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DURABLE POWER OF ATTORNEY

FROM

ANNIE RUTH JOHNSON 113826 Monticello Robbins, Cook County, Il. 60472

TO

PATRICIP A. WRIGHT 16124 S. Kedzie Markham, Cook County, Il. 60428



Doc#: 0525747066 Fee: \$40.00 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds Date: 09/14/2005 10:34 AM Pg: 1 of 9

Real Estate Affected by this power of attorney:

Permanent Prpeerty Index Number: 28-02-120-031-0000

28-02-120-032-0000

Commonly known as: 13826 Monticello, Robbins, Cook County, Il. 60472

This document was prepared by:
Michael Anthony Lowe
Attorney at Law
445 East 87th Street
Chicago, Illinois 60619
(773) 783-5597

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POWER OF ATTORNEY FROM ANNIE RUTH JOHNSON to PATRICIA A. WRIGHT

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 OP FERSONAL 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 A COURT CAN TAKE AWAY THE SIGNIFICANT ACTIONS TAKEN AS AGENT. POWERS OF YOUR AGENT IF IT FINDS THE AGENT IS NOT ACTING PROPERLY. YOU MAY NAME SUCCESSOR AGENTS UNDER THIS FORM BUT NOT CO-AGENTS. UNLESS YOU EXPRESSLY LIMIT THE DURATION OF THIS POWER IN THE MANNER PROVIDED BELOW, UNTIL YOU REVOKE THIS POWER OR ACCOUNT 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 SHORT FORM POWER OF ATTORNEY FOR

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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 13th day of September, 2005.

1. I, ANNIE RUTH JOHNSON of 13826 Monticello, Robbins, Cook
County, Illinois 60472, hereby appoint PATRICIA A. WRIGHT, 16124
S. Kedzie, Markham, Cook county, Il. 60428 as my attorney in
fact (my "agent") to act for me and in my name and (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 for 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 DESCRIPED IN THAT CATEGORY TO BE GRANTED TO THE AGENT. TO STRIKE OUT A CATEGORY YOU MUST DRAW A LINE THROUGH THE FITLE OF THAT CATEGORY.

- (a) Real estate transactions
- (b) Financial institution transactions, bank accounts
- (c) Stock and Bond transactions
- (d) Tangible personal property transactions
- (e) Safe deposit box transactions
- (f) Insurance and annuity transactions
- (q) Retirement plan transaction
- (h) Social Security, employment and military service benefits

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(i) Tax matters

(j) Claims and litigation

(k) Commodity and Options transactions

(1) Business operations

(m) Borrowing transactions

(n) Estate transactions

o, All other property powers and transactions

(p) All bank accounts at any

and all banks where I may have funds. Specifically without limiting the general nature of (p) above my agent shall have the power to transact all matters with the following banks and the following accounts: First Midwest Bank, Midlothian, Il. including the power to assign or transfer any and all funds, or of opening or closing any account or certificate of deposit.

RECORDS

My agent shall provide a record of all receipts, disbursements and significant actions to agencies as provided under Section 2-7.5 (b) as such agencies may require.

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

2. The powers granted above shall not include the following powers or shall be modified or limited in the following particulars:

none

3. In addition to the powers granted above I grant my agent the following powers.

I hereby grant my agent the power and authority to revoke or amend, or withdrawal of income or principal from the accounts that are held at First Midwest Bank and all other accounts that I might have at any other bank not named.

(YOUR AGENT WILL HAVE AUTHORITY TO EMPLOY OTHER PERSONS AS NECESSARY TO ENABLE THE AGENT TO PROPERLY EXERCISE THE POWERS GRANTED IN THIS FORM,

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BUT YOUR AGENT WILL HAVE TO MAKE ALL 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 to delegate to others.

