LIMITED POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENT THAT I, ,

Name of Principal

of , , , have made, constituted,

Address City State Zip

and appointed and by these presents do make, constitute, and appoint ,

Name of Agent

true and lawful attorney for me and in my name, place, and stead to transact all business and make, execute, acknowledge. and deliver all contracts, deeds, notes, trust deeds, mortgages, assignments of rent, waivers of homestead rights, affidavits, bills of sale, settlement statements, 1099s, and other tax-related documents and other instruments, and to endorse and negotiate checks and bills of exchange requisite or proper to effectuate the sale or purchase of the premises, the legal description of which is set forth below or attached hereto and made a part hereof, and further described as follows:

Property Address: , ,

Address City State Zip

PIN:

all as effectually in respects as I could do personally, giving and granting unto the said Attorney full power and authority to do and perform all and every act and thing whatsoever, requisite and necessary to be done in and about the premises, as fully, to all intents and purposes, as I might or could do if personally present at the doing thereof, with full power of substitution and revocation, hereby ratifying and confirming all that the said Attorney or the substitute shall lawfully do or cause to be done by virtue hereof.

Dated this day of , .

Day Month Year

Signature of Principal

STATE OF

SS

COUNTY OF

The undersigned, a notary public in and for the above county and state, certifies that ,

Name of Principal

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 in person and acknowledged signing and delivering the

Name of Witness

instrument as the free and voluntary act of the principal, for the uses and purposes therein set forth

Dated:

Notary Public

(SEAL)

My commission expires

|  |  |
| --- | --- |
| **WITNESS** |  |
| The undersigned witness certifies that  | , known to me to be the same |
| Name of Principal |  |
| 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 or her to be of sound mind and memory. The undersigned witness also certifies that the witness is not:1. the attending physician or mental health service provider or a relative of the physician or provider;
2. an owner, operator, or relative of an owner or operator of a health care facility in which the principal is a patient or resident;
3. 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
4. an agent or successor agent under the foregoing power of attorney.
 |
| Dated:  |
| Witness |
| STATE OF  |  |
| SS |  |
| COUNTY OF  |  |

I, the undersigned, a Notary Public in and for said County in the State aforesaid, do hereby certify that

 is personally known to me to be the same person

Name of witness

whose name is subscribed to the foregoing instrument as witness, appeared before me this day in person and acknowledged that he/she signed, sealed, and delivered the said instrument as his/her free and voluntary act, for the uses and purposes therein set forth.

Given under my hand this day of , .

Day Month Year

Notary Public

My commission expires:

This instrument prepared by:

Mail to:

Note: Non-statutory property powers must: (i) be executed by the principal; (ii) designate the agent and the agent's powers; (iii) be signed by at least one witness to the principal’s signature; and (iv) indicate that the principal has acknowledged his or her signature before a notary public. (755 ILCS 45/3-3)

Legal Description of premises: