSOR AGENTS UNDER THIS FORM BUT NOT COAGENTS.

UNLESS YOU EXPRESSLY L'MIT THE DURATION OF THIS POWER IN THE MANNER PROVIDED BELOW, UNTIL YOU REVOKE THIS POWER OR A COURT ACTING ON YOUR BEHALF TERMINATES IT, YOUR AGENT MAY EXERCISE THE POWERS GIVEN HERF THROUGHOUT YOUR LIFETIME, EVEN AFTER YOU BECOME DISABLED. THE POWERS YOU GIVE YOUR AGENT ARE EXPLAINED MORE FULLY IN SECTION 3-4 OF THE ILLINOIS "STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY LAW" OF WHICH THIS FORM IS A PART (SEE THE BACK OF THIS FORM). THAT LAW EXPRESSLY PERMITS THE USE OF ANY DIFFERENT FORM OF POWER OF ATTORNEY YOU MAY DESIRE. IF THERE IS ANYTHING A BOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU.)

POWER OF ATTORNEY made this Oday of February (month) Joda (year).

I, Harry H. Barron, III, of, 4989 McLaughlin Terrace, The Villages, Florida, 32163-5570, hereby appoint Amy Muran Felton, 332 Linden Avenue, Oak Park, IL 60302 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 or below:

- (a) Real estate transactions, including the execution of all documents including the note, mortgage and all corresponding loan and legal documents related to the purchase of 220 Des Plaines Avenue, Unit, C, Forest Park, IL 60130
- (b) Financial institution transactions.
- (m) Borrowing transactions.

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(LIMITATIONS ON AND ADDITIONS TO THE AGENT'S POWER MAY BE IN-CLUDED IN THIS POWER OF ATTORNEY IF THEY ARE SPECIFICALLY DE-SCRIBED BELOW.)

The powers granted above shall not include the following powers or shall be modified or limited in the following particulars (here you may 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):

NONE

In addition to the powers granted above, we grant our 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 must specifically referred to below):

NONE

(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 DECISIONS. (IF YOU WANT TO GIVE YOUR AGENT THE RIGHT TO DELEGATE DISCRETIONARY DECISION - MAKING POWERS TO OTHERS, YOU SHOULD KEEP THE NEXT SENTENCE, OTHERWISE IT SHOULD BE STRUCK OUT.)

Our agent shall have the right by written instrument to delegate any or all of the foregoing powers involving discretionary decision-making only 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 OF YOU DO NOT WANT YOUR AGEN'T TO ALSO BE ENTITLED TO REASONABLE COMPENSATION FOR SERVICES AS AGENT.)

Our 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 YOU 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 UN-

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TIL YOUR DEATH UNLESS A LIMITATION ON THE BEGINNING DATE OR DURATION IS MADE BY INITIALING AND COMPLETING EITHER (OR BOTH) OF THE FOLLOWING:)

(X) This power of attorney shall become effective on February 4, 2022 (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).

(X) This power of attorney shall terminate on March 14, 2022 (insert a future date when you want this power to end) (IF YOU WISH TO NAME SUCCESSOR AGENTS, INSERT THE NAME(S) AND ADDRESS (FS) OF SUCH SUCCESSOR(S) IN THE FOLLOWING PARAGRAPH.)

If any agent named by me shall die, become incompetent, resign or refuse to accept the office of agent, we name the following (each to act alone and successively, in the order named) as successor(a) to such agent:

N/A. For purposes of this paragraph, 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.

(IF YOU WISH TO NAME YOUR AGENT AS GUARDIAN OF YOUR ESTATE, IN THE EVENT A COURT DECIDES THAT ONE SHOULD BE APPOINTED, YOU MAY, BUT ARE NOT REQUIRED TO, DO SO BY RETAINING THE FOLLOWING PARAGRAPH. THE COURT WILL APPOINT YOUR AGENT IF THE COURT FINDS SUCH THAT SUCH APPOINTMENT WILL SERVE YOUR BEST INTERESTS AND WELFARE. STRIKE OUT PARAGRAPH IF YOU DO NOT WANT YOUR AGENT TO ACT AS GUARDIAN.)

If a guardian of our 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. We are fully informed as to all the contents of this form and understand the full import of this grant of powers to our agent.

Signed

Hariv H. Barron, III

(Principal)

(YOU MAY, BUT ARE NOT REQUIRED TO, REQUEST YOUR AGENT AND SUCCESSOR AGENTS TO PROVIDE SPECIMEN SIGNATURES BELOW, IF YOU INCLUDE SPECIMEN SIGNATURES IN THIS POWER OF ATTORNEY, YOU MUST COMPLETE THE CERTIFICATION OPPOSITE THE SIGNATURES OF THE AGENTS.)

Specimen signatures of Agent (and successors)

I certify that the signatures of my agent (and successors) are correct.

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N/A	_ (agent)	N/A	(principal)
NA.	_(successor agent)	N/A	(principal)
N/A_	(successor agent)	N/A	(principal)
(THIS POWER OF ATTORNEY WILL NOT BE EFFECTIVE UNLESS IT IS NOTA-RIZED AND SIGNED BY AT LEAST ONE ADDITIONAL WITNESS, USING THE FORM BELOW.)			
State of TORDA County of SOMME	**************************************		
The undersigned, 2 no.	tary public in and for the a	bove count and state, certi to me to be the same person	fies that on whose
name is subscribed as principal to the foregoing power of attorney, appeared before me			
and the additional witness in person and acknowledged signing and delivering the instru-			
ment as the free and voluntary act of the principal, for the uses and purposes therein set			
forth, (and certified to the correctness of the signature(s) of the agent(s)).			
Dated: 2 10 0022 (Wellette Notary Public	i c
	My commission ex	pires 13 [18] 30-	
771 1 1 1 1	HEN!	Kan D.	
The undersigned witness certifies that tell Assa below, 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 acknowledgement signing and de-			
livering the instrument as the free and voluntary act of the principal, for the uses and pur-			
	. I believe him or her to be		
Dated: 2-10-22 (S		Witness	iy,
THE NAME AND AT	DRESS OF THE PERSO	N PREPARING THIS FO	QUIJOHS MS
BE INSERTED IF THE AGENT WILL HAVE POWER TO CONVEY ANY LITER-			
EST IN REAL ESTA			of _physic is presence or _confine notarization
This document was pro	epared by:	MELISSA OVELLE	
AMY MURAN FELT	* *	MY COMMISSION # HH	182362
332 LINDEN AVENU	Æ	EXPIRES: December 1	3, 2025
OAK PARK, ILLINO	IS 60302	Bonded Thru Notary Public Ur	