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KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 09/28/2023 12:40 PM PG: 1 OF 7

File No.: 23GS 907113LT

(Grantor) Russell J. Casper
and POA

(Grantee) Joseph McBride Morgan and Salvatore Gerard Morgan

This page is added to provide adequate space for recording information and microfilming.
Do not remove this page as it is now part of the document.

PREPARE BY AND RETURN THIS DOCUMENT TO:

Thakrar Surpon
Shameen Thakrar
1001 Green Bay Rd, Ste 234
Winnetka, IL 60093

Chicago Title & Trust Company
10 S LaSalle Street, 28th Floor
Chicago, IL 60603

File No

Chicago Title

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IL STATUTORY SHORT FORM
POWER OF ATTORNEY

Preparer File:
No.:

ILLINOIS STATUTORY SHORT FORM
POWER OF ATTORNEY FOR PROPERTY

Salvatore Gerard Morgan, 22730 N. Nottingham Drive,

1. I, Beverly Hills, MI 48025 (insert name and address of principal)

Hereby revoke all prior powers of attorney for property executed by me and appoint:

Joseph McBride Morgan, 300 W Grant Ave, Unit 304, Chicago, IL 60654 (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:

- (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.~~
- ~~(I) Tax matters.~~
- ~~(J) Claims and litigation.~~
- ~~(K) Commodity and option transactions.~~
- ~~(L) 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: (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.)

The powers granted above shall be limited to taking any and all actions in connection with the purchase of the real property commonly known as 375 W Erie St, Unit 313, Chicago, IL 60654.

Legal Description:

UNIT NUMBER 313 AND PARKING UNIT 34 IN THE ERIE CENTRE CONDOMINIUM, AS DELINEATED ON A SURVEY OF THE FOLLOWING DESCRIBED TRACT OF LAND:
PORTIONS OF CERTAIN LOTS IN BLOCK 1 OF ASSESSOR'S DIVISION OF PART (SOUTH OF ERIE STREET AND EAST OF CHICAGO RIVER) OF THE EAST 1/2 OF THE NW 1/4 OF SECTION 9, TOWNSHIP 39 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN;
WHICH SURVEY IS ATTACHED AS EXHIBIT "E" TO THE DECLARATION OF CONDOMINIUM RECORDED AS DOCUMENT NUMBER 97719736; TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS, IN COOK COUNTY, ILLINOIS.

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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.)

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.

(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 The date executed.

(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 One year following the date hereof. This Power will not expire upon the subsequent incapacity or disability of the grantor.

(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:

None.

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.)

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

Dated: September 19, 2023 Signed: X

Salvatore Gerard Morgan

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(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 Salvatore Gerard Morgan 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: 9-19-2023 Signed: Suzanne M McGovern
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:)

STATE OF Michigan, COUNTY OF Oakland) SS

The undersigned, a notary public in and for the above county and state, certifies that Salvatore Gerard Morgan known to me to be the same person whose name is subscribed as principal to the foregoing power of attorney, appeared before me and witness(es) Suzanne Gasiorol (and N/A) 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: 9-19-23

Randi Hanlon
Notary Public

My commission expires: 11/09/29

RANDI HANLON, NOTARY PUBLIC
Wayne (acting in Oakland) County, Michigan
My Commission Expires 11/09/2029

Prepared By:
Name: Thakrar & Associates, PC
Address: 1001 Green Bay Road, Suite 234
Winnetka, IL 60093
Phone: (847) 757-3143

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Agent's Certification and Acceptance of Authority Form 7/1/11

(Text of Section after amendment by P.A. 96-1195)

Sec. 2-8. Reliance on document purporting to establish an agency.

(a) Any person who acts in good faith reliance on a copy of a document purporting to establish an agency will be fully protected and released to the same extent as though the reliant had dealt directly with the named principal as a fully-competent person. The named agent shall furnish an affidavit or Agent's Certification and Acceptance of Authority to the reliant on demand stating that the instrument relied on is a true copy of the agency and that, to the best of the named agent's knowledge, the named principal is alive and the relevant powers of the named agent have not been altered or terminated; but good faith reliance on a document purporting to establish an agency will protect the reliant without the affidavit or Agent's Certification and Acceptance of Authority.

(b) Upon request, the named agent in a power of attorney shall furnish an Agent's Certification and Acceptance of Authority to the reliant in substantially the following form:

CLERK OF COOK COUNTY

1. Name of Agent: _____

2. Name of Principal: _____

3. Address of Principal: _____

4. Address of Agent: _____

5. Date of Execution: _____

6. Signature of Agent: _____

7. Signature of Principal: _____

8. Notary Public Signature: _____

9. Notary Public Seal: _____

10. Date of Notary Commission: _____

11. State of Illinois: _____

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AGENT'S CERTIFICATION AND ACCEPTANCE OF AUTHORITY

I, Joseph McBride Morgan (insert name of agent), certify that the attached is a true copy of a power of attorney naming the undersigned as agent or successor agent for (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 full force and effect.

I accept appointment as agent under this power of attorney.

This certification and acceptance is made under penalty of perjury.*

Dated:

Joseph McBride Morgan
(Agent's Signature)

Joseph McBride Morgan
(Print Agent's Name)

.....
(Agent's Address)

*(NOTE: Perjury is defined in Section 32-2 of the Criminal Code of 1961, and is a Class 3 felony.)

(c) Any person dealing with an agent named in a copy of a document purporting to establish an agency may presume, in the absence of actual knowledge to the contrary, that the document purporting to establish the agency was validly executed, that the agency was validly established, that the named principal was competent at the time of execution, and that, at the time of reliance, the named principal is alive, the agency was validly established and has not terminated or been amended, the relevant powers of the named agent were properly and validly granted and have not terminated or been amended, and the acts of the named agent conform to the standards of this Act. No person relying on a copy of a document purporting to establish an agency shall be required to see to the application of any property delivered to or controlled by the named agent or to question the authority of the named agent.

(d) Each person to whom a direction by the named agent in accordance with the terms of the copy of the document purporting to establish an agency is communicated shall comply with that direction, and any person who fails to comply arbitrarily or without reasonable cause shall be subject to civil liability for any damages resulting from noncompliance. A health care provider who complies with Section 4-7 shall not be deemed to have acted arbitrarily or without reasonable cause.

(Source: P.A. 96-1195, eff. 7-1-11.)

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LEGAL DESCRIPTION

Order No.: 23GSC907113LT

For APN/Parcel ID(s): 17-09-127-039-1032 and 17-09-127-039-1122

UNIT NUMBER 313 AND PARKING UNIT 34 IN THE ERIE CENTRE CONDOMINIUM, AS DELINEATED ON A SURVEY OF THE FOLLOWING DESCRIBED TRACT OF LAND:

PORTIONS OF CERTAIN LOTS IN BLOCK 1 OF ASSESSOR'S DIVISION OF PART (SOUTH OF ERIE STREET AND EAST OF CHICAGO RIVER) OF THE EAST 1/2 OF THE NW 1/4 OF SECTION 9, TOWNSHIP 39 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN;

WHICH SURVEY IS ATTACHED AS EXHIBIT "E" TO THE DECLARATION OF CONDOMINIUM RECORDED AS DOCUMENT NUMBER 97719736; TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS, IN COOK COUNTY, ILLINOIS.

Property of Cook County Clerk's Office