

0021233442 1048/274 0 001 Page 1 of 5 2002-11-07 13:02:38 Cook County Recorder 58.00

## ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

(NOTICE: THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON 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. THIS FORM DOES NOT IMPOSE A DUTY ON YOUR AGENT TO EXERCISE GRANTED POWERS; BUT WHEN POWERS ARE EXERCISED, YOUR AGENT WILL HAVE TO USE DUE CARE TO ACT FOR YOUR BENEFIT AND IN ACCORDANCE WITH THIS FORM AND KEEP A RECORD OF RECEIPTS. DISBURSEMENTS AND SIGNIFICANT ACTIONS TAKEN AS AGENT. A COURT CAN TAKE AWAY THE POWERS OF YOUR AGENT IF IT FINDS THE AGENT IS NOT ACTING PROTELLY. YOU MAY NAME SUCCESSOR AGENTS UNDER THIS FORM BUT NOT CO-ACENTS. UNLESS YOU EXPRESSLY LIMIT THE DURATION OF THIS POWER IN THE MANNER PROVIDED BELOW, UNTIL YOU REVOKE THIS POWER OR A COURT ACTING ON YOUR BEHALF TERMINATES IT, YOUR AGENT MAY EXERCISE THE POWERS GIVEN HERE THROUGHOUT YOUR LIFETIME, EVEN 💥 AFTER YOU BECOME DISABLED. THE POWERS YOU GIVE YOUR AGENT ARE EXPLAINED MORE FULLY IN SECTION 3-4 OF THE ILLINOIS "STATUTORY SHÖRT FORM POWER OF ATTORNEY FOR PROPERTY LAW" OF WHICH THIS FORM IS A PART. THAT LAW EXPRESSLY PERMITS THE USE OF ANY DIFFERENT FORM OF POWER OF ATTORNEY YOU MAY DESIRE. IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU.)

POWER OF ATTORNEY made this 3 day of May, 2002

I, ADELINE LYONS, 6129 Monticello, Chicago, Illinois 60659, hereby appoint BILL of LYONS, 171 Oakmont Drive Deerfield, IL 60015 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 of Attorney fo: Property Law" (including all amendments), but subject to any limitations on or additions to the specified powers inserted in paragraph 2 or 3 below:

(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 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.

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(j)	Claims and	litigation.
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- (k) Commodity and option transactions.
- (l) Business operations.
- (m) Borrowing transactions.
- (n) Estate transactions.
- (o) All other property powers and transactions.

(LIMITATIONS ON AND ADDITIONS TO THE AGENT'S POWERS MAY BE INCLUDED IN THIS POWER OF ATTORNEY IF THEY ARE SPECIFICALLY DESCRIBED BELOW.)

	The powers granted above shall not include the following powers or shall be d or limited in the following particulars (here you may include any specific limitations m appropriate, such as a prohibition or conditions on the sale of particular stock or real r special rules or borrowing by the agent):
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i	
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(here you	In addition to the powers granted above, I grant my agent the following powers a may add any other delegable powers including, without limitation, power to make ercise powers of appointment, name or change beneficiaries or joint tenants or revoke or my trust specifically referred to below):
provided	ake gifts to third parties or to the attorney(s)-in-fact as individual(s), as the r(s)-in-fact, in the sole discretion of the attorney(s)-in-fact, deem appropriate, it said gifts qualify for the annual exclusion under Sections 2503(b), 2503(c) or of the Internal Revenue Code of 1986, including amendments thereto.
GRANTE	AGENT WILL HAVE AUTHORITY TO EMPLOY OTHER PERSONS AS ARY TO ENABLE THE AGENT TO PROPERLY EXERCISE THE POWERS ED IN THIS FORM, BUT YOUR AGENT WILL HAVE TO MAKE ALL TIONARY DECISIONS. IF YOU WANT TO GIVE YOUR AGENT THE RIGHT TO

DISCRETIONARY DECISIONS. IF YOU WANT TO GIVE YOUR AGENT THE RIGHT TO DELEGATE DISCRETIONARY DECISION-MAKING POWERS TO OTHERS, YOU SHOULD KEEP THE NEXT SENTENCE, OTHERWISE IT SHOULD BE STRUCK OUT.)

4. My agent shall have the right by written instrument to delegate any or all of the

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.

