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DOCUMENT COVER SHEET  
FOR

SHIRLEY M. MOSS



Doc#: 0411108147  
Eugene "Gene" Moore Fee: \$40.00  
Cook County Recorder of Deeds  
Date: 04/20/2004 03:47 PM Pg: 1 of 9

This space for recorder's use only

## POWER OF ATTORNEY

### FOR PROPERTY

The premises commonly known as 8916 S. SACRAMENTO, EVERGREEN PARK, ILLINOIS.

Permanent Index Number (PIN): 24-01-120-019-0000

Property of Cook County Clerk's Office

**Mail to:**

MICHAEL S. DELANEY, ESQ.  
DELANEY LAW OFFICES, LTD.  
12416 S. HARLEM AV., SUITE 103  
PALOS HEIGHTS, IL 60463

**THIS DOCUMENT PREPARED BY:**

MICHAEL S. DELANEY, ESQ.  
DELANEY LAW OFFICES, LTD.  
12416 S. HARLEM AVE. - SUITE 103  
PALOS HEIGHTS, IL 60463  
(708) 361-8819

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**LEGAL DESCRIPTION:**

LOT 5 IN HUIZJNGAS NORTH EVERGREEN SUBDIVISTON, OF SECTION 1, TOWNSHIP 37 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

SUBJECT TO: GENERAL REAL ESTATE TAXES FOR 2003 AND SUBSEQUENT YEARS; SPECIAL ASSESSMENTS CONFIRMED AFTER THE CONTRACT DATE; BUILDING, BUILDING LINE, AND USE OR OCCUPANCY RESTRICTIONS, CONDITIONS AND COVENANTS OF RECORD; ZONING LAWS AND ORDINANCES; EASEMENTS FOR PUBLIC UTILITIES; DRAINAGE DITCHES, FEEDERS, LATERALS AND DRAIN TILE, PIPE OR OTHER CONDUIT.

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**MAIL TO:**

MICHAEL S. DELANEY, ESQ.  
DELANEY LAW OFFICES, LTD.  
12416 S. HARLEM AVENUE, SUITE 103  
PALOS HEIGHTS, IL 60463

**SEND SUBSEQUENT TAX BILLS TO:**

SHIRLEY M. MOSS  
8916 S. SACRAMENTO  
EVERGREEN PARK, IL 60805

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## GENERAL POWER OF ATTORNEY

I, SHIRLEY M. MOSS, residing at 8916 S. SACRAMENTO, EVERGREEN PARK, IL 60805, hereby appoint GREGORY R. MOSS of 9100 S. CENTRAL PARK, EVERGREEN PARK, IL 60805, as my Attorney-in-Fact ("Agent").

If my Agent is unable to serve for any reason, or if my Agent is currently my spouse and we become separated legally or our marriage is dissolved, I designate JEFFREY D. MOSS, of 9120 GENERAL GRANT LANE, ST. LOUIS, MO                     , as my Successor Agent.

I hereby revoke any and all general powers of attorney that previously have been signed by me.

My Agent shall have full power and authority to act on my behalf. This power and authority shall authorize my Agent to manage and conduct all of my affairs and to exercise all of my legal rights and powers, including all rights and powers that I may acquire in the future. My Agent's powers shall include, but not be limited to, the power to:

1. Open, maintain or close bank accounts (including, but not limited to checking accounts, savings accounts, and certificates of deposit), brokerage accounts, and other similar accounts with financial institutions.
  - a. Conduct any business with any banking or financial institution with respect to any of my accounts, including but not limited to, making deposits and withdrawals, obtaining bank statements, passbooks, drafts, money orders, warrants, and certificates or vouchers payable to me by any person, firm, corporation or political entity.
  - b. Perform any act necessary to deposit, negotiate, sell or transfer any note, security, or draft of the United States of America, including U.S. Treasury Securities.
  - c. Have access to any safety deposit box that I might own, including its contents.
2. Sell, exchange, buy, invest, or reinvest any assets or property owned by me. Such assets or property may include income producing or non-income producing assets and property.
3. Purchase and/or maintain insurance, including life insurance upon my life or the life of any other appropriate person.

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4. Take any and all legal steps necessary to collect any amount or debt owed to me, or to settle any claim, whether made against me or asserted on my behalf against any other person or entity.
5. Enter into binding contracts on my behalf.
6. Exercise all stock rights on my behalf as my proxy, including all rights with respect to stocks, bonds, debentures or other investments.
7. Maintain and/or operate any business that I may own.
8. Employ professional and business assistance as may be appropriate, including attorneys, accountants, and real estate agents.
9. Sell, convey, lease, mortgage, manage, insure, improve, repair, or perform any other act with respect to any of my property (now owned or later acquired) including, but not limited to, real estate and real estate rights (including the right to remove tenants and to recover possession). This includes the right to sell or encumber any homestead that I now own or may own in the future.
10. Prepare, sign, and file documents with any governmental body or agency, including but not limited to, authorization to:
  - a. Prepare, sign and file income and other tax returns with federal, state, and local and other governmental bodies.
  - b. Obtain information or documents from any government or its agencies, and negotiate, compromise, or settle any matter with such government or agency (including tax matters).
  - c. Prepare applications, provide information, and perform any other act reasonably requested by any government or its agencies in connection with governmental benefits (including military and social security benefits).
11. Make gifts from my assets to members of my family and to such other persons or charitable organizations with whom I have an established pattern of giving. However, my Agent may not make gifts of my property to the Agent. I appoint JEFFREY D. MOSS, of \_\_\_\_\_, as my substitute Agent for the sole purpose of making gifts of my property to my Agent, as appropriate.

