Mail To:	Doc#. 2413829141 Fee: \$107.00  CEDRIC GILES  COOK COUNTY CLERK'S OFFICE
(Heather O'Hara	Date 5/17/2024 12:44 PM Pg: 1 of 8
Attorney at Law	
245 Hudson Ave	
Clarendon Hills IL 60514	
Permanent Parcel Nu	RECORDING COVER PAGE FOR PC A
Property Address:	
, ,	139 Springlake Ave
	100 and a 100 COF24
	Hinsdale IL 60521
	Hinsdale IL 60521

Prepared By: Heather O'Hara Attorney at Law 245 Hudson Ave Clarendon Hills IL 60514

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.

This instrument Prepared By: Heather M. O'Hara Attorney at Law

After Recording Return To: Heather M. O'Hara Attorney at Law 245 Hudson Ave Clarendon Hills, IL 60514

0124-99076 20f4

# 1. NOTICE TO THE INDIVIDUAL SIGNING THE ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

PLEASE RF. D THIS NOTICE CAREFULLY. The form that you will be signing is a legal document. It is governed by the Ulinois Power of Attorney Act. If there is anything about this form that you do not understand, you should ask a lawy at the explain it to you.

The purpose of this Pover of Attorney is to give your designated "agent" broad powers to handle your financial affairs, which may include the power to pledge, sell, or dispose of any of your real or personal property, even without your consent or any advance notice to you. When using the Statutory Short Form, you may name successor agents, but you may not name coagents.

This form does not impose a duty upon your agent to handle your financial affairs, so it is important that you select an agent who will agree to do this for you. It is also important to select an agent whom you trust, since you are giving that agent control over your financial assets and property. Any agent who does act for you has a duty to act in good faith for your benefit and to use due care, competence, and diligence. He or she must also act in accordance with the law and with the directions in this form. Your agent must keep a record of all receipts, disbursements, and significant actions taken as your agent.

Unless you specifically limit the period of time that this Power of Attorney will be in effect, your agent may exercise the powers given to him or her throughout your lifetime, both perfore and after you become incapacitated. A court, however, can take away the powers of your agent if it finds that the agent is not acting properly. You may also revoke this Power of Attorney if you wish.

This Power of Attorney does not authorize your agent to appear in court or you as an attorneyatlaw 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.

The powers you give your agent are explained more fully in Section 34 of the Illino's Power of Attorney Act. This form is a part of that law. The "NOTE" paragraphs throughout this form are instructions.

You are not required to sign this Power of Attorney, but it will not take effect without your agent are. You should not sign this Power of Attorney if you do not understand everything in it, and what your agent will or able to do if you do sign it.

Please place your initials on the following line indicating that you have read this Notice:

Principal's initials

PROPER TITLE, LLC

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## **UNOFFICIAL COPY**

#### ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR 2. **PROPERTY**

The space above for Recorders Use Only

This Power of Attorney is being created for the purpose of Purchase of the property located at:

Street address: 139 Springlake Ave.

City Hinsdale, IL 60521

Permanent Tax ID# 18-07-108-034-0000

I. Soha Shaikh

Street Address: 3620 Schillinger Court

City: Naperville State :IL Zip: 60564

(insert name and address of principal above) hereby revoke all prior powers of attorney for property executed by

me and appoint: Heather M O'Hara

Street Address: 320 S Cana. S., Ste 2400

City: Chicago State: IL Zip: 6060

(NOTE: You may not name coagents using this form.) (Insert name and address of agent) as my attorneyinfact (my "agent") to act for me and in my name (in ar y v ay I could act in person) with respect to the following powers, as defined in Section 34 of the "Statutory Short Fo m Power of Attorney for Property Law" (including all amendments), but subject to any limitations on or additions to ine pecified powers inserted in paragraph 2 or 3 below: (NOTE: 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 title Control agent. To strike out a category you must draw a line through the title of that category.)

- (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.

