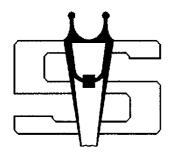
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Doc#. 2321413208 Fee: \$107.00

Karen A. Yarbrough Cook County Clerk

Date: 08/02/2023 02:11 PM Pg: 1 of 7



### **Recording Cover Page**

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	This page is added for the purpose of affixing	ing Recording Information
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	Mortgage	C/O/T/S O/F/CO
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	Other	STEWART TITLE
		700 E. Diehl Road, Suite 180 Naperville, IL 60563

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# **UNOFFICIAL COPY**

POWER OF ATTORNEY
For Purchase of 2145 by Junt Ave Unit 1E Chicago IL 60645 DOOP OF

### NOFFICIAL CO

#### ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY Effective 7.1.11

(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. Valeri Vanourek, 2417 W Lunt Ave., Unit 1W, Chicago, IL 60645 (insert name and address of principal) Hereby revoke all prior powers of attorney for property executed by me and appoint:

Kathleen Lane, 1234 Sherman Ave, #201, Evanston, IL 60202 (insert name and address of agent) (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 strille out any one or more of the following categories of powers you do not want your agent to have. Failure to strike the tile 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.
- <del>(C)</del> Stock and bond transactions.
- 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>(H)</del> Social Security, employment and military service be nefits.
- <del>(1)</del> Tax-matters
- <del>(U)</del> Claims and litigation.
- <del>(K)</del> Commodity and option transactions.
- Business operations. <del>(L)</del>
- (M) Borrowing transactions.
- Estate transactions.
- All other property transactions.

JUNE CH 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: (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.)

				77.177.5.487.1
Limited to the purchase and	mortgage	of 2415 W Lunt Av	venue, Unit 1E,	Chicago, IL 60645

3. In addition to the powers	granted above, I g	grant my agent	the following po	wers: (NOT	E: Here you m	iay add a	ny othei
delegable powers including, with	thout limitation, pe	ower to make	gifts, exercise	powers of	appointment,	name or	change
beneficiaries or joint tenants or revoke or amend any trust specifically referred to below.)							

None
None

(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.)



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### **UNOFFICIAL COPY**

### ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY Effective 7.1.11

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.)

6. ( ) This power of attorney shall become effective on Signing

(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. ( ) This power of attorney shall terminate on

#### completion of closing

(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 incomposent, resign or refuse to accept the office of agent, I name the following (each to act alone and successively, it the order named) as successor(s) to such agent:

#### N/A

For purposes of this paragraph 8, a person shall be considered to be in or petent 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 ducides that one should be appointed. To do this, retain paragraph 9, and the court will appoint your agent if the court finds that one 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 erigage 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)

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## **UNOFFICIAL COPY**

### ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY Effective 7.1.11

(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 under	signed witness certifles that	Valeri Vanoure	k	known to me to be the
same persipublic and purposes to the witness owner, operparent, sib successor	on whose name is subscribe acknowledged signing and onerein set forth. I believe him is not: (a) the attending phy rator, or relative of an owne ling, descendant, or any sp	delivering the instrum on or her to be of sour sician or mental heal or or operator of a hea pouse of such paren ower of attorney, whe	ent as the free and volund mind and memory. It service provider or a alth care facility in which t, sibling, or descendanther such relationship is	orney, appeared before me and the notary untary act of the principal, for the uses and The undersigned witness also certifies that relative of the physician or provider; (b) and the principal is a patient or resident; (c) and the of either the principal or any agent or so by blood, marriage, or adoption; or (d) and
Dated:	1/27/23			
Signed:	(Witness)	<del>-</del>		
	nois requires only one witn ness, have him or her certify		ctions may require more	e than one witness. If you wish to have a
same pers public and purposes t the witness owner, ope parent, sib successor	acknowledged signing and onerein set forth. I believe him is not: (a) the attending phywrator, or relative of an ownerling, descendant, or any specifically.	ed as principal to he delivering the instrum or her to be of sou visician or mental heal or or operator of a heap ouse of such paren power of attorney, whe	ences the free and volund mind and memory. It is an ice provider or a alth care facility in which t, sibling, an descendant the such relationship is	known to me to be the orney, appeared before me and the notary untary act of the principal, for the uses and The undersigned witness also certifies that relative of the physician or provider; (b) and the principal is a patient or resident; (c) and of either the principal or any agent or so by blood, marriage, or adoption; or (d) and
Dated:		· · · · · · · · · · · · · · · · · · ·	C	
Signed:	(Witness)			John Control
STATE OF	ILLINOIS, COUNTY OF	Cook	) SS	175
known to a before me in person a	and the witness(es) Ash	whose name is subs Wy Thornhil nd delivering the inst	cribed as principal to t (and // rument as the free and	he foregoing power of attorney, appeared / A), voluntary act of the principal, for the uses
Dated:	7/27/2	023	01	P
My comm	4	OFFICIAL SEAL BETSY C LANE lotary Public, State of Minoic Commission No. 974084 mmission Expires June 27,	•	<del>la</del>



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## **UNOFFICIAL COPY**

### ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY Effective 7.1.11

(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.)

Specin	nen 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)
	ne name, address, and phone number of the pers g this form should he inserted below.)	son preparing this form or who assisted the principal in
Name:	Kathleen Lane	
Address:	1234 Sherman Ave., #201, Evanston, IL 60202	
Phone:	847-866-9371	

(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

"NO FICE TO AGENT

When you accept the authority granted under this power of etc. when you are perial 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 dr. with the principal's property;
- (2) act in good faith for the best interest of the principal, using due cans, 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 agent you must not do any of the following:
  - (1) act so as to create a conflict of interest that is inconsistent with the other principle. in this Notice to Agent;
  - (2) do any act beyond the authority granted in this power of attorney;
  - (3) commingle the principal's funds with your funds;
  - (4) borrow funds or other property from the principal, unless otherwise authorized;
  - (5) continue acting on behalf of the principal if you learn of any event that terminates this power of actorney or your authority under this power of attorney, such as the death of the principal, your legal separation from the principal, or the 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  $\rho$  incipal. 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.)



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## **UNOFFICIAL COPY**

#### Exhibit A

#### **Legal Description:**

Unit 1-East as described in survey delineated on and attached to and a part of a Declaration of Condominium ownership registered on the 15th day of April, 1980 as Document Number 3156256 an undivided percent interest (Except the units delineated and described in said survey) in and to the following described premises:

Lots 43 and 44, in Block 17, in National City Realty Company's Fourth Addition to Rogers Park Manor, being a Subdivision of the East 1/2 of the Southeast 1/4 of the Northeast 1/4 of Section 36, Township 41 North, Range 13 lyng North and South of the Indian Boundary line, East of the Third Principal Meridian, in Cook County, Illinois

OOA COUNTY CIEPAS OFFICE Permanent Index Number: 10-36-118-045-1001

After recording, mail to:

Kathleen S Lane

1234 Sherman Ave #201

Evanston IL 60202