### **UNOFFICIAL COPY**

FIRST AMERICA TITLE
FILE # APA 02 3814 3/3

Droporty Orc

Doc#. 2215435064 Fee: \$98.00

Karen A. Yarbrough Cook County Clerk

Date: 06/03/2022 11:26 AM Pg: 1 of 5

FOR PROPERTY

FOR PROPERTY

frequent by & Remin 70:

Law offices of Scott O Rooff PC

1700 W. Higgins Rd. Stc. 430

Desflainer, 21 Gools

# ILLINOIS STATINGRY SHORFFORM POWER OF A TOWNEY FOR PROPERTY

(d) The Illinois Statutory Short Form Power of Attorney for Property shall be substantially as follows:

### "ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

1.	I. MICHELE ALEXANDRE	(insert name and address of principal)
Hereby	revoke all prior powers of attorney for property executed by me and	d appoint:
_		••
	IT D. ROGOFF	(insert name and address of agent)
(NOTE	: You may not name co-agents using this form.) as my attorney-in-f	act (my "agent") to act for me and in my
name (	in any way I could act in person) with respect to the following po	owers, as defined in Section 3-4 of the
	ory Short Form Power of Attorney for Property Law" (including	
limitatio	ons on or additions to the specified powers inserted in paragraph 2 o	or 3 below:
(1)OTT		
(NO1E	You must sinke out any one or more of the following categories o	f powers you do not want your agent to
nave. F	ailure to strike the title of any category will cause the powers desi	cribed in that category to be granted to
tne age	ent. To strike out a category you must draw a line through the title of	that category.)
(4)	Real estate transactions.	
(A)	Financial institution transactions.	
(B)	Stock and bend transaction (	
<del>(C)</del>	Tangible personal property transactions.	
<del>(D)</del> <del>(E)</del>	Safe deposit box transactions.	
( <del>F)</del>	Insurance and annuity transactions.	
<del>(G)</del>	Retirement plan transactions.	
( <del>)</del>	Social Security, employment and military conice benefits.	
<del>(1)</del>	Tay matters	
<del>(i)</del>	Claims and litigation.	
<del>(K)</del>	Commodity and option transactions,	
<del>(L)</del>	Business operations.	
(M)	Borrowing transactions.	
<del>(N)</del>	Estate-transactions.	
(O)	Claims and litigation. Commodity and option transactions. Business operations. Borrowing transactions. Estate transactions. All other property transactions.	
NOTE: I	Limitations on and additions to the agent's powers may be included in th	is power of attorney if they are specifically
describe	ed below.)	~/
2 7	The powers granted above shall not include the following powers or sh	sall be modified or limited in the following
particula	rs: (NOTE: Here you may include any specific limitations you deem app	ropriate such as a prohibition or conditions
on the s	ale of particular stock or real estate or special rules on borrowing by the ag	ent.)
	to the execution of all documents related to the purchase of 2639 W. Ric	
KI. W. S. L.		CV
3 1,	and dition to the newers greated shows. I great you agent the following no	MOTE Harrand and the state of t
delegabl	n addition to the powers granted above, I grant my agent the following povile powers including, without limitation, power to make gifts, exercise	nowers of appointment game or change
beneficia	aries or joint tenants or revoke or amend any trust specifically referred to be	elow.)
None	, , , , , , , , , , , , , , , , , , , ,	,
	No. of the control of	
	4444	
<del></del>		
(NOTE:	Your agent will have authority to ampley other norman as accessed to	anable the sent to severely as
powers	Your agent will have authority to employ other persons as necessary to granted in this form, but your agent will have to make all discretionary de	enable the agent to properly exercise the
-	- · · · · · · · · · · · · · · · · · · ·	

right to delegate discretionary decision-making powers to others, you should keep paragraph 4, otherwise it should be struck



out.)

2215435064 Page: 3 of 5

## ILLINOIS STATINGRY SHER FIGHT POWER OF A TOFNEY FOR PROPERTY

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.

(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 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 on the beginning date or duration is made by initialing and completing one or both of paragraphs 6 and 7.)

MA

6 May 27, 2022

(NOTE: Insert a future ofte or event during your lifetime, such as a court determination of your disability or a written determination by your physician hat you are incapacitated, when you want this power to first take effect.)

7. This power of attorney s'al' terminate on

Closing on purchase of 2639 W. Rice St., Chicago, Illinols 60622

MA

(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 incapacitated, if you want this power to terminate prior to your death.) (NOTE: If you wish to name one or more successor agents, insert the name and address of each successor agent in paragraph 8.)

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 are this appointment will serve your best interests and welfare. Strike out paragraph 9 if you do not want your agent to act as guaratar..)

- 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 contents 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:

Signed:

(Principal)

# ILLINOIS STATINGEY SHERT FORM POWER OF A TOWNEY FOR PROPERTY

(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.)

same person whose name is subscribed as principal to the foregoing power of attorney, appeared before me and then public and acknowledged signing and delivering the instrument as the free and voluntary act of the principal, for the user purposes therein set forth. I believe him or her to be of sound mind and memory. The undersigned withess also certifies the witness is not. (a) the attention physician or mental health service provider or a relative of the physician or provider, (owner, operator, or relative of an owner or operator of a health care facility in which the principal is a patient or resident; 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 (agent or successor agent under the foregoing power of attorney.  Deted: 6/17/22  Signed: (Witness)  (NOTE: Illinois requires only one winess, but other jurisdictions may require more than one witness. If you wish to he second witness, have him or her certify and sign here;)  (Second witness) The undersigned witness certifies that same person whose name is subscribed as principal or the foregoing power of attorney, appeared before me and the nubble and acknowledged signing and delivering the instiment as the free and voluntary act of the principal, for the uses purposes therein set forth. I believe him or her to be of sund, mind and memory. The undersigned witness also certifies the witness is not; (a) the attentioning physician or mental healts service provider or a relative of the physician or provider, (owner, operator, or relative of an owner or operator of a health care facility in which the principal is a patient or resident; parent, tibling, descendant, or any spouse of such parent, tibling, or descendant of either the principal, for the assumptions of the principal in a patient of the principal, in person and acknowledged signing and delivering the instrument as the	The unders	gned witness certifies that MICHELE ALEX	ANDRE	known to me to be the
(Witness)  (NOTE: Illinois requires only one winess, but other jurisdictions may require more than one witness. If you wish to he second witness, have him or her certify and sign here:)  (Second witness) The undersigned witness certifies that same person whose name is subscribed as principal or the foregoing power of attorney, appeared before me and the nepublic and acknowledged signing and delivering the incin ment as the free and voluntary act of the principal, for the user purposes therein set forth. I believe him or her to be of sound mind and memory. The undersigned witness also certifies the witness is not: (a) the attending physician or mental health service provider or a relative of the physician or provider; (i) owner, operator, or relative of an owner or operator of a health care facility in which the principal is a patient or resident; parent, sibling, descendant, or any spouse of such parent, sibling, or descendant of either the principal or any age successor agent under the foregoing power of attorney, whether such relationship is by blood, marriage, or adoption, or (i) agent or successor agent under the foregoing power of attorney.  