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**DOCUMENT COVER SHEET
FOR**

LOUIS SOLOFRA

Doc#: 0606820185 Fee: \$36.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 03/09/2008 11:07 AM Pg: 1 of 7

This space for recorder's use only

**POWER OF ATTORNEY
FOR PROPERTY**

P.N.T.N.

The premises commonly known as 4516 S. TRUMBULL, CHICAGO, ILLINOIS.

Permanent Index Number (PIN): 19-02-416-028-0000

Property of Cook County Clerk's Office

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Mail to:

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

**THIS DOCUMENT PREPARED
BY:**

AMY 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 SUSAN FRIED'S RESUBDIVISION OF LOT 4 IN BLOCK 12 IN W. HAYDEN BELLS ARCHER AND KEDZIE AVENUE SUBDIVISION AND THAT PART OF THE WEST $\frac{1}{2}$ OF THE SOUTH EAST $\frac{1}{4}$ OF SECTION 2, TOWNSHIP 38 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

SUBJECT TO: GENERAL REAL ESTATE TAXES FOR 2005 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

Property of Cook County Clerk's Office

MAIL TO:

AMY DELANEY
12416 S. HARLEM AVENUE, SUITE 103
PALOS HEIGHTS, IL 60463

SEND SUBSEQUENT TAX BILLS TO:

DIANE ZIARNO
4516 S. TRUMBULL
CHICAGO, IL 60632

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ILLINOIS STATUTORY SHORT FORM DURABLE 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 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 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 SHORT FORM POWER OF ATTORNEY FOR PROPERTY LAW" OF WHICH THIS FORM IS A PART (SEE ATTACHED). 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 AN ATTORNEY AT LAW, TO EXPLAIN IT TO YOU.)

POWER OF ATTORNEY MADE ON August 9, 2005.

ARTICLE I. INTRODUCTION

I, Louis Solofra hereby appoint Kenneth Solofra 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 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:

- | | | |
|---|---|---|
| ▪ Real Estate Transactions | ▪ Safe Deposit Box transactions | ▪ Tax Matters |
| ▪ Financial Institution Transactions | ▪ Insurance and Annuity transactions | ▪ Claims and Litigation |
| ▪ Stock and Bond Transactions | ▪ Retirement Plan Transactions | ▪ Commodity and Option Transactions |
| ▪ Tangible Personal Property transactions | ▪ Social Security, Employment and Military Service Benefits | ▪ Borrowing Transactions |
| | | ▪ Estate Transactions |
| | | ▪ All other property powers and transactions. |

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K.S.

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A. SUCCESSIVE AGENTS.

If any agent named by me shall die, become incompetent, resign or refuse to accept the office of agent, I name the following as successors to such agent:

Geraldine E. Solofra

B. INCOMPETENCY OF MY AGENT.

An agent appointed hereunder 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.

C. GUARDIAN OF MY ESTATE.

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.

ARTICLE II. MODIFICATIONS TO THE ABOVE GRANTED POWERS

A. ADDITIONS.

In addition to the powers granted above, I grant my agent the following powers:

(1) Professional Services.

To compensate separately any brokers, attorneys, auditors, depositories, real estate managers, investment advisors, and other persons (including my agent and any firm with which my agent is associated without reducing compensation in any capacity).

(2) Trusts.

My agent is authorized to execute, on my behalf, any irrevocable or revocable trust for full support or only special needs, pursuant to 42 USC 1396p (or similar statute), for my benefit or the benefit of any other beneficiaries named in my Will or Trust.

(3) Power to Apply for & Maintain Government and Insurance Benefits.

My agent shall have the right to apply for government and insurance benefits on my behalf. My agent shall have the power to take any and all steps necessary, in my agent's judgment, to maintain eligibility for any and all public benefits and entitlement programs, including but not limited to: Social Security, Medicare, Medicaid, and the Community Care Program.

(4) Pre-Paid Burial Plan.

My agent is authorized to purchase an irrevocable pre-paid burial plan and burial spaces for the purposes of Medicaid eligibility. (Illinois State Department of Human Services Policy Manual 07-02-08-c, 07-02-09).

(5) Payment for Care Management.

I consider the task of managing and overseeing care and service providers to be very important to my quality of life. I direct that such services be compensated at the then current market value rate. Should any agent, family member or friend personally undertake to arrange for and manage my care during any illness which I may suffer, whether that care is provided in a home or in a


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medical or nursing institution, I authorize advance lump-sum compensation or hourly compensation to that care manager, even if said care manager is my agent.

(6) Payment for Care or Assistance In Home.

