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Karen A. Yarbrough
Cook County Clerk
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Property of Cook County Clerk's Office
Power of Attorney

CT 22 GNW 205064PK

Prep By

Tory Henderson
1645 N Milwaukee Ave
4
Libertyville, IL 60048

Mail To
Office
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POWER OF ATTORNEY

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 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 care to act for your benefit and in accordance with this form and keep 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 co-agents. Unless you expressly limit 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 here 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 about this form that you do not understand, you should ask a lawyer to explain it.)

POWER OF ATTORNEY made this 3rd day of JUNE, 2022.

1. I, AURORA GONZALEZ, 340 E. DENNIS RD., WHEELING, IL 60090;

Hereby revoke all prior Statutory Short form durable powers of attorney for property executed by me and appoint:

**MY HUSBAND, PEDRO HERRERA, 340 E. DENNIS RD., WHEELING, IL 60090;
847-414-2188**

(NOTE: You may not name co-agents using this form.) 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.)

(A) Real estate transactions.	(I) Tax matters
(B) Financial institution transactions.	(J) Claims and litigation.
(C) Stock and bond transactions.	(K) Commodity and option transactions.
(D) Tangible personal property transactions.	(L) Business operations.
(E) Safe deposit box transactions.	(M) Borrowing transactions.
(F) Insurance and annuity transactions.	(N) Estate transactions.
(G) Retirement plan transactions.	(O) All other property transactions.
(H) Social Security, employment and military service benefits.	

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

2. The powers granted above shall not include the following powers or shall be modified or limited in the following particulars:

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(NOTE: 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.)

3. In addition to the powers granted above, I grant my agent the following powers: (NOTE: 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.)

A. My Agent shall have the authority to act in my stead in any way deemed necessary; to execute any and all documents that may be required by lender, title insurance company, or sellers in connection with the purchase of real estate commonly known as 22 University Dr., Buffalo Grove, IL 60089, PIN 03-09-113-042-0000; to act in my stead and on my behalf in any way which may be deemed necessary; to execute any document incidental to or necessary to accomplish the purchase of said property on my behalf including, but not limited to, the execution of a Promissory Note and Mortgage, giving and granting unto our said ATTORNEY full power and authority to do and perform all and every act and thing whatsoever, requisite and necessary to be done in and about the premises, as fully, to all intents and purposes, as I might or could do if personally present at the doing thereof, with full power of substitution and revocation, hereby ratifying and confirming all that my said ATTORNEY or his substitute shall lawfully do or cause to be done by virtue hereof.

B. My Agent shall have the power to access, take control of, conduct, continue, modify and terminate my digital assets and accounts or otherwise exercise any rights or powers over such assets and accounts as I have or would have if I had the capacity to act. My Agent may properly access, take control of, handle, conduct, continue, distribute, dispose of, or terminate my interests in digital property. My Agent is authorized to take any step necessary to terminate any personal website over which I have control. I intend to give my Agent the powers and rights described in this paragraph notwithstanding the terms of services, terms of use, or other terms governing such accounts, websites or services. All such websites, services and providers may release my log-on credentials, including my username and password, to my Agent and shall be indemnified and held harmless from any damages, causes of action or claims that may result from this disclosure or permitting my Agent to exercise the rights and powers described in this paragraph.

(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 decisions. If you want to give your agent the right to delegate discretionary decision-making powers to others, you should keep paragraph 4, 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 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.)

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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.)

6. <input checked="" type="checkbox"/> Initialed <u>A.G</u>	This power of attorney shall become effective on execution.
<input type="checkbox"/> Initialed _____	This power of attorney shall become effective if the physician then treating me certifies in writing that in his or her opinion, I am incapable of managing my affairs due to my medical condition.

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

7. (X) This power of attorney shall terminate upon appointment of a guardian of my estate by a court of competent jurisdiction.

(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:

N/A

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 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.)

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11. The Notice to Agent is incorporated by reference and included as part of this form.

Dated: JUNE 3, 2022

Signed: Aurora Gonzalez
AURORA GONZALEZ

(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.)

(NOTE: Illinois requires 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:)

<p>The undersigned witness certifies AURORA GONZALEZ, 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.</p>	<p>(Second witness) The undersigned witness certifies that AURORA GONZALEZ, 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.</p>
<p>Dated: JUNE <u>3</u>, 2022</p>	<p>Dated: JUNE <u>3</u>, 2022</p>
<p>Signed: <u>Kayn Celaric</u> (Witness)</p>	<p>Signed: <u>[Signature]</u> (Witness)</p>