(YOUR AGENT WILL BE ENTITLED TO REIMBURSEMENT FOR ALL REASONABLE EXPENSES INCURRED IN ACTING UNDER THIS POWER OF ATTORNEY. STRIKE

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OUT THE NEXT SENTENCE IF YOU DO NOT WANT YOUR AGENT TO ALSO BE ENTITLED TO REASONABLE COMPENSATION FOR SERVICES AS AGENT.)

5. My agent shall be entitled to reasonable compensation for services rendered as agent under this power of attorney.

(THIS POWER OF ATTORNEY MAY BE AMENDED OR REVOKED BY YOU AT ANY TIME AND IN ANY MANNER. ABSENT AMENDMENT OR REVOCATION, THE AUTHORITY GRANTED IN THIS POWER OF ATTORNEY WILL BECOME EFFECTIVE AT THE TIME THIS POWER IS SIGNED AND WILL CONTINUE UNTIL YOUR DEATH UNLESS A LIMITATION ON THE BEGINNING DATE OR DURATION IS MADE BY INITIALING AND COMPLETING EITHER (OR BOTH) OF THE FOLLOWING:)

- 6. This power of attorney shall become effective immediately.
- 7. This power of attorney shall terminate on my death.

(insert a future date or event, such as fourt determination of your disability, when you want this power to terminate prior to your death.)

(IF YOU WISH TO NAME SUCCESSOR AGENTS, INSERT THE NAME(S) AND ADDRESS(ES) OF SUCH SUCCESSOR(S) IN THE FOLLOWING PARAGRAPH.)

8. If any agent named by me shall die, occome 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:

#### SHERRY LYONS

171 Oakmont Drive Deerfield, IL 60015

For purposes of this paragraph 8, a person shall be considered to be incompetent if and while the person is a minor 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.

(IF YOU WISH TO NAME YOUR AGENT AS GUARDIAN OF YOUR ESTATE, IN THE EVENT A COURT DECIDES THAT ONE SHOULD BE APPOINTED, YOU MAY, BUT ARE NOT REQUIRED TO DO SO BY RETAINING THE FOLLOWING PARAGRAPH. THE COURT WILL APPOINT YOUR AGENT IF THE COURT FINDS THAT SUCH 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.

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I am fully informed as to all the content of this form and understand the full import of this grant of powers to my agent.

Signed:

STATE OF ILLINOIS

) SS:

COUNTY OF COOK

The indersigned, a notary public in and for the above county and state, certifies that ADELINE EXPOS, known to me to be the same person whose name is subscribed as principal to the foregoing pover of attorney, appeared before me and the additional witness in person and acknowledged signing and delivering the instrument as the free and voluntary act of the principal, for the uses and carposes therein set forth, (and certified to the correctness of the signature(s) of the agent(s)).

The foregoing instrument bears for signature of ADELINE LYONS by her mark, and is published by said ADELINE LYONS as her Durable Power of Attorney in my presence, who at her request, in her presence, subscribed my rame. I certify that at the time of the execution of this Durable Power of Attorney, ADELINE LYODS was mentally competent and acting voluntarily.

Dated: \_\_\_

COMMISSION EXPIRES VIVINO

My downmission expires:

The undersigned Witness cerbifion that ADELINE LYONS, 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 instrumences the free and voluntary act of the principal, for the use and purpose therein set forth. I believe him or her to be of sound mind and memory.

Dated: <u>May 3, 2002</u>

(THE NAME AND ADDRESS OF THE PERSON PREPARING THIS FORM SHOULD BE INSERTED IF THE AGENT WILL HAVE POWER TO CONVEY ANY INTEREST IN REAL ESTATE.)

This instrument was prepared by:

Kimberly Reed, Attorney-at-Law

Reed Law Associates, P.C., 555 Skokie Blvd. Suite 500, Northbrook, Illinois 60062

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STREET ADDRESS: 6129 N. MONTICELLO

CITY: CHICAGO COUNTY: COOK

TAX NUMBER: 13-02-124-009-0000

#### LEGAL DESCRIPTION:

LOT 30 IN BLOCK 6 IN OLIVER SALINGER AND COMPANY'S SECOND KIMBALL BOULEVARD ADDITION TO NORTH EDGEWATER BEING A SUBDIVISION IN THE NORTHWEST 1/4 OF SECTION 2, TOWNSHIP 40 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

Property of Cook County Clark's Office

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