

773437
2 of 3



2402346098

ILLINOIS STATUTORY
SHORT FORM POWER OF
ATTORNEY FOR PROPERTY

Doc# 2402346098 Fee \$88.00

RHSP FEE:\$18.00 RPRF FEE: \$1.00

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 01/23/2024 02:32 PM PG: 1 OF 5

Citywide Title Corporation
111 W. Washington St. Ste. 1301
Chicago IL 60602

(NOTICE: THE PURPOSE OF THIS
POWER OF ATTORNEY IS TO GIVE
THE PERSON YOU DESIGNATE
(YOUR "AGENT") BROAD POWERS
TO HANDLE YOUR PROPERTY,
WHICH MAY INCLUDE POWERS TO
PLEDGE, SELL OR OTHERWISE
DISPOSE OF ANY REAL OR
PERSONAL PROPERTY WITHOUT
ADVANCE NOTICE TO YOU OR
APPROVAL BY YOU. THIS FORM
DOES NOT IMPOSE A DUTY ON

Property Address: 2751 West Giddings, Unit GW
Chicago, Illinois 60625

YOUR AGENT TO EXERCISE GRANTED POWERS; BUT WHEN POWERS ARE EXERCISED, YOUR AGENT
WILL HAVE TO USE DUE CARE TO ACT FOR YOUR BENEFIT AND IN ACCORDANCE WITH THIS FORM
AND KEEP A RECORD OF RECEIPTS, DISBURSEMENTS AND SIGNIFICANT ACTIONS TAKEN AS
AGENT. A COURT CAN TAKE AWAY THE POWERS OF YOUR AGENT IF IT FINDS THE AGENT IS NOT
ACTING PROPERLY. YOU MAY NAME SUCCESSOR AGENTS UNDER THIS FORM BUT NOT CO-
AGENTS. UNLESS YOU EXPRESSLY LIMIT THE DURATION OF THIS POWER IN THE MANNER
PROVIDED BELOW, UNTIL YOU REVOKE THIS POWER OR A COURT ACTING ON YOUR BEHALF
TERMINATES IT, YOUR AGENT MAY EXERCISE THE POWERS GIVEN HERE THROUGHOUT YOUR
LIFETIME, EVEN AFTER YOU BECOME DISABLED. THE POWERS YOU GIVE YOUR AGENT ARE
EXPLAINED MORE FULLY IN SECTION 3-4 OF THE ILLINOIS "STATUTORY SHORT FORM POWER OF
ATTORNEY FOR PROPERTY LAW" OF WHICH THIS FORM IS A PART (SEE THE BACK OF THIS FORM).
THAT LAW EXPRESSLY PERMITS THE USE OF ANY DIFFERENT FORM OF POWER OF ATTORNEY YOU
MAY DESIRE. IF THER IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU
SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU.)

POWER OF ATTORNEY made the 21st day of November 2023.

1. I, Emma J. Johnson-Geis
1463 W. Pensacola Avenue
Chicago, Illinois 60613

Hereby appoints:

Alice Margaret Geis
1463 W. Pensacola Avenue
Chicago, Illinois 60613

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:

S Y
P 5
S 1
SC Y
INT 2024

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(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.)

- Real estate transactions. Specific to the real estate transaction
- Financial institution transactions: 2751 West Giddings, Unit GW
- ~~Stock and bond transactions:~~ Chicago, Illinois 60625
- ~~Tangible personal property transactions:~~
- ~~Safe deposit box transactions:~~
- ~~Insurance and annuity transactions:~~
- ~~Retirement plan transactions:~~
- ~~Social Security, employment and military service benefits:~~
- ~~Tax matters:~~
- ~~Claims and litigation:~~
- ~~Commodity and option transactions:~~
- ~~Business operations:~~
- Borrowing transactions.
- ~~Estate transactions:~~
- ~~All other property powers and transactions:~~

(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 (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):

.....2751 West Giddings, Unit GW.....
..... Chicago, Illinois 60625.....

3. In addition to the powers granted above, I grant my agent the following powers (here you may add any other delegable powers including, without limitation, power to make gifts, exercise powers of appointment, name or change beneficiaries of joint tenants or revoke or amend any trust specifically referred to below):

.....N/A.....

(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 THE NEXT SENTENCE, 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.

