Doc#. 2409314190 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 6 12/2

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

43768

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

1. I, MARY 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 or 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.
- (i) Claims and litigation.
- (k) Commodity and option transactions.
- (1) Business operations.
- (m) Borrowing transactions.
- (n) Estate transactions.
- (o) All other property transactions.
- Olluit Clotti 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 roal 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.

5. My agent shall be entitled to reasonable compensation for services rendered as agent

under this power of attorney.

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 of 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.
Diceo 3/19/24
Signed: My H
(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 ray not also sign as a witness.)
The undersigned witness certifies that Mary 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 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: 3 19 24
Signed: Our Auf 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 Mary 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 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 patent, 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:
	· C	Signed:
	0	Witness
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	^ -	
	State of <u>Callfornia</u>) SS. County of <u>Santa Classa</u>)	
	County of Sonta Clasa)	<i>U</i> ₂
		7×,
	- ' -	d for the above County and State, certifies that
	*	ne person whose name is subscribed as principal to the
	foregoing power of attorney, appeared bet	fore me and the witness(cs)
		Singerson and
		instrument as the free and voluntary act of the principal,
	* ~	a (and certified to the correctness of the signature(s) of
	the agent(s)).	Dated: March 19, 2024
		Dated: Mai Lit 11 3007
		Co
	Notary Public	22/SEDSHINESSOFOTONIA DERIVED DE LA CONTRACTION
6	•	JUSTIN BE
	My commission expires $09-03-0$	COMM. #2373937
	My confinesion expires	SANTA CLARA COUNTY My Comm. Exp. Sept. 23, 2025

(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.)

agent (and successors)	of my agent (and successors) are genuine. (principal)
(agent)	
(successor agent)	(principal)
Prepared by: Mary Barrett Kirby, Atto	rney, 8770 N. Bryn Mawr, Suite 1300, Chicago IL 6063

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