



0020020022

A205-10  
R205-04

# GENERAL POWER OF ATTORNEY

(With Durable Provision)

30

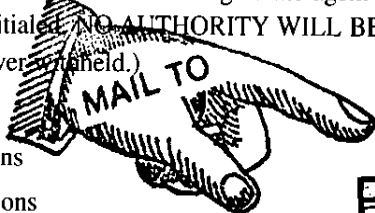
**NOTICE: THIS IS AN IMPORTANT DOCUMENT. BEFORE SIGNING THIS DOCUMENT, YOU SHOULD KNOW THESE IMPORTANT FACTS. THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON WHOM YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO PLEDGE, SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. YOU MAY SPECIFY THAT THESE POWERS WILL EXIST EVEN AFTER YOU BECOME DISABLED, INCAPACITATED OR INCOMPETENT. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL OR OTHER HEALTH CARE DECISIONS FOR YOU. IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.**

**TO ALL PERSONS**, be it known that I, Rita Goldman  
of Wheeling, Illinois  
the undersigned Grantor, do hereby make and grant a general power of attorney to Inna Goldman  
of Highland Park, Illinois  
and do thereupon constitute and appoint said individual as my attorney-in-fact/agent.

My attorney-in-fact/agent shall act in my name, place and stead in any way which I myself could do, if I were personally present, with respect to the following matters, to the extent that I am permitted by law to act through an agent:

(NOTICE: The grantor must write his or her initials in the corresponding blank space of a box below with respect to each of the subdivisions (A) through (O) below for which the Grantor wants to give the agent authority. If the blank space within a box for any particular subdivision is NOT initialed, NO AUTHORITY WILL BE GRANTED for matters that are included in that subdivision. Cross out each power not desired.)

- (A) Real estate transactions
- (B) Tangible personal property transactions
- (C) Bond, share and commodity transactions
- (D) Banking transactions
- (E) Business operating transactions
- (F) Insurance transactions
- (G) Gifts to charities and individuals other than Attorney-in-Fact/Agent  
(If trust distributions are involved or tax consequences are anticipated, consult an attorney.)
- (H) Claims and litigation



BOX 392

# UNOFFICIAL COPY

[RL]  
[RL]  
[RL]  
[RL]  
[RL]  
[RL]  
[RL]  
[RL]  
[RL]

- (I) Personal relationships and affairs
- (J) Benefits from military service
- (K) Records, reports and statements
- (L) Full and unqualified authority to my attorney-in-fact/agent to delegate any or all of the foregoing powers to any person or persons whom my attorney-in-fact/agent shall select
- (M) Access to safe deposit box(es)
- (N) To authorize medical and surgical procedures (Pennsylvania only)
- (O) All other matters

**Durable Provision:**

(F) If the blank space in the block to the left is initialed by the Grantor, this power of attorney shall not be affected by the subsequent disability or incompetence of the Grantor.

**Other Terms:**

My attorney-in-fact/agent hereby accepts this appointment subject to its terms and agrees to act and perform in said fiduciary capacity consistent with my best interests as he/she in his/her best discretion deems advisable, and I affirm and ratify all acts so undertaken.

TO INDUCE ANY THIRD PARTY TO ACT HEREUNDER, I HEREBY AGREE THAT ANY THIRD PARTY RECEIVING A DULY EXECUTED COPY OR FACSIMILE OF THIS INSTRUMENT MAY ACT HEREUNDER, AND THAT REVOCATION OR TERMINATION HEREOF SHALL BE INEFFECTIVE AS TO SUCH THIRD PARTY UNLESS AND UNTIL ACTUAL NOTICE OR KNOWLEDGE OF SUCH REVOCATION OR TERMINATION SHALL HAVE BEEN RECEIVED BY SUCH THIRD PARTY, AND I FOR MYSELF AND FOR MY HEIRS, EXECUTORS, LEGAL REPRESENTATIVES AND ASSIGNS, HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS ANY SUCH THIRD PARTY FROM AND AGAINST ANY AND ALL CLAIMS THAT MAY ARISE AGAINST SUCH THIRD PARTY BY REASON OF SUCH THIRD PARTY HAVING RELIED ON THE PROVISIONS OF THIS INSTRUMENT.

Signed under seal this 10 day of March, 2001 (year)

Signed in the presence of:

Timothy E O'Brien  
Witness

[Signature]  
Grantor  
Ima Goldman  
Attorney-in-Fact/Agent

Witness

State of Illinois  
County of Lake

On March 10, 2001 before me, Rita Goldman, Ima Goldman, Timothy O'Brien, appeared Rita Goldman, Ima Goldman, Timothy O'Brien, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

**OFFICIAL SEAL  
IRENE BRONSTEIN**

Signature [Signature]

Notary Public, State of Illinois

Page 2 of 3

0020020022

My Commission Expires: 07/29/02

Affiant \_\_\_\_\_ Known \_\_\_\_\_ Produced ID \_\_\_\_\_  
Type of ID \_\_\_\_\_

(Seal)

# UNOFFICIAL COPY

This Rider is attached to and made a part of that certain General Power of Attorney signed by Rita Goldman on March 10, 2001.

Legal Description of the property commonly known as:

445 West Wellington, Apt. 12H, Chicago, IL

Unit 12H together with its undivided percentage interest in the common elements in Wellington Place Condominium as delineated and defined in the Declaration recorded as Document Number 24874731, in the Northwest 1/4 of Section 28, Township 40 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois.

Property of Cook County Clerk's Office

00200020022