Dated:  Signed:  (Witness)  STATE OF ILLINOIS, COUNTY OF Pinellas  The undersigned, a notary public in and for the above county and state, certifies that MICHELE ALEXANDRE known to me to be the same person whose name is subscribed as principal to the foregoing power of attorney, appeared in person and acknowledged signing and delivering the instrument as the free and voluntary act of the principal, for the and purposes therein set forth (, and certified to the conectness of the signature(s) of the agent(s)).  Dated:  My commission expires:  My commission expires:  My commission expires:  My commission expires:  Notary Public	same perso public and a purposes th the witness owner, oper parent, sibli successor a	n whose name is subscribed as principal to the acknowledged signing and delivering the instrument erein set forth. I believe him or her to be of sour is not: (a) the attending physician or mental healt ator, or relative of an owner or operator of a healt ng, descendant, or any spouse of such parent gent under the foregoing power of attorney, what excessor agent under the foregoing power of attorney.	foregoing power of attorned as the free and volunted mind and memory. The harvice provider or a realth care facility in which to sibling, or descendant ther such relationship is it	ney, appeared before me and the notary ntary act of the principal, for the uses and ne undersigned witness also certifies that elative of the physician or provider; (b) an the principal is a patient or resident; (c) a t of either the principal or any agent or
(Witness)  (NOTE: Illinois requires only one winess, but other jurisdictions may require more than one witness. If you wish to he second witness, have him or her certify and sign here:)  (Second witness) The undersigned witness certifies that known to me to be same person whose name is subscribed as principal to the foregoing power of attorney, appeared before me and the nubblic and acknowledged signing and delivering the incomment as the free and voluntary act of the principal, for the uses purposes therein set forth. I believe him or her to be of sound mind and memory. The undersigned witness also certifies the witness is not: (a) the attending physician or mental health service provider or a relative of the physician or provider; (i) owner, operator, or relative of an owner or operator of a health care facility in which the principal is a patient or resident; downer, operator, or relative of an owner or operator of a health care facility in which the principal is a patient or resident; parent, sibling; or descendant of either the principal or any age successor agent under the foregoing power of attorney, whether such relationship is by blood, marriage, or adoption; or (agent or successor agent under the foregoing power of attorney.  Dated:  (Witness)  STATE OF ILLINOIS, COUNTY OF Pinellas  Signed:  (Witness)  STATE OF ILLINOIS, COUNTY OF Pinellas  Signed:  (Witness)  STATE OF ILLINOIS, COUNTY OF Pinellas  ACTION OF Pinellas  (And  In person and acknowledged signing and delivering the instrument as the free and voluntary act of the principal, for the and purposes therein set forth (, and certified to the correctness of the signature(s) of the agent(s)).  My commission expires:  My commission expires:  My commission expires:  My commission expires:	Dated:	5/17/22		
(NOTE: Illinois requires only one winess, but other jurisdictions may require more than one witness. If you wish to he second witness, have him or her certify and sign here:)  (Second witness) The undersigned witness certifies that known to me to be same person whose name is subscribed as principal to the foregoing power of attorney, appeared before me and the n public and acknowledged signing and delivering the incomment as the free and voluntary act of the principal, for the uses purposes therein set forth. I believe him or her to be of sound mind and memory. The undersigned witness also certifies the witness is not. (a) the attending physician or mental health service provider or a relative of the physician or provider; (I owner, operator, or relative of an owner or operator of a health care facility in which the principal is a patient or resident; parent, sibling, descendant, or any spouse of such parent, sibling, descendant, or any spouse of such parent, sibling, or descendant of either the principal or any age successor agent under the foregoing power of attorney, whether such relationship is by blood, marriage, or adoption; or (agent or successor agent under the foregoing power of attorney.  Dated:  Signed:  (Witness)  STATE OF ILLINOIS, COUNTY OF Pinellas  Signed:  (Witness)  STATE OF ILLINOIS, COUNTY OF Pinellas  Signed:  (Witness)  SS  The undersigned, a notary public in and for the above county and state, certifies that MICHELE ALEXANDRE known to me to be the same person whose name is subscribed as principal to the foregoing power of attorney, appealed to the correctness of the signature(s) of the agent(s)).  Dated:  My commission expires:  My commission provided with the correctness of the signature as the free and voluntary act of the principal, fo	Signed:	alrighton		
