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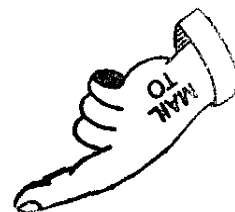
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Eugene "Gene" Moore  
Cook County Recorder of Deeds  
Date: 08/31/2005 10:58 AM Pg: 1 of 3

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Power of Attorney For Health Care

Betty L. Smith  
4800 S. Chicago Beach Dr. # 2206-S.  
Chicago, Il. 60615



**UNOFFICIAL COPY****STATUTORY POWER OF ATTORNEY FOR HEALTH CARE**

POWER OF ATTORNEY made this 29th day of November, 2004.

1. I, **LEASTER PEARL JACKSON** of 6624 South Peoria, City of Chicago, County of Cook, Illinois, do hereby appoint **BETTY L. SMITH** of 4800 South Chicago Beach Drive, #2206 south, in the city of Chicago, County of Cook, state of Illinois, my true and lawful attorney-in-fact (my agent) for me and in my name and on my behalf ( in any way I could act in person) to make any and all decisions for me concerning my personal care, medical treatment, hospitalization and health care and to require, withhold or withdraw any type of medical treatment or procedure, even though my death may ensue. My agent shall have the same access to my medical records that I have, including the right to disclose the contents to others. My agent shall also have full power to make a disposition of any part or all of my body for medical purposes, authorize autopsy, and direct the disposition of my remains.

I do not want my life to be prolonged nor do I want life-sustaining treatment to be provided or continued if my agent believes the burdens of the treatment outweigh the expected benefits. I want my agent to consider the relief of suffering, the expense involved and the quality as well as the possible extension of my life in making decisions concerning life-sustaining treatment.

This power of attorney shall become effective on Nov. 29th, 2004.

In the event that my agent named by me shall die, become legally disabled, resign or refuse to act, I name the following (each to act alone and successively, in order named, as successor(s) to such agent.

Name Kennedy Jackson, Address: 6624 S. Peoria

Relationship Son (First Successor Agent)

Name James D. Jackson Jr.; Address: 6624 S. Peoria

Relationship Son (Second Successor Agent)

Name \_\_\_\_\_, Address: \_\_\_\_\_

Relationship \_\_\_\_\_ (Third Successor Agent)

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If a Guardian of my person is to be appointed, I nominate the following to serve as guardian. Name Betty L. Smith  
Address 4800 S. Chicago Beach Dr. # 2206 S. - Chicago, Il. 60615  
Relationship: Daughter

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

Leaster Pearl Jackson  
LEASTER PEARL JACKSON

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Subscribed and sworn to before me this 21<sup>st</sup> day of November, 2004

Deborah L. Reasno  
Notary Public