

# UNOFFICIAL COPY

## DURABLE POWER OF ATTORNEY WITH HEALTH CARE PROVISIONS



NW 6121425 / 22120407 / Power of Attorney / 3073

KNOW ALL MEN BY THESE PRESENTS, that I, CHRISTINA RIUS GOMEZ, a resident of Shelby County, Tennessee have made, constituted, and appointed, and by these presents do make, constitute, and appoint GERARDO RUIZ GOMEZ, a resident of Shelby County, Tennessee, my true and lawful attorney-in-fact for me and in my name, place, and stead, and for my use and benefit, to demand, sue for, collect, and receive all such sums of money, claims, debts, accounts, bequests, interest, dividend, and annuities whatsoever as are now, or shall hereafter become due, owing, payable, or belonging to me, and have, use, and take all lawful ways and means in my name or otherwise for the recovery thereof; to compromise and agree for same, and to make and deliver discharges for same; to bargain, contract, purchase, sell, mortgage, and convey any real property with all improvements thereon, and any personal property including shares of stock, bonds, notes, bank account, choses in action, and any and all other property, belonging to me now or hereafter, upon such terms and conditions as my attorney-in-fact sees fit; to sign, seal, execute, deliver, and acknowledge deeds, leases, agreements, mortgages, bonds, notes, checks, withdrawals from savings accounts, shares of stock, receipts, releases, policies and applications, and such other instruments in writing of whatever kind and nature as may be necessary or proper; to cash in, convert, or withdraw from individual retirement accounts and all other retirement accounts and trusts; to transact all my banking business at any bank, to make deposits and withdrawals and to open and close accounts; to have access to and the right to enter any safe deposit box registered in my name along with the right to remove therefrom any items or objects therein; to transact, conduct, and operate any investment or business on my behalf; to sign tax returns, file for refunds, and make court appearances with respect to assessments, or refund claims with the Internal Revenue Service or any State tax authorities.

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I further authorize my said attorney-in-fact to make any and all health care decisions for me as provided in T.C.A., § 34-6-201, et seq. including, but not limited to, my admission or transfer to or discharge from any hospital, nursing home, health care facility, or other similar facility, and any care, treatment, service, or procedure to maintain, diagnose, or treat my physical or mental

**BOX 333-CTI**

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condition including surgery, and the right to consent to the withholding or withdrawal of health care necessary to keep me alive, as my attorney-in-fact shall deem necessary or desirable, and to pay all medical, hospital, nursing, and other health care charges incident thereto.

My attorney-in-fact is also given the right to direct or consent to the withholding or withdrawal of artificially provided food, water, or other nourishments or fluids, whether I am in a terminal condition with no reasonable medical expectation of recovering, or in a non-terminal, but irreversible coma or persistent vegetative state that will permanently eliminate any discernable cognitive function (as determined by my attending physician), so that I may be permitted to die naturally with only the administration of palliative care as defined in T.C.A., § 32-11-103(6).

"Palliative care" includes any measure taken by a physician or health care provider designed primarily to maintain the patient's comfort. These also include, but are not limited to, sedatives and pain-killing drugs, nonartificial oral feeding, suction, hydration, and hygienic care.

In addition to the foregoing, I give and grant unto my said attorney-in-fact full power and authority to do and perform all and every act, deed, matter, and thing whatsoever in and about my estate, property, and affairs, as fully and effectually to all intents and purposes as I might or could do in my own proper person if personally present, hereby ratifying and confirming all that my said attorney-in-fact shall lawfully do or cause to be done by virtue of this power of attorney. In addition to the powers and authority granted or contained elsewhere in this instrument, my said attorney-in-fact may exercise any and all of the powers set forth in Tennessee Code Annotated, § 34-6-109, to the extent necessary and applicable, all of which provisions and powers are incorporated herein by reference even if said statute be amended or repealed hereafter.

I nominate GERARDO RUIZ GOMEZ, my said attorney-in-fact, as the conservator, guardian of my estate, or guardian of my person for consideration by the court if protective proceedings for my person or estate are hereafter commenced, all as provided in § 34-6-104(b), T.C.A.

