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Doc#: 2409314189 Fee: \$107.00
KAREN A. YARBROUGH
COOK COUNTY CLERK'S OFFICE
Date 4/2/2024 10:50 AM Pg: 1 of 5

POWER OF ATTORNEY

Legal:

LOT 10 IN BLOCK 5 IN PITNER'S ADDITION TO EVANSTON IN THE EAST HALF OF THE
NORTHEAST QUARTER OF SECTION 24, TOWNSHIP 41 NORTH, RANGE 13, EAST OF THE THIRD
PRINCIPAL MERIDIAN.

Address: 1023 Florence Ave., Evanston, IL 60202

PIN #: 10-24-217-009-0000

PIN #:

PIN #:

Township: Evanston

AFTER RECORDING, MAIL TO:
SATURN TITLE, LLC
1030 W. HIGGINS RD.
SUITE 365
PARK RIDGE, IL 60068

2437689
214

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ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY for KEVIN HAMBLY

1. I, KEVIN HAMBLY, of 623 Olmsted Rd., Stanford, California 94305 hereby appoint:

MARY BARRETT KIRBY of 8770 N. Bryn Mawr, Suite 1300, Chicago IL 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 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:

Powers are limited to those necessary and required to close on the purchase of the real estate commonly known as 1023 Florence Ave., Evanston Illinois 60602 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.

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5. My agent shall be entitled to reasonable compensation for services rendered as agent under this power of attorney.

KH 6. This power of attorney shall become effective today.

KH 7. This power of attorney shall terminate on May 22, 2024.

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:

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: 3/19/24

Signed: [Signature]
(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 Kevin Hambly, 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 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: 3-19-24

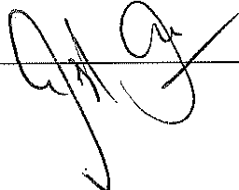
Signed: Jayne [Signature]
Witness

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(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 Kevin Hambly, 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 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.

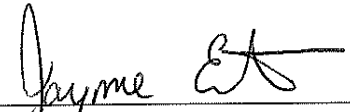
Dated: 03-19-2024

Signed: _____
Witness 

State of Ky) SS.
County of Jefferson)

The undersigned, a notary public in and for the above County and State, certifies that Kevin Hambly, 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 witness(es) Jayne Enteman (and Ali Azhar) 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: 3-19-24



Notary Public

My commission expires 7-26-2027

JAYME LEIGH ENTEMAN
NOTARY PUBLIC
COMMONWEALTH OF KENTUCKY
ID # KYNP76469
MY COMMISSION EXPIRES JULY 26, 2027

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(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)

(agent)

(successor agent)

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

(principal)

(principal)

Prepared by: Mary Barrett Kirby, Attorney, 8770 N. Bryn Mawr, Suite 1300, Chicago IL 60631;
773/583-8016; mary@manorlawgroup.com.

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