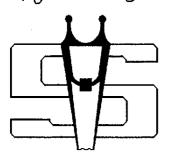
## **UNOFFICIAL COPY**

1815743 2/3



Doc#. 2229855176 Fee: \$98.00

Karen A. Yarbrough Cook County Clerk

Date: 10/25/2022 04:13 PM Pg: 1 of 5

### **Recording Cover Page**

This page is added for the purpose of affixing Recording Information

This page is according the purpose of arriving recording information	
Co	
Deed	
<u>Decu</u>	
Mortgage	Clartin
Power of Attorney	T'S 0/1/C
<u>Subordination</u>	CO
Other	STEWART TITLE 700 E. Diehl Road, Suite 180 Naperville, IL 60563

Prepared By: Paul De Biasc, £59.
5534 W. Montrose Ave
Chicago IL 601041
Mail to: Matthew S. Rooks E. Philip Spina
4343 N. Brake
Chicago IL 601618

2229855176 Page: 2 of 5

### **UNOFFICIAL COPY**

#### 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 Mino's.

The powers you give your agent are explained more ruly in Section 3 4 of the Illinois Power of Attorney Act. This form is a part of that law. The "r'OTE" 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 recathis Notice:

Principal's initials

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

1. I, PHILIP SPINA, hereby revoke all prior powers of attorney for property executed by me and appoint MATTHEW ROOKS, 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.
- (b) Financial institution transactions.
- (d) Tangible personal property transactions.
- (o) All other property transactions.

(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:
  No Limitations
- 3. In addition to the powers granted above, I grant my agent the following powers: To sign my name to all closing & transfer documents related to the purchase of the property commonly known as 4343 N. Drake

Ave., Chicago, IL 60618

## NOFFICIAL CC

(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.
- 5. My agent shall be entitled to reasonable compensation for services rendered as agent under this power of attorney.

(NOTE: This por art 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. This power of attorney (he) become effective upon my signature below.
- 7. This power of attorney shall terminate upon my revocation or death

(NOTE: If you wish to name one or π ore successor agents, insert the name and address of each successor agent in paragraph 8.)

8. If any agent named by me shall die, be cross 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: For purposes of paragraph 8, a person shall the 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 cert fier by a licensed physician.

9. omitted

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 alterrate who is authorized to practice law in Illinois.) -10/4'S OFFICO

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

Dated:

PHILIP SPINA

2229855176 Page: 4 of 5,

# **UNOFFICIAL COPY**

(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.)

The undersigned witness certifies that PHILIP SPINA 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:

Witness

The undersigned, a notary public, certifies that PHILIP SPINA. known to me to be the same person whose name is subscribed as principal to the foregoing power of atturner, appeared before me and the witness(es) 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  $t^{\alpha}$  (no) correctness of the signature(s) of the agent(s)).

Dated:

9/1/2022

My commission expires 4-16-2-26

Notary Public

SOME OFFICE

CARLOS LOPEZ
Notary Public, State of Texas
Comm. Expires 04-16-2026
Notary ID 131531190

2229855176 Page: 5 of 5

## **UNOFFICIAL COPY**

# **EXHIBIT "A"**

11 in Block 9 in Mamerow's Boulevard Additune West 1/2 of the West 1/2 of the Southeast 1/4
st of the Third Principal Meridian, in Cook County, Illin.
IN 13-14-401-509-0000

property address: 4343 N. Drake AveChicago, Ic. 60618

File No.: 1815763 Page 1 of 1