#### **UNOFFICIAL COP**

Doc#. 2207007403 Fee: \$98.00

Karen A. Yarbrough Cook County Clerk

Date: 03/11/2022 09:59 AM Pg: 1 of 5

17 2261W5870840K

(The above space for Recorder's use only)

#### ILLINO'S 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 APPROVAL BY YOU. THIS FORM DOES NOT IMPOSE DUTY ON YOUR AGENT TO EXERCISE GRANTED POWERS. BUT WHEN A POWER IS EXERCISED, YOUR AGENT WILL HAVE TO USE DUE CARE TO ACT FOR YOUR BENEFIT AND IN ACCORDANCE WITH THIS FORM. 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 CO-AGE JTS UNLESS YOU EXPRESSLY LIMIT THE DURATION OF THIS POWER IN THE MANNER PROVIDED P.F.LOW, UNTIL YOU REVOKE THIS POWER OR A COURT ACTING ON YOUR BEHALF TERMINATES IT, YOUR AGENT MAY EXERCISE THE POWERS GIVEN HERE THROUGHOUT YOUR LITET.ME, 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 AT TORNEY FOR PROPERTY LAW" OF WHICH THIS FORM IS A PART. THAT LAW EXPRESSLY PERMITS THE USE OF ANY DIFFERENT FORM OF POWER OF ATTORNEY YOU MAY DESIRE. IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU.)

Power of Attorney made this 21st day of February, 2002.

I, Robert Herring hereby appoint Matthew Ward or Mark C. Metzger as my etternoy-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 power, as defined in Section 3-4 of the "Statutory Short Form Power of Attorney for property Law" (including 21 emendments), but subject to any limitations on or additions to the specified powers inserted in paragraph 2 cr 3 below.

(YOU MUST STRIKE OUT ANY ONE OR MORE OF THE FOLLOWING CATEGORIES OF TOWERS 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.)

(g) Retirement plan transactions

- (a) Real estate transactions.
- (b) Financial Institutions Transactions. (h) Social Security, employment and
- (e) Stock and bond transactions.
- (d) Tangible personal property. powers transactions
- (e) Safe deposit box transactions
- Military service benefits. Tax matters.
- Claims and litigation.
- (k) Commodity and option transactions.
- (1) Business operations.
- (m) Borrowing transactions.
- (n) Estate transactions.
- (o) All other property and transactions

(f) Insurance and annuity transactions.

(LIMITATIONS ON AND ADDITIONS TO THE AGENT'S POWERS MAY BE INCLUDED IN THIS POWER OF ATTORNEY IF THEY ARE SPECIFICALLY DESCRIBED BELOW.)

2207007403 Page: 2 of 5

#### **UNOFFICIAL COPY**

- 2. The powers granted above shall not include the following powers or shall be modified or limited to 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): Executing, acknowledging and delivering all contracts, deeds, notes, trust deeds, mortgages, assignments of rent, waivers of homestead rights, affidavits, bill of sale and other instruments necessary to purchase the real property located at 1415 S. 17th Ave., Maywood, IL 60153.
- 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):

(YOUR AGE'T 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.)

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 revoke a by any agent (including any successor) named by me who is acting under this power of attorney at the time care erence.

(YOUR AGENT WILL BE ENTITLED TO PAMBURSEMENT 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 PE 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 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 UNTIL YOUR DEATH UNLESS A LIMITATION OF THE PEGINNING DATE OR DURATION IS MADE BY INITIALING AND COMPLETING EITHER [OR EXTER] OF THE FOLLOWING:)

- 6. This power of attorney shall become effective on March 1st , 3028
- 7. This power of attorney shall terminate on March 25th, 2022

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

8. If any agent named by me shall die, become legally disabled, resign or refuse to act, I name the following (each to act alone and successively, in the order named) as successor to such agent: Not Applicable.

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.