(NOTE: 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: (NOTE: 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.) Not Applicable

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

referred to below.) Not Applicable
(NOTE: 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 decisionmaking powers to others, you should keep paragraph 4, 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 decisionmaking 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
(NOTE: Your of attorner: Strike out paragraph 5 if you do not want your agent to also be entitled to reusonable compensation for strike out paragraph 5.
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 ranority granted in this power of attorney will become effective at the time this
power is signed and will continue and your death, unless a limitation on the beginning date or duration is made by initialing and completing one or boin of paragraphs 6 and 7.)  6. (Initial Here:  1. This power of attorney shall become effective on (Month/Date/Year): May 15, 2024.
(NOTE: Insert a future date or event during your lifetime, such as a court determination of your disability or a written determination by your physician that you are incanacitated, when you want this power to first take effect.)  7. (Initial Here:) This power of attarrey shall terminate on (Month/Date/Year) May 16, 2024.
(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 access the office of agent, I name the following (each to act alone and successively, in the order named) as successor(s) to such agent:  Not Applicable  For purposes of this paragraph 8, a person shall be considered to be incompetent if and while the person is a minor purpose.
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 court decides that the 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 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 import of this grant of powers to

(NOTE: This form does not authorize your agent to appear in court for you as an attorneyatlaw 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: 5112114	(Principal)
Signed	Account of the second
0 /	
NOTE: This naver of attorney will not be effective to	inless 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.)
noturized, using the joint beton. The notary may not	,
The undersigned witness certifies thatSoha Sh	aikh, known to
me to be the same person whose name is subscribed a	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 for	rth. I believe him of her to be of sound mind and memory. The
undersianed witness also certifies that the witness is:	not: (a) the attending physician or mental nealth service
measider or a relative of the physician or provider: (b)	) an owner, operator, or relative of an owner or operator of a
health care (active in which the principal is a nation).	or resident; (c) a parent, sibling, descendant, or any spouse of
auch parent aibling or descendent of either the prince	inal or any agent or successor agent under the foregoing power
of attorney, whether such relationship is by blood, m	arriage, or adoption; or (d) an agent or successor agent under
the foregoing power of attorney.	
Dated: 5-13-2024 Signed Shary I Bland	
Dated:	(Witness)
Signed Nacy 1 Stand	(Wittess)
$^{\circ}$ $O_{\mathcal{K}}$	
ALONE THE Company of the second trace but other	jurisdictions may require more than one witness. If you wish to
(NOTE: Illinois requires only one wlines, ou other have a second witness, have him or her certify and si	im hara)
have a secona witness, have him or her certify that si	gn nere.)
(Second witness) The undersigned witness certains	, known to me to be the
same namen whose name is subscribed as principal	o the foregoing power of attorney, appeared before me and me
noton, public and acknowledged signing and deliver	ing the instrument as the tree and voluntary act of the principal,
for the uses and numbers therein set forth. I helieve I	nim of her to be of sound mind and memory. The undersigned
witness also cartifies that the witness is not: (a) the a	ttending chysician or mental health service provider of a
relative of the physician or provider (b) an owner of	nerator, of telestive of an owner of operator of a health care
facility in which the principal is a nation or resident	(c) a narent, Appling, descendant, or any spouse of such pateric,
-iLline or decondant of either the principal or any a	cent or successor agent under the foregoing power of attorney,
whether such relationship is by blood, marriage, or a	doption; or (d) an agent or successor agent under the foregoing
power of attorney.	C/2
Dated:	
Signed	(Witte ss)
771110	1/2
State of	0,
- 1, 1, 1	
County of	Ysc.
my the standard mublic in and for the show	e county and state, certifies that Soha Shaikin, known to me to
to the same names where name is subscribed as Drit	icinal to the foregoing nower of allottey, appealed a dolo inc
$C_{\alpha} = C_{\alpha} + C_{\alpha$	on and acknowledged signing and delivering the librarium as
the free and voluntary act of the principal, for the use	es and purposes therein set forth (, and certified to the
correctness of the signature(s) of the agent(s)).	
Contoonion of the manner of the second	1/ 1/2/
Space below for Notary Seal	Dated: 10110, 2024
	· · · · · · · · · · · · · · · · · ·
Official Seal	Notary Public
Ana Georgeff	Signature: (M. 12-24/2)
Notary Public State of Illinois	My commission expires: $X = 0.2 = 2.05$
My Commission Expires 8/2/2026	(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
	· ·

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must complete the certification opposite the signatures of the agents.)

I certify that the signatures		Specimen signatures of
(agent)	(principal)	
(successor agent)	(principal)	
(successor agent)	(principal)	
(NOTE: The nume, address completing this form should	and phone number of the d be inserted below.)	e person preparing this form or who assisted the principal in
Name: Heather M. O'Hara		
Address: 320 S Canal St.,	Ste 2400	
City: Chicago State: IL Zi	p: 60606	
Phone: 312-543-3805		

#### 3. NOTICE TO AGENT

(The following form shall be supplied to an agent appointed under a power of attorney for property)

When you accept the authority granted under this power of arturney a special legal relationship, known as agency, is created between you and the principal. Agency imposes upon you duties that continue until you resign or the power of attorney is terminated or revoked.

