

# UNOFFICIAL COPY

Doc#: 2234749192 Fee: \$98.00  
Karen A. Yarbrough  
Cook County Clerk  
Date: 12/13/2022 03:20 PM Pg: 1 of 5

2 of 4 2234157  
AFTER RECORDING, MAIL TO:  
SATURN TITLE, LLC  
1030 W. HIGGINS RD.  
SUITE 365  
PARK RIDGE, IL 60068

## Power of Attorney to Record

### Legal:

LOT 51 AND THE SOUTH HALF (1/2) OF LOT 50 IN ZELOSKY'S CATALPA PARK, BEING A SUBDIVISION OF PART OF THE NORTH 666 FEET OF THE EAST HALF (1/2) OF THE NORTHEAST QUARTER (1/4) OF SECTION 8, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, LYING EASTERLY OF MILWAUKEE AVENUE, IN COOK COUNTY, ILLINOIS.

Address: 5528 N. Parkside Ave. Chicago, IL 60630

PIN #: 13-08-206-011-0000

PIN #:

PIN #:

Township: Jefferson

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This document was prepared by,  
and after recording should be  
returned to:

Daniel L. Baskes  
Law Offices of Daniel L Baskes  
980 N Michigan Avenue  
Suite 1380  
Chicago, Illinois 60611

## ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

POWER OF ATTORNEY made this 30th day of November, 2022.

1. I, Joseph S. Filicette, of Chicago, Illinois, hereby appoint Daniel L. Baskes, of Chicago, Illinois, 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:

- (a) Real estate transactions.
- (b) Financial institution transactions.
- (c) Tangible personal property transactions.
- (d) Borrowing transactions.
- (e) Estate transactions.
- (f) All other property powers and transactions.

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

AGENT IS AUTHORIZED TO EXERCISE THE POWERS LISTED IN PARAGRAPH 1 HEREOF ONLY IN CONNECTION WITH THE PURCHASE OF 5528 N PARKSIDE AVENUE, CHICAGO, ILLINOIS 60630.

3. In addition to the powers granted above, I grant my agent the following powers

NONE

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.

6.  This power of attorney shall become effective on: December 9, 2022.

7.  This power of attorney shall terminate on: January 9, 2023.

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8. If any Agent named by me shall die, become legally disabled, 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 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.

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:

NOT APPLICABLE

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: Joseph S. Filicette  
Joseph S. Filicette

I believe Joseph S. Filicette to be of sound mind and memory.

Witnessed: Jeffery M. Hancock  
Name: Jeffery M. Hancock  
Date: November 30, 2022

Specimen signatures of Agent  
(and successors)

Daniel L. Baskes  
Daniel L. Baskes

I certify the signatures  
of our Agent (and successors)  
are correct.

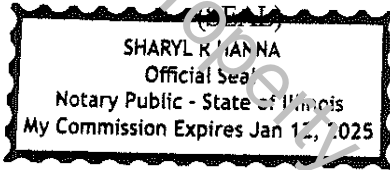
Joseph S. Filicette  
Joseph S. Filicette

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State of Illinois )  
 ) SS.  
County of Cook )

The undersigned, a notary public in and for the above county and state, certifies that Joseph S. Filicette, 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 set forth (and certified to the correctness of the signature of the agent.

Dated: November 30, 2022



*Sharyl R. Hanna*  
\_\_\_\_\_  
Notary Public  
My commission expires: Jan 12, 2025

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The undersigned witness certifies that Joseph S. Filicette, 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: November 30, 2022

  
\_\_\_\_\_  
Jeffery M. Hancock

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