

Doc# 2326833011 Fee \$88.00

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KAREN A. YARBROUGH COOK COUNTY CLERK

DATE: 09/25/2023 09:28 AM PG: 1 OF 7

LLINOIS STATUATORY SHORT FORM
POWER OF ATTORNEY

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Chicago Title &5 23255 ET WUES

#### ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY for ALICE GOFF

1. I, ALICE GOFF of 5637 S. Dorchester Ave., Apt. 2, Chicago, Illinois 60637, hereby appoint:

MARY BARRETT KIRBY of 5841 N. Oketo Ave., Chicago, Illinois 60631

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 Accepted 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) Stock and bond transactions.
- (d) Tangible personal property transactions.
- (e) Safe deposit box transactions.
- (f) Insurance and annuity transactions.
- (g) Retirement plan transactions.
- (h) Social Security, employment and military service benefits. DE.

  DECORPTS
- (i) Tax matters.
- (j) Claims and litigation.
- (k) Commodity and option transactions.
- (1) Business operations.
- (m) Borrowing transactions.
- (n) Estate transactions.
- (o) All other property transactions.
- 2. The powers granted above shall not include the following powers or shall be modified or limited in the following particulars:

Powers are limited to those necessary and required to close on the purchase of the real estate commonly known as 5316 S. Hyde Park Blvd., #2, Chicago, Illinois 60615, including signing all mortgage loan documents, contract amendments, disclosures, title company documents and other documents at the time of the closing and after, as necessary. Legal description attached.

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

7. This power of attorney shall terminate on November 18, 2023.

8. If my 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:

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 a person with a disability or the person is unable to give prompt and intelligent consideration to business matters, as certified by a licensed physician.

- 9. 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.
  - 10. The Notice to Agent is incorporated by reference and included as part of this form.

Dated: イル 23

Signed: \_

(Principal

(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 Alice Goff, the foregoing power of zhorney, 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 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:

Signed

#### 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:)

(Second witness) The undersigned witness certifies that Alice Goff, 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 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 of 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 of successor agent under the foregoing power of attorney.

	Ox	Dated:		
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	0	Signed:		
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		(,		
State of Illinois	) SS.			
	) 55. )		1/h	
County of Cook	)		11/1	
The undersigned, a	notary public in and	d for the abo	ove County and	State, certifies that
Alice Goff, known to	me to be the same r	erson whos	e name is sບ່ອວ	ribed as principal to the
foregoing power of at	ttorney, appeared bet	fore me and	the witness(es)	74.
Katherine De			)	
	•			voluntary act of the principal
	oses therein set forth	(and certif	led to the correc	tness of the signature(s) of
the agent(s)).			c .+1	2 2 3
	_	Dated: _	Jep1 15	2023
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Notony Public				
My commission expir	2-2-7-0	24		
wry commission expir	ies Za Jana			
MAI	RGARET BYRNE			
NOTARY & O	FFICIAL SEAL			
STATE OF NOTARY P	ublic - State of Illinois			
Fet	ommission Expires oruary 03, 2024			

(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)
Prepared by: Mary Barrett Kirby, Attorney, 5841 N 8016; mary@manorlawgroup com.	Oketo Ave., Chicago IL 60631; 1/3/583

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## **UNOFFICIAL COPY**

#### AGENTS CERTIFICATION AND ACCEPTANCE OF AUTHORITY

Ι,	Man	Barrett	Kilba
			,

(insert name of principal). I certify that to the best of my knowledge the principal had the capacity to execute the power of attorney, is alive, and has not revoked the power of attorney; that my powers as agent have not been altered or terminated; and that the power of attorney remains in rull force and effect. I accept appointment as agent under this power of attorney. This certification and acceptance is made under penalty of perjury\*.

Dated/ 9/18/23

Print Agents name and address lelow their signature line

\*(NOTE: Perjury is defined in Section 32-2 of the Criminal Code of 2012, and is a Class 3 felony.)

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# **UNOFFICIAL COPY**



#### **LEGAL DESCRIPTION**

Order No.: 23NW7151255CS

For APN/Parcel ID(s): 20-12-111-018-1008

UNIT 5316-2 IN 53 RD AND HYDE PARK CONDOMINIUM NOW KNOWN AS 5312-18 SOUTH HYDE PARK CONDOMIN IU. AS DELINEATED ON SURVEY OF THE EAST 150 FEET OF LOTS 3, 4, AND 5 IN BLOCK 34 IN HYDE PARK IN SECTIONS 11, 12 AND 14 IN TOWNSHIP 38 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, WHICH SURVEY IS ATTACHED AS EXHIBIT A' TO DECLARATION RECORDED AS DOCUMENT 19675060, AS AMENDED FROM TIME TO TIME, TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS, IN COOK COUNTY, ILLINOIS.