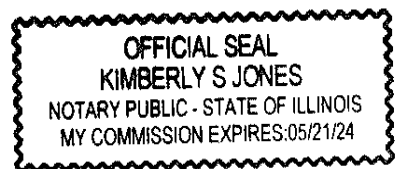
STATE OF ILLINOIS)
COUNTY OF Lake) SS

The undersigned, a notary public in and for the above county and state, certifies that **AURORA GONZALEZ**, 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 witness(es), Kayn Celaric and Tory J Henderson-Staudt, 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: JUNE 3, 2022

Kimberly S Jones
Notary Public

My commission expires: _____



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(NOTE: 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 genuine
(agent)	(principal)
(successor agent)	(principal)
(successor agent)	(principal)

(NOTE: The name, address, and phone number of the person preparing this form or who assisted the principal in completing this form should be inserted below.) Name, Address, Phone:

**Tory J. Henderson-Staudt, 1641 N. Milwaukee Ave., Suite 4, Libertyville, IL, 60048;
847/623-7860**

(e) Notice to Agent. The following form may be known as "Notice to Agent" and shall be supplied to an agent appointed under a power of attorney for property

"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, competence, and diligence; (3) keep a complete and detailed record of all receipts, disbursements, and significant actions conducted for the principal; (4) attempt 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) cooperate with a person who has authority to make health care decisions for the principal to carry out the principal's reasonable expectations to the extent actually in the principal's best interest. As agent you must not do any of the following: (a) act so as to create a conflict of interest that is inconsistent with the other principles in this Notice to Agent; (b) do any act beyond the authority granted in this power of attorney; (c) commingle the principal's funds with your funds, (d) borrow funds or other property from the principal, unless otherwise authorized; (e) continue acting on behalf of the principal if you learn of any event that terminates this power of attorney or your authority under this power of attorney, such as the death of the principal, your legal separation from the principal, or the (f) 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 name "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 Section 3-4 of the Illinois Power of Attorney Act, which is incorporated by reference into the body of the power of attorney for property document. If you violate your duties as agent or act outside the authority granted 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."

(f) The requirement of the signature of a witness in addition to the principal and the notary, imposed by Public Act 91-790, applies only to instruments executed on or after June 9, 2000 (the effective date of that Public Act). (NOTE: This amendatory Act of the 96th General Assembly deletes provisions that referred to the one required witness as an "additional witness", and it also provides for the signature of an optional "second witness".) (Source: P.A. 96-1195, eff. 7-1-11.)

Text of Section after amendment by P.A. 96-1195) Sec. 3-3. Statutory short form power of attorney for property. (a) The form prescribed in this Section may be known as "statutory property power" and may be used to grant an agent powers with respect to property and financial matters. The "statutory property

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power" consists of the following: (1) Notice to the Individual Signing the Illinois Statutory Short Form Power of Attorney for Property; (2) Illinois Statutory Short Form Power of Attorney for Property; and (3) Notice to Agent. When a power of attorney in substantially the form prescribed in this Section is used, including all 3 items above, with item (1), the Notice to Individual Signing the Illinois Statutory Short Form Power of Attorney for Property, on a separate sheet (coversheet) in 14-point type and the notarized form of acknowledgment at the end, it shall have the meaning and effect prescribed in this Act.

(b) A power of attorney shall also be deemed to be in substantially the same format as the statutory form if the explanatory language throughout the form (the language following the designation "NOTE:") is distinguished in some way from the legal paragraphs in the form, such as the use of boldface or other difference in typeface and font or point size, even if the "Notice" paragraphs at the beginning are not on a separate sheet of paper or are not in 14-point type, or if the principal's initials do not appear in the acknowledgement at the end of the "Notice" paragraphs. The validity of a power of attorney as meeting the requirements of a statutory property power shall not be affected by the fact that one or more of the categories of optional powers listed in the form are struck out or the form includes specific limitations on or additions to the agent's powers, as permitted by the form. Nothing in this Article shall invalidate or bar use by the principal of any other or different form of power of attorney for property. Nonstatutory property powers (i) must be executed by the principal, (ii) must designate the agent and the agent's powers, (iii) must be signed by at least one witness to the principal's signature, and (iv) must indicate that the principal has acknowledged his or her signature before a notary public. However, nonstatutory property powers need not conform in any other respect to the statutory property power.

(c) The Notice to the Individual Signing the Illinois Statutory Short Form Power of Attorney for Property shall be substantially as follows:

**"NOTICE TO THE 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 legal 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 in 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 limit 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 incapacitated. 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 explained 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 agent 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:

 A. G.
Principal's initials"

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Property: 22 University Dr., Buffalo Grove, IL 60089
PIN: 03-09-113-042-0000

**Legal Description: LOT 307 IN CAMBRIDGE COUNTRYSIDE UNIT 6 BEING A SUBDIVISION
IN THE NORTH 1/2 OF SECTION 9 TOWNSHIP 42 NORTH RANGE 11 EAST OF THE THIRD
PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.**