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CITYWIDETITLE CORPORATION 111 W WASHINGTON ST. STE 1301 CHICAGO, ILLINOIS 60602

Doc# 2404041078 Fee \$88.00

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

KAREM A. YARBROUGH

COOK COUNTY CLERK

DATE: 02/09/2024 04:06 PM PG: 1 OF 5

| FILE # 773898 2/3 |
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| DEED |
| SUBORDINATION Or |
| POWER OF ATTORNEY |
| POWER OF ATTORNEY OTHER REMARKS |
| REMARKS |
| Kevin Tobin |
| |

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773898 2/3 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 KEVIN TOBIN | (insert name and address of principal) | | |
|-----------------|---|--|--|--|
| Hereby | revoke all prior powers of attorney for prop | | | |
| LISA | BLACK | (insert name and address of agent) | | |
| (NOTE | You may not name co-agents using this fo | rm.) as my attorney-in-fact (my "agent") to act for me and in my | | |
| | | pect to the following powers, as defined in Section 3-4 of the | | |
| | | operty Law" (including all amendments), but subject to any | | |
| | ns on or additions to the specified powers i | | | |
| (NOTE: | You must strike out any one or more of th | e following categories of powers you do not want your agent to | | |
| | | cause the powers described in that category to be granted to | | |
| | nt. To strike out a category you must draw | | | |
| (A) | Real estate transactions. | | | |
| (B) | Financial institution transactions. | | | |
| (C) | Stock and bond transactic 16 | | | |
| (D) | Tangible personal property transections. | | | |
| (₩) | Safe deposit box transactions. | | | |
| (F) | (F) Incurance and annuity transactions. | | | |
| (G) | (C) Retirement plan transactions. | | | |
| (H) | | | | |
| (I) | Tax matters | | | |
| (IJ) | Claims and litigation. | | | |
| (K) | Commodity and option transactions. | | | |
| (L) | Business operations. | | | |
| (M) | Borrowing transactions. | ⁷ O ₂ | | |
| (M) | Estate-transactions. | | | |
| (O) | All other property transactions. | OUNE O | | |
| | | | | |
| | .imitations on and additions to the agent's pow d below.) | rers may be included in this cower of attorney if they are specifically | | |
| 2. 1 | he powers granted above shall not include the | he following powers or shall be caratiled or limited in the following | | |
| particula | rs: (NOTE: Here you may include any specific | limitations you deem appropriate, such as a prohibition or conditions | | |
| | ale of particular stock or real estate or special ru | | | |
| Limited | to the execution of all documents related to the | ne purchase of 842 W. Agatite Ave., Unit 1 E, Clicago, Illinois 60640 | | |
| | | 7/5 | | |
| | | <u> </u> | | |
| 2.6 | | ANOTE: How was a second of the | | |
| | | my agent the following powers: (NOTE: Here you may add any other to make gifts, exercise powers of appointment, name or change | | |
| | e powers including, without illititation, power tries or joint tenants or revoke or amend any tru: | | | |
| None | mics of joint tohants of fovoke of alliona ally tra- | st apositionity totalion to below. | | |
| 110110 | | | | |
| | | | | |
| | | | | |
| NOTE | Varia anna turilli karin arat - it. toil. | and the second s | | |
| | | r persons as necessary to enable the agent to properly exercise the o 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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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 form (7.)

6. () This power of attorney shall become effective on January 15, 2024

(NOTE: Insert a future detail 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

Closing on purchase of 842 W. Agatite Ave., Unit 1E, Chicago, Illinois 60640

(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 coult 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 grantian.)

- 9. If a guardian of my estate (my property) is to be appointed, I nominate the agent acur g 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 or 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:

Signed:

(Principal)

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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.)

| public and acknowledged signing and delivering the instrume purposes therein set forth. I believe him or her to be of sound the witness is not: (a) the attending physician or mental health owner, operator, or relative of an owner or operator of a health parent, sibling, descendant, or any spouse of such parent, | known to me to be the pregoing power of attorney, appeared before me and the notary not as the free and voluntary act of the principal, for the uses and of mind and memory. The undersigned witness also certifies that a service provider or a relative of the physician or provider; (b) an h care facility in which the principal is a patient or resident; (c) a sibling, or descendant of either the principal or any agent or neer such relationship is by blood, marriage, or adoption; or (d) an ey. | | |
|---|---|--|--|
| (************************************** | | | |
| (NOTE: Illinois requires only one witness, but other jurisdicti second witness, have him or her certifinar disign here:) | ons may require more than one witness. If you wish to have a | | |
| | | | |
| (Second witness) The undersigned witness certifies that | known to me to be the | | |
| same person whose name is subscribed as principal to the figuration public and acknowledged signing and delivering the instrume purposes therein set forth. I believe him or her to be or count the witness is not: (a) the attending physician or mental heal owner, operator, or relative of an owner or operator of a heal parent, sibling, descendant, or any spouse of such parent, | pregoing power of attorney, appeared before me and the notary of the state of the principal, for the uses and dimind and memory. The undersigned witness also certifies that is evice provider or a relative of the physician or provider; (b) and becare facility in which the principal is a patient or resident; (c) a sipling or descendant of either the principal or any agent or need to be a sipling or descendant of either the principal or any agent or the such relationship is by blood, marriage, or adoption; or (d) and | | |
| | C / | | |
| Signed: | 0. | | |
| ogned. | ~ | | |
| (Witness) To Arizona | 1,0 | | |
| | | | |
| The undersigned, a notary public in and for the above county and state, certifies that KEVIN TOBIN. known to me to be the same person whose name is subscribed as principal to the foregoing power of atturney, appeared before me and the witness(es) Libry Mosey (and), 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: 12 25 23 | | | |
| | <u> </u> | | |
| | the ha | | |
| | Notary Public | | |
| My commission expires: Tinly 27, 2026 | IASON CLARK | | |



Notary Public - State of Arizona

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Commitment for Title Insurance 2021 v.01.00 (07-01-2021)

File No.: 773898

EXHIBIT A

The Land is described as follows:

UNIT NO. 1E, TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS IN THE 842-44 WEST AGATITE CONDOMINIUM, AS DELINEATED AND DEFINED IN THE DECLARATION RECORDED AS DOCUMENT NO. 94763009, AS AMENDED FROM TIME TO TIME, IN THE NORTHEAST QUARTER OF SECTION 17, TOWNSHIP 40 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

14.17.227.022.1004 Q 842 W Agatite Ave Unit 1E Chicago, IL 60640

Prepared By 3 Mais To?

Kevin Tobin
842 W Agatite Ave.
Chicago. IL 60640

This page is only a part of a 2021 ALTA Commitment for Title Insurance issued by First American Title Insurance Company. This Commitment is not valid without the Notice; the Commitment to Issue Policy; Schedule A; Schedule B, Part I-Requirements; and Schedule B, Part II-Exceptions; and a counter-signature by the Company or its issuing agent that may be in electronic form.