At the time of the granting of this power of attorney, I am sui juris, and I specifically provide that this power of attorney shall not be affected by my subsequent disability or incapacity, and that said power of attorney hereby granted shall remain in full force and effect, notwithstanding my subsequent disability or incapacity. This Durable Power of Attorney for Health Care revokes any prior durable powers of attorney for health care executed by me.



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This Power of Attorney shall remain in full force and effect until revoked by written instrument duly signed and acknowledged by me and recorded in the Register's Office of Shelby County, Tennessee. This General Power of Attorney shall be considered by all persons and entities to be a durable power of attorney under the provisions of the Uniform Durable Power of Attorney Act, as codified in T.C.A., § 34-6-101 et seq. and also shall be considered to be a durable power of attorney for health care as codified in T.C.A., § 34-6-201 et seq.

IN WITNESS WHEREOF, I have hereunto signed this instrument this 4th day of April, 1996.

  
CHRISTINA RIUS GOMEZ

STATE OF TENNESSEE

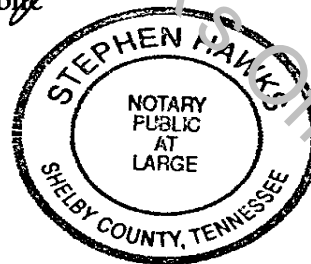
COUNTY OF SHELBY

On this 4<sup>th</sup> day of April, 1996, before me personally appeared CHRISTINA RIUS GOMEZ, to me known (or proved to me on the basis of satisfactory evidence) to be the person described in and who executed for the foregoing instrument, and acknowledged that she executed the same as her free act and deed.

  
Notary Public

My Commission Expires:

9-28-99



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## DECLARATION OF WITNESSES

I declare under penalty of perjury under the laws of Tennessee that the person who signed this document is personally known to me to be the principal; that the principal signed this durable power of attorney in my presence; that the principal appears to be of sound mind and under no duress, fraud, or undue influence; that I am not the person appointed as attorney in fact by this document; that I am not a health care provider, an employee of a health care provider, the operator of a health care institution, nor an employee of an operator of a health care institution; that I am not related to the principal by blood, marriage, or adoption; that, to the best of my knowledge, I do not, at the present time, have a claim against any portion of the estate of the principal upon her death; and that, to the best of my knowledge, I am not entitled to any part of the estate of the principal upon the death of the principal under a will or codicil thereto now existing, or by operation of law.

Lloyd C. Rutland Jr.  
Witness

5050 Poplar Avenue, Memphis, Tennessee  
Address

Prima C. Ewing  
Witness

5050 Poplar Avenue, Memphis, Tennessee  
Address

Property of Cook County Clerk's Office

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## ADDENDUM TO POWER OF ATTORNEY FOR HEALTH CARE

### WARNING TO PERSON EXECUTING THIS DOCUMENT:

This is an important legal document. Before executing this document, you should know these important facts.

This document gives the person you designate as your agent (the attorney-in-fact) the power to make health care decisions for you. Your agent must act consistently with your desires as stated in this document.

Except as you otherwise specify in this document, this document gives your agent the power to consent to your doctor not giving treatment or stopping treatment necessary to keep you alive.

Notwithstanding this document, you have the right to make medical and other health care decisions for yourself so long as you can give informed consent with respect to the particular decision. In addition, no treatment may be given to you over your objection, and health care necessary to keep you alive may not be stopped or withheld if you object at the time.

This document gives your agent authority to consent, to refuse to consent, or to withdraw consent to any care, treatment, service, or procedure to maintain, diagnose, or treat a physical or mental condition. This power is subject to any limitations that you include in this document. You may state in this document any types of treatment that you do not desire. In addition, a court can take away the power of your agent to make health care decisions for you if your agent (1) authorizes anything that is illegal or (2) acts contrary to your desires as stated in this document.

You have the right to revoke the authority of your agent by notifying your agent or your treating physician, hospital, or other health care provider, orally or in writing, of the revocation.