As agent you must:

- (1) do what you know the principal reasonably expects you to do with the principal's property;
- (2) act in good faith for the best interest of the principal, using due care, or moetence, and diligence;
- (3) keep a complete and detailed record of all receipts, disbursements, and significant actions conducted for the principal;
- (4) attempt to preserve the principal's estate plan, to the extent actually known by the agent, if preserving the plan is consistent with the principal's best interest; and
- (5) cooperate with a person who has authority to make health care decisions for the principal to carry out the principal's reasonable expectations to the extent actually in the principal's best interest.

As agent you must not do any of the following:

- (1) act so as to create a conflict of interest that is inconsistent with the other principles in this Notice to Agent;
- (2) do any act beyond the authority granted in this power of attorney;
- (3) commingle the principal's funds with your funds;
- (4) borrow funds or other property from the principal, unless otherwise authorized;
- (5) continue acting on behalf of the principal if you learn of any event that terminates this power of attorney or your authority under this power of attorney, such as the death of the principal, your legal separation from the principal, or the dissolution of your marriage to the principal.

If you have special skills or expertise, you must use those special skills and expertise when acting for the principal. You must disclose your identity as an agent whenever you act for the principal by writing or printing the name of the principal and signing your own name "as Agent" in the following manner:

"(Principal's Name) by (Your Name) as Agent"

The meaning of the powers granted to you is contained in Section 34 of the Illinois Power of Attorney Act, which is

incorporated by reference into the body of the power of attorney for property document. 

If you violate your duties as agent or act outside the authority granted to you, you may be liable for any damages, including attorney's fees and costs, caused by your violation. If there is anything about this document or your duties that you do not understand, you should seek legal advice from an attorney."

Regulatory information regarding the Illinois Power of Attorney:
Text of Section after amendment by P.A. 961195) Sec. 33. Statutory short form power of attorney for property.

(a) The form prescribed in this Section may be known as "statutory property power" and may be used to grant an agent powers with respect to property and financial matters. The "statutory property power" consists of the following: (1) Notice to the Individual Signing the Illinois Statutory Short Form Power of Attorney for Property; (2) Illinois Statutory Short Form Power of Attorney for Property; and (3) Notice to Agent. When a power of attorney in substantially the form prescribed in this Section is used, including all 3 items above, with item (1), the Notice to Individual Signing the Illimois Statutory Short Form Power of Attorney for Property, on a separate sheet (coversheet) in I 4point type and the notarized form of acknowledgment at the end, it shall have the meaning and effect prescribed in this Act.

(b) A power of attorney shall also be deemed to be in substantially the same format as the statutory form if the explanatory language throughout the form (the language following the designation "NOTE;") is distinguished in some way from the legal paragraphs in the form, such as the use of boldface or other an rence in typeface and font or point size, even if the "Notice" paragraphs at the beginning are not on a separate sheet of paper or are not in . "point type, or if the principal's initials do not appear in the acknowledgement at the end of the "Notice" paragraphs.

The validity of a nawer of attorney as meeting the requirements of a statutory property power shall not be affected by the fact that one or more of the categories of op ion I nowers listed in the form are struck out or the form includes specific limitations on or additions to the agent's powers, as permitted by the form. Nothing in this Article shall invalidate or bar use by the principal of any other or different form of power of attorney for property. Nonstanutory property powers (i) must be executed by the principal, (ii) must designate the agent and the agent's powers, (iii) must be signed by at least one witness to the principal's signature, and (iv) must indicate that the principal has acknowledged his or her signature before a notary public. However, nonstatutory property powers need not conform in any other respect to the statutory property power.

The requirement of the signature of a witness in addition to the principal and the notary, imposed by Public Act 91790, applies only to instruments executed on or after June 9, 20 0 ( 14 offective date of that Public Act). (NOTE: This unendatory Act of the 96th General Assembly Tive ness as . deletes provisions that referred to the one required witness as an "additional witness", and it also provides for the signature of an optional "second witness\*.) (Source: P.A. 961195, eff. 7111.)

Lot 2 in Bruckert's Resubdivision of Lots 7, 8 and 9 (except the North 68 feet thereof), in Block 8 in Highlands, a Subdivision of the Northwest 1/4 and the West 800 feet of the North 144 feet of the Southwest 1/4 of Section 7, Township 38 North, Range 12, East of the Third Principal Meridian, in Cook County, Illinois.

PIN# 18-07-105-034-0000

Property of County Clark's Office