

# UNOFFICIAL COPY



Doc#: 0818918024 Fee: \$48.00  
Eugene "Gene" Moore RHSP Fee:\$10.00  
Cook County Recorder of Deeds  
Date: 07/07/2008 10:54 AM Pg: 1 of 7

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## POWER OF ATTORNEY

Recording requested by: LSI  
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**CRS #3653214**

**APN: 16-16-308-013-0000**

PREPARED BY:  
ARTHUR LEE JOHNSON, SR.  
1038 SUSAN COLLINS LANE  
OAK PARK, IL 60304

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## ILLINOIS 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 INSTRUMENT DOES NOT IMPOSE A DUTY ON YOUR AGENT TO EXERCISE GRANTED POWERS; BUT WHEN A POWER IS EXERCISED, YOUR AGENT WILL HAVE TO USE DUE CARE TO ACT FOR YOUR BENEFIT AND IN ACCORDANCE WITH THIS INSTRUMENT 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 NOT NAME INITIAL CO-AGENTS UNDER THIS INSTRUMENT, BUT YOU MAY NAME SUCCESSOR 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 INSTRUMENT 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 INSTRUMENT THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU.

**POWER OF ATTORNEY** made this **2nd** day of **October, 2006**.

1. I, **ARTHUR LEE JOHNSON, SR.**, hereby appoint either one of Arthur Lee Johnson, Jr. of 1038 Susan Collins Lane, Oak Park, Illinois 60304, or Lorna Ann Seymore of 1333 Boeger, Westchester, Illinois 60174, 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.
  - (a) Real estate transactions.
  - (b) Financial institution transactions.
  - (c) Stock and bond transactions.
  - (d) Tangible personal property transactions.
  - (e) Safe deposit box transactions.
  - (f) Insurance and annuity transactions.
  - (g) Retirement plan transactions.
  - (h) Social Security, employment and military service benefits.
  - (i) Tax matters.
  - (j) Claims and litigations.
  - (k) Commodity and option transactions.
  - (l) Business operations.
  - (m) Borrowing transactions.
  - (n) Estate transactions.
  - (o) All other property powers and transactions.
  
2. The powers granted above shall not include the following powers or shall be modified or limited in the following particulars (here you may include any specific limitations you deem appropriate, such as a prohibition or conditions on the sale of particular stock or real estate or special rules on borrowing by the agent): No Limitations.

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

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4. 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.

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

<p>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:</p>
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6. This power of attorney shall become effective on the date hereof.

7. This power of attorney shall terminate at 12:00 a.m. on October 3, 2026.

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

\_\_\_\_\_

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9. 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.

10. I am fully informed as to all the contents of this instrument and understand the full importance of this grant of powers to my agent.

*ARTHUR LEE JOHNSON, SR.*

Signed: \_\_\_\_\_

**Arthur Lee Johnson, Sr. (principal)**

**WITNESS:**

Signed: *Joyce Williams*

Printed Name: JOYCE WILLIAMS

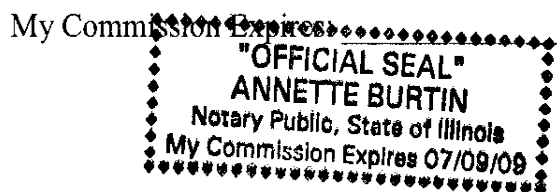
STATE OF ILLINOIS     )  
  )  
COUNTY OF COOK     )

SS.

The undersigned, a notary public in and for the above county and state, certifies that Arthur Lee Johnson, Sr., 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.

Dated: October 2, 2006

*Annette Burtin*  
Notary Public



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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

Mr Arthur Johnson Sr.

Alleged Disabled Person

No. \_\_\_\_\_

Docket

Page

### REPORT

Ndudi Aniemeka

\_\_\_\_\_ a physician licensed to practice medicine in all its branches in the State of Illinois, submits the following report on Mr Arthur Johnson alleged disabled person, based on an examination of the respondent on 08/07/07.

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.)

Alzheimer's Dementia

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:

It found by a mini mental state exam to be demented

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:

Mr Johnson 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.

Residing with care-givers - wife and daughters at home

NDUDI ANIEMEKA MD  
(Print or Type Physician's Name)

Signed: \*

[Signature]

\*See reverse side

Address:

5120 W Jackson

City & Zip:

Chicago IL 60646

Telephone:

773-378-4873

036-085291

(License No.)

(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.

DR PRANJEN K. is licensed to practice medicine in all its branches in Illinois

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 \_\_\_\_\_

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APN:

Order ID: 3653214

Loan No.: 151436766

## EXHIBIT A LEGAL DESCRIPTION

The land referred to in this policy is situated in the State of IL, County of COOK, City of CHICAGO and described as follows:

The following described real estate situated in Cook County, Illinois, to wit:

Lot 5 in the Resubdivision of Lots 18 through 37 in Murry Wolbach's Subdivision of Lots 197 to 203 in the School Trustee's Subdivision of the North part of Section 16, Township 39 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois.

Parcel/Tax I.D. #: 16-16-308-013-0000

Commonly known as: 5227 West Lexington Street, Chicago, IL 60644

WITH THE APPURTENANCES THERETO.

APN:

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