

ATC-41488 914

# UNOFFICIAL COPY

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Karen A. Yarbrough  
Cook County Clerk  
Date: 06/09/2022 12:59 PM Pg: 1 of 3

## Power of Attorney

2740 South Keeler Avenue  
Chicago IL 60623

16-27-411-039-0000

Prepare By:

Guillermo Alvarado, LTD  
545 South York RD Ste 100  
 Bensenville IL 60106

Acuity Title  
5301 Dempster St., Suite 206  
\*\*\*\*\* Skokie, IL 60077 \*\*\*\*\*

Property of Cook County Clerk's Office

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## LIMITED POWER OF ATTORNEY (With Durable Provision)

TO ALL PERSONS, be it known, that I, IRASEMA CAPISTRAN, as Grantor(s), do hereby make and grant a limited and specific power of attorney to any representative of The Law Offices of Guillermo Alvarado, Ltd., and/or Guillermo Alvarado and appoint and constitute said individual as my attorney-in-fact.

My named attorney-in-fact shall have full power and authority to undertake, commit and perform only the following acts on my behalf to the same extent as if I had done so personally; all with full power of substitution and revocation in the presence. This power of attorney is specifically and only for the sole purpose of executing any act including, but not limited to, signing any document(s) or draft relative to the transaction of the property listed below. This power of attorney is to terminate immediately upon the closing of the property known as:

### LEGAL DESCRIPTION:

*Above Space for Recorder's Use Only*

LOT 17 IN BLOCK 1 IN A.E. KESLERS SUBDIVISION OF BLOCK 4 OF REIDS SUBDIVISION IN SECTION 27, TOWNSHIP 39 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Address of Real Estate: 2740 South Keeler Avenue, Chicago, Illinois 60623

Property Index Number: 16-27-411-039-0000

The authority granted shall include such incidental acts as reasonably required or necessary to carry out and perform the specific authorities and duties stated or contemplated herein.

My attorney-in-fact agrees to accept this appointment subject to its terms and agrees to act and perform in said fiduciary capacity consistent with my best interests as my attorney-in-fact deems advisable, and I thereupon ratify all acts so carried out.

I agree to reimburse my attorney-in-fact all reasonable costs and expenses incurred in the fulfillment of the duties and responsibilities enumerated herein.

### Special durable provisions:

The power of attorney shall not be affected by subsequent incapacity of the Grantor. This power of attorney may be revoked by the Grantor by giving written notice of revocation to the attorney-in-fact, provided that any party relying in good faith upon this power of attorney shall be protected unless and until said party had either (a) actual or constructive notice of revocation, or (b) upon recording of said revocation in the public records where the Grantors resides.

Signed under seal this 25 day of May 2022.

IRASEMA CAPISTRAN  
IRASEMA CAPISTRAN

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The undersigned witness certifies that, IRASEMA CAPISTRAN, 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, 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: May 25, 2022

Leslie Guzman  
Witness Name

Leslie Guzman  
Signature

434 61st Apt 3D  
Address

BROOKLYN, NY 11220

(NOTE: ILLINOIS REQUIRED ONLY ONE WITNESS, BUT OTHER JURISDICTIONS MAY REQUIRE MORE THAN ONE WITNESS. IF YOU WISH TO HAVE A SECOND WITNESS, HAVE HIM OR HER CERTIFY AND SIGN HERE.)

State of New York

County Kings ) SS.

The undersigned, a notary public in and for the above county and state, certifies that Irasema Capistran known to me to be the same person(s) whose name(s) is/are subscribed as principal to the foregoing power of attorney, appeared before me and the additional witness(es), Leslie Guzman 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 certified to the correctness of the signature(s) of the agent(s)].

Dated: May 25, 2022

[Signature]  
Notary Public  
Commission Expires: erlas perz

