

UNOFFICIAL COPY

Doc#: 2413818218 Fee: \$107.00
CEDRIC GILES
COOK COUNTY CLERK'S OFFICE
Date 5/17/2024 11:12 AM Pg: 1 of 3

Mail To:

(LN24028805 2 of 3)

Karen Rbeiz

1077 Emerald Street, Apartment B

Sand Diego, CA 92109

RECORDING COVER PAGE

Permanent Parcel Number:

14-31-300-070-1005

Property Address:

1927 North Milwaukee Avenue,

Unit 301

Chicago, IL 60647

Prepared By: Carlos P. Aparicio, Aparicio Law Office	5838 South Archer Ave.,	Chicago, IL 60638
Name	Address	City, State & Zip Code

*Please note – This cover page has been attached to the document for recording purpose.
It is a permanent part of the document and has been included in the page count.

UNOFFICIAL COPY

SPECIAL POWER OF ATTORNEY

KNOW ALL ME BY THESE PRESENT, THAT **Karen Rbeiz** currently residing at **1077 Emerald Street, Unit B, San Diego, CA 92109** desire to execute a SPECIAL POWER OF ATTORNEY, hereby appoint **Paul Joe Rbeiz** or his or her representative, as our Attorney-in-Fact to act as follows, GRANTING unto said Attorney-in-Fact full power to Execute any and all documents necessary to close on the sale, short sale, purchase or refinance of the property described below, commonly known **1927 North Milwaukee Avenue, Unit 301, Chicago, IL 60647** with full power and authority for me and in my name to execute any and all documents necessary to effect the sale, release of liens, or purchase, conveyance, financing, refinancing and settlement on said property to any person or persons of his/her choosing, including but not limited to, sales contracts and addendum thereto, negotiable instruments, mortgages, deeds or other instruments of conveyance, disclosure statements, short sale approval letters, financial documents, closing or settlement statements, etc., FURTHER GRANTING full power and authority to collect and receive any funds or proceeds of said sale in any manner which in his/her sole discretion, he/she sees fit.

The legal description of the land **1927 North Milwaukee Avenue, Unit 301, Chicago, IL 60647** as more fully stated below. The PIN number is **14-31-300-070-1005**.

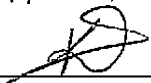
PARCEL 1: UNIT 301 IN THE BAER LOFTS IN BUCKTOWN CONDOMINIUM, AS DELINEATED ON A PLAT OF SURVEY OF THE FOLLOWING TRACT OF LAND: LOTS 9 AND 10 IN BLOCK 5 IN PIERCE'S ADDITION TO HOLSTEIN IN THE NORTH 1/2 OF THE SOUTHWEST 1/4 OF SECTION 31, TOWNSHIP 40 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS. WHICH SURVEY IS ATTACHED AS EXHIBIT "D" TO THE DECLARATION OF CONDOMINIUM RECORDED MAY 20, 2008 AS DOCUMENT NUMBER 0814116031, TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS.

PARCEL 2: THE EXCLUSIVE RIGHT TO USE STORAGE SPACE 10-S, LIMITED COMMON ELEMENT, AS DEFINED AND SET FORTH IN SAID DECLARATION OF CONDOMINIUM RECORDED MAY 20, 2008 AS DOCUMENT NUMBER 0814116031

All acts done by means of this power shall be done in my name, and all instruments and documents executed by my Attorney-in-Fact hereunder shall contain my name, followed by that of my Attorney-in-Fact and the description "Attorney-in-Fact", excepting however any situation where local practice differs from the procedure set forth herein, in that event local practice may be followed. This SPECIAL POWER OF ATTORNEY shall be valid and may be relied upon by any third parties until December 31, 2024.

IN WITNESS WHEREOF, the undersigned has executed this document on the date set forth below.

Dated: 04/27/24



Karen Rbeiz

UNOFFICIAL COPY

The undersigned witness certifies that **Karen Rbeiz** 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 principals for the uses and purposes therein set forth. I believe him/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 the principal or any agent or successor agent under the foregoing power of attorney, whether such relationship is by blood, marriage, or adoption; of (d) an agent or successor agent under the foregoing power of attorney.

Witness *[Signature]*
GABRIEL REBEIZ

State of California

County of San Diego)

I, Magdalena Escobedo, a Notary Public in and for said County and State, do hereby certify that **Karen Rbeiz*** personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person and acknowledged that he/she signed and delivered the said instrument as his/her free and voluntary act, for the purposes and therein set forth. * And Gabriel Rebeiz

Given under my hand and official seal, this 27th of April, 2024.

Magdalena Escobedo
Notary Public