2207007403 Page: 3 of 5

# **UNOFFICIAL COPY**

(IF YOU WISH TO NAME A GUARDIAN OF YOUR PERSON OR A GUARDIAN OF YOUR ESTATE, OR BOTH, IN THE EVENT A COURT DECIDES THAT ONE SHOULD BE APPOINTED, YOU MAY, BUT ARE NOT REQUIRED TO, DO SO BY INSERTING THE NAME[S] OF SUCH GUARDIAN[S] IN THE FOLLOWING PARAGRAPHS. THE COURT WILL APPOINT THE PERSON NOMINATED BY YOU IF THE COURT FINDS THAT SUCH APPOINTMENT WILL SERVE YOUR BEST INTERESTS AND WELFARE. YOU MAY, BUT ARE NOT REQUIRED TO, NOMINATE AS YOUR GUARDIAN[S] THE SAME PERSON NAMED IN THIS FORM AS YOUR AGENT.)

9.	If a guardian of my estate (my propert	y) is to be appointed	d, I nominate t	the agent acting under
this power	of attorney as such guardian, to serve witho			

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.				
Signed Kall 2 T				
Robert Herring				
(YOU MAY, BUT ARE NOT REQUIRED TO, REQUEST YOUR AGENT AND SUCCESSOR AGENTS				
(100 Mill, bol Mill 101 mg/ Mil				
PROVIDE SPECIMEN SIGNATURES OF OWN IF VOLUME UDE SPECIMEN SIGNATURES IN THIS				

(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 THIS CERTIFICATION OPPOSITE THE SIGNATURES OF THE AGENTS.)

Specimen signature of agent. correct.	I certify the the signatures of my agent (and successor agent) are
(agent)	(principal)
(successor agent)	(principal)
(successor ager	nt) (principal)

(THIS POWER OF ATTORNEY WILL NOT BE EFFECTIVE UNLESS IT IS NOTARIZED, USING THE FORM BELOW)

2207007403 Page: 4 of 5

## **UNOFFICIAL COPY**

STATE OF LOUISIANA )
(SS)
(COUNTY OF LIVINGSTON)

The undersigned, a notary public in and for the above county and state, certifies **Robert Herring** is known to me to be the same person whose name is subscribed as principal to the foregoing power of attorney, appeared before me 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 (and certifies to the correctness of the signature(s) of the agent(s).

Dated: February 24, 2022

My commission expires: for Life

C/OPTS OFFICO

The undersigned witness corrifies Robert Herring is 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.

Dated: February 24, 2022

Print Name: Jones Roy Swettedge

**Legal Description:** 

Street Address:

1415 S. 17th Ave., Maywood, IL 60153

Permanent Tax Index Number: 15-15-218-008-0000

2207007403 Page: 5 of 5

## **UNOFFICIAL COPY**

#### EXHIBIT A

THE WEST 24 FEET OF LOT 11 AND THE EAST 17 FEET OF LOT 12 IN BLOCK 5 IN CLOSES SUBDIVISION OF THE EAST 1/2 OF THE VEST 1/2 OF THE WEST 1/2 OF THE SOUTHWEST 4 WITH RESUBDIVISION IN VILLAGE OF RIDGELAM) OF LOTS 16 TO 23 IN BLOCK 45, LOTS 1 TO 11 IN BLOCK 48; LOTS 1 TO 13 AND THE SOUTH 25 FEET OF LOT 14 IN PLCCK 55; LOT 23 IN RESUBDIVISION OF BLOCK 56 IN THE SEET OF LEST 1/2 OF THE ...
CTION 8. TOWNSHIP 39 1.
ERIDIAN, ACCORDING TO THE SAY 19, 1892 IN BOOK 52 PAGE 37 AS DECLINOIS.

PM # 16-15-218-008 OUD

Prepared by and mail to:

Law office of Mark C. Metzger 1807 W. Diehl Rd., Ste. 105 Naperville, IL 60563