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12. Transfer any of my assets to the trustee of any revocable trust created by me, if such trust is in existence at the time of such transfer.

13. Disclaim any interest which might otherwise be transferred or distributed to me from any other person, estate, trust, or other entity, as may be appropriate.

This Power of Attorney shall be construed broadly as a General Power of Attorney. The listing of specific powers is not intended to limit or restrict the general powers granted in this Power of Attorney in any manner.

Any power or authority granted to my Agent under this document shall be limited to the extent necessary to prevent this Power of Attorney from causing (i) my income to be taxable to my Agent, (ii) my assets to be subject to a general power of appointment by my Agent, and (iii) my Agent to have any incidents of ownership with respect to any life insurance policies that I may own on the life of my Agent.

My Agent shall not be liable for any loss that results from a judgment error that was made in good faith. However, my Agent shall be liable for willful misconduct or the failure to act in good faith while acting under the authority of this Power of Attorney.

I authorize my Agent to indemnify and hold harmless any third party who accepts and acts under this document.

My Agent shall be entitled to reasonable compensation for any services provided as my Agent. My Agent shall be entitled to reimbursement of all reasonable expenses incurred in connection with this Power of Attorney.

My Agent shall provide an accounting for all funds handled and all acts performed as my Agent, if I so request or if such a request is made by any authorized personal representative or fiduciary acting on my behalf.

This Power of Attorney shall become effective upon written certification by my physician that I am disabled or that I lack sufficient mental competence to understand and handle my financial and personal affairs. This Power of Attorney shall continue effective until my death. This Power of Attorney may be revoked by me at any time by providing written notice to my Agent.

Dated March 24, 19 97 at EVERGREEN PARK, Illinois

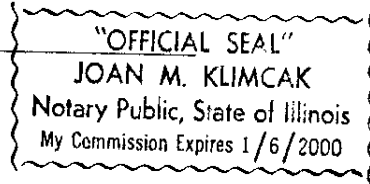
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Signature: Shirley M. Moss  
SHIRLEY M. MOSS

State/Commonwealth of Illinois  
County/City of Cook

This instrument was acknowledged before me on this 24th day of March, 1997 by SHIRLEY M. MOSS.

Joan M. Klimcak  
Notary Public



Receptionist (Notary)  
Title (and Rank)

My commission expires 1-6-2000

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This document was prepared by:

Name: JOHN J. HOEVEL  
Address: 1300 W. BELMONT AVENUE, #310  
CHICAGO, IL 60657

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REPORT OF PHYSICIAN

(Please print legibly or type)

(Rev. 4/21/99) CCP-0211 A

## IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

ESTATE OF

No. \_\_\_\_\_  
 Docket \_\_\_\_\_  
 Page \_\_\_\_\_

Shirley M. Moss

Alleged Disabled Person

### REPORT

**THOMAS L. WAIDZUNAS, M.D.**

\_\_\_\_\_, a physician licensed to practice medicine in all its branches in the State of Illinois, submits the following report on Shirley M. Moss, alleged disabled person, based on an examination of the respondent on 4/29, 03.

NOTE: The examination must have occurred no earlier than three months before the petition for guardianship is filed. (Attach additional sheet if necessary)

1. Describe the nature and type of the respondent's disability and provide an assessment of how the disability impacts on the ability of the respondent to make decisions or to function independently. (Please state underlying diagnosis, as well as manifestations of disability.)

*Patient has Parkinson's disease and severe dementia. In the past 2 years patient has been unable to pay bills, use check book or care for self. She is incontinent and confused.*

2. Provide an analysis and results of evaluations of the respondent's mental and physical condition and, where appropriate, describe educational condition, adaptive behavior and social skills:

*Patient is oriented to person only. She is debilitated from her Parkinson's disease. She is wheelchair bound and requires a 24 hr. care giver.*

3. State whether, in your opinion, the respondent is **TOTALLY** or only **PARTIALLY** incapable of making **PERSONAL** and **FINANCIAL** decisions, and, if the latter, the kinds of decisions which the respondent can and cannot make. Include the reasons for this opinion:

*Patient is totally incapable of making personal and financial decisions.*

4. What, in your opinion, is the most appropriate living arrangement for the respondent and, if applicable, describe the most appropriate treatment or habilitation plan. Include reasons for your opinion.

**THOMAS L. WAIDZUNAS, M.D.**

(Print or Type Physician's Name)

036078350

(License No.)

Signed: \*

\*See reverse side

Address: \_\_\_\_\_

**THOMAS L. WAIDZUNAS, M.D.**  
**7600 W. COLLEGE DRIVE**  
**PALOS HEIGHTS, IL 60463**

City & Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

708-361-8449

(OVER)



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REPORT OF PHYSICIAN

(Rev. 4/21/99) CCP-0211B

\*This report must be signed by a physician. If the description of the respondent's mental, physical and educational condition, adaptive behavior or social skills is based on evaluations by other professionals, all professionals preparing evaluations must also sign the report. Evaluation on which the report is based must have been performed within 3 months of the date of the filing of petition.

5. Provide a statement describing the certification, license, or other credentials of the physician preparing this report.

BOARD CERTIFIED FAMILY PRACTICE  
FELLOWSHIP IN FAMILY PRACTICE  
LICENSED IN ILLINOIS  
ASST CLINICAL PROFESSOR OF MEDICINE UOFI, MED SCHOOL

Names and signatures of other persons who performed evaluations upon which this report is based:

Name \_\_\_\_\_

Address \_\_\_\_\_

Certification, licenses, or other credentials \_\_\_\_\_

Signature \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Certification, licenses, or other credentials \_\_\_\_\_

Signature \_\_\_\_\_