I intend to remain in my own home, despite any worsening medical condition. Should I need assistance with day to day tasks or direct care, I authorize my agent to use my income and savings to pay for home services or care, whether provided by family members, friends or others in the business of providing such services. Should any agent, family member, or friend provide care or services for me in my home when I am in need of help, then my agent shall compensate that agent, family member, or friend at the current fair market rate for the in-home services being provided.

B. LIMITATIONS

(1) Consent to Disclosure.

My agent, by accepting appointment as such, consents to the disclosure by any lawyer who is engaged to assist him in matters relating to this durable power of attorney. Such disclosure of any act or omission that might constitute a breach of fiduciary duties, including information obtain through disclosures made to the lawyer by my appointed agent, may be made to me, members of my family, to a court or appropriate governmental agency.

(2) Duty to Account.

Within thirty days after my agent begins to act under this agency document, my agent shall notify me, my attorney at DeLaney Law Offices, Ltd, and any successor agent named in this power of his acceptance of the fiduciary appointment. Within sixty days after notification, my agent shall provide to me, and any successor agent, an inventory of my then-current assets known to the agent. Annually thereafter, my agent shall provide to me and any successor agent, an account for his or her agency, by providing a statement of account showing all receipts, disbursements, and asset changes or investment transactions which occurred during that annual period. Copies of documents evidencing ownership of assets and a copy of my most recent personal tax return shall be attached to the accounting. The statement of account shall be deemed to have been furnished to the person entitled thereto when it has been placed in the United States Mail addressed to that person at the person's last known address even if that person is under a legal disability.

(3) Powers Not Granted.

My agent shall not have the power to use my assets to pay for my agent's legal obligations. My agent shall be prohibited from (a) appointing, assigning or designating any of my assets, interests or rights directly or indirectly to herself, her estate, her creditors, or creditors of her estate (except as authorized in this instrument); (b) using my assets to discharge or secure any of her obligations, including any obligation of support which she may owe to others; (c) exercising any powers as trustee under an irrevocable trust of which she is the grantor and of which I am the trustee; (d) exercising any incident of ownership over any life insurance policy that I own which insured the life of my agent; and (e) revoking a will on my behalf or amend my will or codicil.

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C. DELEGATION.

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.

D. COMPENSATION.

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

E. DURATION.

This power of attorney shall become effective as of today, and shall terminate upon my death, or upon my revocation of this instrument.

ARTICLE III.

STATEMENT OF UNDERSTANDING FOR IMMEDIATELY EFFECTIVE POWER

I understand that this general durable power of attorney is an important legal document. It gives my agent broad powers over my assets, and these powers shall become effective as of the signing of this document. These powers shall remain in effect unless or until I revoke or otherwise terminate this durable power of attorney.

My lawyer explained this document to me, along with the following facts, before I signed this instrument:

A. THIS DOCUMENT GIVES MY AGENT BROAD POWERS TO SELL, CONVEY, ENCUMBER, GIFT AND OTHERWISE CONTROL MY REAL AND PERSONAL PROPERTY;

B. THE POWERS GRANTED IN THIS DOCUMENT WILL REMAIN IN EFFECT UNLESS I REVOKE THIS POWER. THESE POWERS WILL CONTINUE TO EXIST NOTWITHSTANDING MY SUBSEQUENT INCAPACITY;

C. I HAVE THE RIGHT TO REVOKE OR TERMINATE THIS DURABLE POWER OF ATTORNEY SO LONG AS I HAVE LEGAL CAPACITY TO DO SO. IF THIS DURABLE POWER OF ATTORNEY HAS BEEN RECORDED IN ANY COUNTY, THE REVOCATION SHALL BE RECORDED IN THE SAME COUNTY.

I am fully informed as to all the contents of this form and understand the full import of this grant of powers to my agent. I sign this document with the intention of creating a durable power of attorney in accordance with Illinois law.

Signed: Louis Solofra Dated: 8-9-2005

The undersigned witness certifies that Louis Solofra 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

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notary public and acknowledged signing and delivering the instrument as the free and voluntary act of the principal, for the uses and purposes therein set forth. I believe the principal to be of sound mind and memory.

Witnessed:

Peter J. Schriedel

State of Illinois)

) ss.

County of Cook)

The undersigned, a notary public in Cook County, Illinois, certifies that Louis Solofra, 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 additional witness, Peter J. Schriedel, 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.

Dated:

August 9, 2005

Notary Public



ARTICLE IV. DECLARATION OF ATTORNEY

I am an attorney authorized to practice law in the State of Illinois. The principal was my client at the time when this power of attorney was executed. I have advised my client of his or her rights in connection with this power of attorney, as well as the consequences of signing this power of attorney. After I so advised my client, my client executed this power of attorney.

Attorney at Law

This document was drafted by:

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

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