(YOUR AGENT WILL BE ENTITLED TO REIMBURSEMENT FOR ALL REASONABLE EXPENSES INCURRED IN ACTING UNDER THIS POWER OF ATTORNEY. STRIKE OUT THE NEXT SENTENCE 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. (THIS POWER OF ATTORNEY MAY BE AMENDED OR REVOKED BY YOU AT ANY TIME AND IN ANY

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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 EITHER (OR BOTH) OF THE FOLLOWING:)

6. This power of attorney shall become effective on execution _____ (initial)

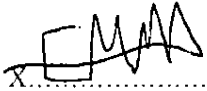
7. This power of attorney shall terminate on February 28, 2024 _____ (initial)

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:N/A..... For purposes of this paragraph 8, a person shall 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.

(IF YOU WISH TO NAME YOUR AGENT AS GUARDIAN OF YOUR ESTATE, IN THE EVENT A COURT DECIDES THAT ONE SHOULD BE APPOINTED, YOU MAY, BUT ARE NOT REQUIRED TO, DO SO BY RETAINING THE FOLLOWING PARAGRAPH, THE COURT WILL APPOINT YOUR AGENT IF THE COURT FINDS THAT SUCH APPOINTMENT WILL SERVE YOUR BEST INTERESTS AND WELFARE. STRIKE OUT PARAGRAPH 9 IF YOU DO NOT WANT YOUR AGENT TO ACT AS GUARDIAN.)

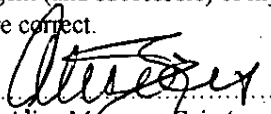
9. If a guardian of my estate (my property) is to be appointed, I nominate the agent acting under this power of attorney as such guardian, to serve without bond or security.

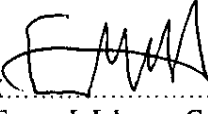
10. I am fully informed as to all the contents of this form and understand the full importance of this grant of powers to my agent.

Signed 
Emma J. Johnson-Geis (principal)

(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 I certify that the signatures of my agent (and successors) of my agent (and successors) are correct.

X 
Alice Margaret Geis (successor agent)
1463 W. Pensacola Avenue
Chicago, Illinois 60613

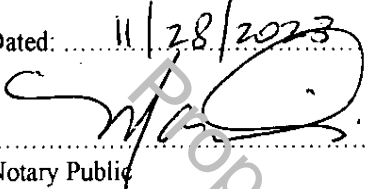
X 
Emma J. Johnson-Geis (principal)

(THIS POWER OF ATTORNEY WILL NOT BE EFFECTIVE UNLESS IT IS NOTARIZED AND SIGNED BY AT LEAST ONE ADDITIONAL WITNESS, USING THE FORM BELOW.)

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State of ILLINOIS)
County of COOK) SS.

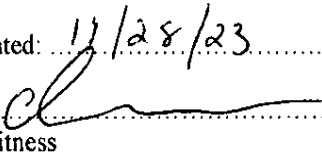
The undersigned, a notary public in and for the above county and state, certifies Emma J. Johnson-Geis, known to me to be the same person whose name is subscribed as principal to the foregoing power of attorney, appeared before me and the additional witness in person and acknowledged signing and delivering 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: 11/28/2023

Notary Public



My commission expires 04/03/2025

The undersigned witness certifies that Emma J. Johnson-Geis 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.

Dated: 11/28/23

Witness

(THE NAME AND ADDRESS OF THE PERSON PREPARING THIS FORM SHOULD BE INSERTED IF THE AGENT WILL HAVE POWER TO CONVEY ANY INTEREST IN REAL ESTATE.)

This document was prepared by: 3
Mail To:
Michelle A. Laiss
LAW OFFICES OF MICHELLE A. LAISS
1530 West Fullerton Avenue
Chicago, Illinois 60614

The requirement of the signature of an additional witness imposed by the amendatory Act of the 91st General Assembly applies only to instruments executed on or after the effective date of June 9th, 2000. (P.A. 86-736.)

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File No: 773437

EXHIBIT "A"

UNIT 2751-G TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS IN GIDDINGS LANDING CONDOMINIUM AS DELINEATED AND DEFINED IN THE DECLARATION RECORDED AS DOCUMENT NUMBER 97116785, AS AMENDED FROM TIME TO TIME, IN THE WEST HALF OF THE NORTHEAST QUARTER AND THE EAST HALF OF THE NORTHWEST QUARTER OF SECTION 13, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

13-13-201-028-1005*

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This page is only a part of a 2016 ALTA® Commitment for Title Insurance. This Commitment is not valid without the Notice; the Commitment to Issue Policy; the Commitment Conditions; Schedule A; Schedule B, Part I-Requirements; and Schedule B, Part II-Exceptions.

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