Your agent has the right to examine your medical records and to consent to their disclosure unless you limit this right in this document.

Unless you otherwise specify in this document, this document gives your agent the power after you die to (1) authorize an autopsy, (2) donate your body or parts thereof for transplant or therapeutic or educational or scientific purposes, and (3) direct the disposition of your remains.

If there is anything in this document that you do not understand, you should ask a lawyer to explain it to you.

I hereby acknowledge receipt of the above warning.

  
CHRISTINA RIUS (GOMEZ)

Date: April 4, 1996

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STREET ADDRESS: 1319 CRAIN STREET

CITY: EVANSTON

COUNTY: COOK

TAX NUMBER: 10-24-207-031-0000

LEGAL DESCRIPTION: 10-24-207-032-0000

PARCEL 1:

THAT PART OF LOT 2 IN BLOCK 1 IN NATE AND ADAMS ADDITION TO EVANSTON BEING A SUBDIVISION OF THE SOUTH 8.7 ACRES OF LOT 4 IN F.H. BENSON'S SUBDIVISION OF THE NORTH PART OF THE EAST 1/2 OF THE NORTHEAST 1/4 OF SECTION 24, TOWNSHIP 41 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN AND OTHER LANDS; ALSO THE NORTH 8.44 ACRES OF LOT 4 OF ASSESSORS SUBDIVISION OF THE NORTHEAST 1/4 OF SECTION 24, TOWNSHIP 41 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN LYING SOUTH AND ADJACENT TO THE LAST DESCRIBED PIECE, DESCRIBED AS FOLLOWS: COMMENCING AT THE SOUTHWEST CORNER OF LOT 2; THENCE EAST 112 FEET; THENCE NORTH 95 FEET TO A POINT WHICH IS 108.13 FEET EASTERLY OF THE WEST LINE OF LOT 2; THENCE WEST 108.13 FEET TO A POINT ON THE WEST LINE OF SAID LOT 2, WHICH POINT IS 95.08 FEET NORTH OF THE SOUTHWEST CORNER OF SAID LOT 2; THENCE SOUTH ON THE WEST LINE OF SAID LOT 2, 95.03 FEET TO THE PLACE OF BEGINNING ALL IN COOK COUNTY, ILLINOIS.

PARCEL 2:

THE NORTH 16 FEET OF THAT PART OF LOT 2 IN BLOCK 1 IN NATE AND ADAMS' ADDITION TO EVANSTON, BEING A SUBDIVISION OF THE SOUTH 8.7 ACRES OF LOT 4 IN F.H. BENSON'S SUBDIVISION OF THE NORTH PART OF THE EAST 1/2 OF THE NORTHEAST 1/4 OF SECTION 24, TOWNSHIP 41 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN AND OTHER LANDS, ALSO THE NORTH 8.44 ACRES OF LOT 4 OF ASSESSOR'S SUBDIVISION OF THE NORTHEAST 1/4 OF SECTION 24, TOWNSHIP 41 NORTH, RANGE 13, LYING SOUTH & ADJOINING THE FIRST DESCRIBED PIECE ALL BEING IN THE TOWN OF EVANSTON, IN COOK COUNTY, ILLINOIS, DESCRIBED AS FOLLOWS: COMMENCING AT THE SOUTHWEST CORNER OF LOT 2, THENCE EAST ON THE SOUTH LINE OF LOT 2 (BEING THE NORTH LINE OF CRAIN STREET) 112 FEET, THENCE NORTH 111.0 FEET TO A POINT WHICH IS 107.48 FEET EASTERLY OF THE WEST LINE OF SAID LOT 2, THENCE WEST 107.48 FEET TO A POINT ON THE WEST LINE OF SAID LOT 2, WHICH POINT IS 111.09 FEET NORTH OF THE SOUTHWEST CORNER OF SAID LOT, THENCE SOUTH ON THE WEST LINE OF SAID LOT 2, 111.09 FEET TO THE PLACE OF BEGINNING.