(Second witness) The undersigned witness certifies that same person whose name is subscribed as principal to the foregoing power of attorney, appeared before me and the new purposes therein set forth. I believe him or her to be of sound mind and memory. The undersigned witness also certifies the witness is not: (a) the attending physician or mental health service provider or a relative of the physician or provider; (a) owner, operator, or relative of an owner or operator of a health care facility in which the principal is a patient or resident; parent, sibling, descendant, or any spouse of such parent, sibling, or descendant of either the principal or any age successor agent under the foregoing power of attorney, whether such relationship is by blood, marriage, or adoption; or (a agent or successor agent under the foregoing power of attorney.  Dated:  Signed:  (Witness)  STATE OF ILLINOIS, COUNTY OF Pinellas  ) SS  The undersigned, a notary public in and for the above county and state, certifies that MICHELE ALEXANDRE known to me to be the same person whose name is subscribed as principal to the foregoing power of attorney, appeared the witness(es)  (Witness)  STATE OF ILLINOIS, COUNTY OF Pinellas  ) SS  The undersigned, a notary public in and for the above county and state, certifies that MICHELE ALEXANDRE known to me to be the same person whose name is subscribed as principal to the foregoing power of attorney, appeared by the person and acknowledged signing and delivering the instrument as the free and voluntary act of the principal, for the and purposes therein set forth (, and certified to the correctness of the signature(s) of the agent(s)).  My commission expires:  My commission expires:  My commission expires:  My commission expires:		<b>/ / / / / / / / / /</b>		
same person whose name is subscribed as principal to the foregoing power of attorney, appeared before me and the n public and acknowledged signing and delivering the instrument as the free and voluntary act of the principal, for the uses purposes therein set forth. I believe him or her to be of sund mind and memory. The undersigned witness also certifies the witness is not: (a) the attending physician or mental health service provider or a relative of the physician or provider; (I owner, operator, or relative of an owner or operator of a health care facility in which the principal is a patient or resident; parent, sibling, descendant, or any spouse of such parent, sibling, or descendant of either the principal or any age successor agent under the foregoing power of attorney, whether such matching is by blood, marriage, or adoption; or (regions) agent or successor agent under the foregoing power of attorney.  Dated:  Signed:  (Witness)  STATE OF ILLINOIS, COUNTY OF Pinellas  ) SS  The undersigned, a notary public in and for the above county and state, certifies that MICHELE ALEXANDRE known to me to be the same person whose name is subscribed as principal to the foregoing power of attorney, appelled in person and acknowledged signing and delivering the instrument as the free and voluntary act of the principal, for the and purposes therein set forth (, and certified to the correctness of the signature(s) of the agent(s)).  Notary Public  My commission expires:	(NOTE: Illin second with	ois requires only one wintess, but other jurisdict ess, have him or her certify and sign here:)	tions may require more	than one witness. If you wish to have a
same person whose name is subscribed as principal to the foregoing power of attorney, appeared before me and the n public and acknowledged signing and delivering the instrument as the free and voluntary act of the principal, for the uses purposes therein set forth. I believe him or her to be of sund mind and memory. The undersigned witness also certifies the witness is not: (a) the attending physician or mental health service provider or a relative of the physician or provider; (I owner, operator, or relative of an owner or operator of a health care facility in which the principal is a patient or resident; parent, sibling, descendant, or any spouse of such parent, sibling, or descendant of either the principal or any age successor agent under the foregoing power of attorney, whether such matching is by blood, marriage, or adoption; or (regions) agent or successor agent under the foregoing power of attorney.  Dated:  Signed:  (Witness)  STATE OF ILLINOIS, COUNTY OF Pinellas  ) SS  The undersigned, a notary public in and for the above county and state, certifies that MICHELE ALEXANDRE known to me to be the same person whose name is subscribed as principal to the foregoing power of attorney, appelled in person and acknowledged signing and delivering the instrument as the free and voluntary act of the principal, for the and purposes therein set forth (, and certified to the correctness of the signature(s) of the agent(s)).  Notary Public  My commission expires:	/C1"			