(YOUR AGENT WILL BE ENTITLED TO REIMBURSEMENT FOR ALL REASONABLE EXPENSES INCURRED IN ACTING UNDER OBJECT OF ATTORNEY. STRIKE OUT THE NEXT SENTENCE IF YOU DO NOT WANT YOUR AGENT TO ALSO BE ENTITIED 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 on:

Immediately upon execution, September 13, 2005 and revokes any previous power heretofore executed.

7. This power of attorney shall terminate on: no termination date.

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

8. If any agent named by me shall die, become incompetent, resign

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to Patricia A. Wright

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.

None

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 WISA 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.

(INCAPACITATION OF THE PRINCIPAL MEANS THAT THE PRINCIPAL HAS BEEN DECLARED INCAPACITATED UNDER THE PROVISIONS OF SECTION 11A-2 OF THE PROBATE ACT OR BY AN ATTENDING PHYSICIAN ACCORDING TO THE REQUIREMENTS OF SECTION 2-7.5(A))

THE COURT WILL APPOINT YOUR ACT IF THE COURT FINDS THAT SUCH APPOINTMENT VILL SERVE YOUR BEST INTERESTS AND WELFARE. (STRIKE OUT THE PARAGRAPH IF YOU DO NOT WANT YOUR AGENT TO ACT AS GUARDIAN)

- 9. If a guardian of my estate (my property) or my person or both is to be appointed, I nominate the agent acting under this power of attorney as such guardian, to serve without bond or security.
- 10. I am fully informed as to all the contents of this form and understand the full impact of this grant to my agent

Annie Ruth Johnson

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(YOU MAY, BUT ARE NOT REQUIRED TO REQUEST YOUR AGENT AND SUCCESSOR AGENTS TO PROVIDE SPECIFIED SIGNATURES BELOW. IF YOU INCLUDE SPECIFIED SIGNATURES IN THIS POWER OF ATTORNEY, YOU MUST COMPLETE THE CERTIFICATION OPPOSITE THE SIGNATURES OF THE AGENTS.)

not required or requested

ANYTHING TO THE CONTRARY HEREIN NOT WITHSTANDING, MY AGENT SHALL NOT BECOME PERSONALLY LIABLE FOR ANY DEBT OR OBLIGATION CHARGEABLE TO ME.

(THIS POWER OF ATTORNEY WILL NOT BE EFFECTIVE UNLESS IT IS NOTARIZED, USING THE FORM BELOW.)

STATE OF ILLINOIS)
) SS
COUNTY OF COOK)

The undersigned, a notary public in and for the above County and State certifies that Annie Ruth Johnson, known to me to be the same person whose name is subscribed as principal to the foregoing power of attorney, appeared before me in person and acknowledged signing and delivering the instrument as the free and voluntary act of the principal, for the uses and purposes therein set forth.

Date: September 13, 2005.

OFFICIAL SEAL MICHAEL A LOWE NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES: 03-29-07

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We, the witnesses to the signature (mark) of Annie Ruth Johnson on the above document, and the signature of the notary public, state that said Annie Ruth Johnson signed this document in our presence and that we, at her request, signed the document as witnesses to her signature in her presence and in the presence of each other and that at the time he signed said document, we believed her to be of sound mind and memory

tomes succon	17 X16 Magnicolla
Witness to signature	TEADING, FI 60472
Principal and of notary	Address of Witness
9-13-05 Date of W.	itness' signature.
	C
Witness to signature of	<u> </u>
Principal and of notary	Address of Witness
Date of W	itness' signature

(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 document was prepared by:
Michael Anthony Lowe,
Attorney at Law
445 East 87th Street
Chicago, Illinois 60619
(773) 783-5597

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THE 13 and MNOREIGIAL COPY IN to Closed to Being E.S. Robbins Subdivison of that Part of the 100st /2 of the Lot 9, and The East 1206 the Lot 10, Lying. South of the center line of the Midiornian Turnpike: also The East 12 of 10+ 15, and The West 12 of Lot IV; all in WiB. Egan's SubDivison of The Northwest 14 of Section 2, Township 36 North, Range B East of the third Principal Meridian Fin Cook county, Jilinois