STATE OF ILLINOIS, COUNTY OF Pinellas  The undersigned, a notary public in and for the above county and state, certifies that MICHELE ALEXANDRE known to me to be the same person whose name is subscribed as principal to the foregoing power of attorney, apperbefore me and the witness(es)  (and in person and acknowledged signing and delivering the instrument as the free and voluntary act of the principal, for the and purposes therein set forth (, and certified to the correctness of the signature(s) of the agent(s)).  Dated:  Notary Public  1.558 Author   Municipal   Author	same perso public and a purposes th the witness owner, oper parent, sibli successor a	n whose name is subscribed as principal to the acknowledged signing and delivering the incir me erein set forth. I believe him or her to be of soun is not: (a) the attending physician or mental healt ator, or relative of an owner or operator of a healtng, descendant, or any spouse of such parent gent under the foregoing power of attorney, whet	ent as the free and volun of mind and memory. The finservice provider or a re- lith cure facility in which the fishing, or descendant ther such relationship is the	ntary act of the principal, for the uses and ne undersigned witness also certifies that elative of the physician or provider; (b) an the principal is a patient or resident; (c) a tof either the principal or any agent or
STATE OF ILLINOIS, COUNTY OF Pinellas  The undersigned, a notary public in and for the above county and state, certifies that MICHELE ALEXANDRE known to me to be the same person whose name is subscribed as principal to the foregoing power of attorney, apperbefore me and the witness(es)  (and in person and acknowledged signing and delivering the instrument as the free and voluntary act of the principal, for the and purposes therein set forth (, and certified to the correctness of the signature(s) of the agent(s)).  Dated:  Notary Public  1.558 Author   Municipal   Author	Dated:		C	
The undersigned, a notary public in and for the above county and state, certifies that MICHELE ALEXANDRE known to me to be the same person whose name is subscribed as principal to the foregoing power of attorney, apper before me and the witness(es)  (and in person and acknowledged signing and delivering the instrument as the free and voluntary act of the principal, for the and purposes therein set forth (, and certified to the correctness of the signature(s) of the agent(s)).  Dated:  Notary Public  1.55¢ Author   europe   4.500   feet   4.	Signed:	(Witness)		275
known to me to be the same person whose name is subscribed as principal to the foregoing power of attorney, apperbefore me and the witness(es) (and in person and acknowledged signing and delivering the instrument as the free and voluntary act of the principal, for the and purposes therein set forth (, and certified to the correctness of the signature(s) of the agent(s)).  Dated:  Notary Public  **Joseph (Author)   Public	STATE OF	LLINOIS, COUNTY OF Pinellas	_) SS	0,50
My commission expires:  Notary Public  Notary Public  Notary Public  Notary Public  Notary Public  Notary Public	known to m before me a in person ar	e to be the same person whose name is subso nd the witness(es)	cribed as principal to the(and ument as the free and vo	e foregoing power of attorney, appeared), oluntary act of the principal, for the uses
My commission expires: 4 7 2025 Sep 7, 202	Dated:	5117/22	Shr	
】 「fulfit' Hit a noissimeno」 「原音 面 がむ」 E	My commis	esion expires: $9/7/2005$	7	



EMMA LOUISE BLAKEY

2215435064 Page: 5 of 5

### UNOFFICIAL COPY

#### LEGAL DESCRIPTION

Legal Description: LOT 16 IN BLOCK 2 IN JAMES M. HILL'S SUBDIVISION OF THE SOUTHEAST QUARTER OF THE SOUTHWEST QUARTER OF THE SOUTHEAST QUARTER OF SECTION 1, TOWNSHIP 39 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index #'s: 16-01-427-008-0000 (Vol. 536)

Property Address: 2639 W Rice St, Chicago, Illinois 60622-4541

Property of Cook County Clark's Office