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DEED 7-11 16588

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Doc#: 0819105222 Fee: \$78.00
Eugene "Gene" Moore RHSP Fee:\$10.00
Cook County Recorder of Deeds
Date: 07/09/2008 03:43 PM Pg: 1 of 8

STATE OF SOUTH CAROLINA)
: DURABLE POWER OF ATTORNEY
COUNTY OF SPARTANBURG)

KNOW ALL MEN BY THESE PRESENTS that as principal, I, VIRGINIA HAWKINS,
(hereinafter sometimes referred to as "principal") a resident of the state and county
aforesaid, have made, constituted, and appointed, and by these presents do make,
constitute, and appoint as my true and lawful attorney:

BARBARA A. GILL

DEE-2003-11103
Recorded 6 Pages on 3/13/2003 9:39:47 AM
Recording Fee: \$17.00 Documentary Stamps: \$0.00
Office of Register of Deeds, Spartanburg, S.C.
Stephen Ford, Register

said appointment being made for the purpose hereinafter set forth

WITNESSETH

WHEREAS, I have desired to provide a means by which my property can be
managed for my benefit, and,

WHEREAS, the person named above has agreed to act and serve as my
attorney-in-fact in accordance with the terms of this Durable Power of Attorney.

NOW, THEREFORE, THIS DURABLE POWER OF ATTORNEY

1. Empowerment of Attorney

(a) In Attorney's sole discretion, to convey, assign, and transfer all or any
part of my property and income of every kind and description, to include transactions
involving any IRA accounts, real, personal, intangible, or mixed, wherever located, and
whether acquired before or after the execution of this Durable Power of Attorney, said
property and income to be held, administered, and distributed by my Attorney for my use
and benefits.

(b) I grant to my agent full authority to make decisions for me regarding

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my health care. In exercising this authority, my agent shall follow my desires as stated in this document or otherwise expressed by me in any Declaration of a Desire for a Natural Death executed by me or known to my agent. My agent will have authority to make decisions concerning my health care only in situations to which any Declaration of a Desire for a Natural Death does not apply. In making any decision, my agent shall attempt to discuss the proposed decision with me to determine my desires if I am able to communicate in any way. If my agent cannot determine the choice I would want made, then my agent shall make a choice for me based upon what my agent believes to be in my best interests. My agent's authority to interpret my desires is intended to be as broad as possible, except for any limitations I may state below and as are limited in any Declaration of a Desire for a Natural Death. MY AGENT WILL HAVE AUTHORITY TO MAKE DECISIONS CONCERNING MY HEALTH CARE ONLY IN SITUATIONS TO WHICH ANY DECLARATION DOES NOT APPLY.

Accordingly, my agent is authorized as follows.

(1) To consent, refuse, or withdraw consent to any and all types of medical care, treatment, surgical procedures, diagnostic procedures, medication, and the use of mechanical or other procedures that affect any bodily function, including, but not limited to, artificial respiration, nutritional support and hydration, and cardiopulmonary resuscitation;

(2) To authorize, or refuse to authorize, any medication or procedure intended to relieve pain, even though such use may lead to physical damage, addiction, or hasten the moment of, but not intentionally cause, my death;

(3) To authorize my admission to or discharge, even against medical

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advice, from any hospital, nursing care facility, or similar facility or service;

(4) To take any other action necessary to making, documenting, and assuring implementation of decisions concerning my health care, including, but not limited to, granting any waiver or release from liability required by any hospital, physician, nursing care provider, or other health care provider; signing any documents relating to refusals of treatment or the leaving of a facility against medical advice, and pursuing any legal action in my name, and at the expense of my estate to force compliance with my wishes as determined by my agent, or to seek actual or punitive damages for the failure to comply.

(5) My agent may consent to the donation of all or any of my tissue or organs for the purposes of transplantation.

2. Resignation and Revocation

(a) This power of attorney shall not be affected by physical disability or mental incompetence of the principal which renders the principal incapable of managing her own estate. It is my intent that the authority conferred herein shall be exercisable notwithstanding my physical disability or mental incompetence.

(b) This power of attorney shall remain in full force and effect until the earlier of the following events: (i) Attorney has resigned as provided herein, (ii) I have revoked this Durable Power of Attorney by written instrument recorded in the public records of the county aforesaid, or (iii) a conservator shall have been appointed for me by a court of competent jurisdiction.

(c) In the event that Attorney shall become unable or unwilling to serve or continue to serve, then Attorney may resign by delivering to me in writing a copy of her resignation and recording the original in the public records of the county aforesaid. Upon

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such resignation and recording, Attorney shall thereupon be divested of all authority under this Durable Power of Attorney.

3. Incidental Powers and Bindings Effect

(a) In order to make the transfer described above in subparagraph (a) of paragraph 1 hereof, Attorney is fully authorized and empowered to execute documents and papers, including deeds of my interests in real property, bills of sale of my personalty, assignments of my intangibles (including my Certificates of Deposit), to make and/or endorse my checks, make savings withdrawals from my savings accounts, to include transactions involving any IRA accounts, enter my safe deposit box and remove all or any part of the contents thereof and to perform any other and further acts or things necessary, appropriate or incidental thereto, with the same validity and effect as if I were personally present, competent, and personally exercised the powers myself. No person dealing with Attorney shall be responsible to determine or insure the proper application of funds or property.

(b) All acts done by Attorney pursuant to this Durable Power of Attorney during any period of disability or mental incompetence shall have the same affect and inure to the benefit of and bind me and my heirs, devisees, legatees, and personal representatives as if I were mentally competent and not disabled.

(c) The powers herein conferred may be exercised by Attorney alone and the signature or act of Attorney on my behalf may be accepted by third persons as fully authorized by me and with the same force and effect as if done under my hand and seal and as if I were present in person, acting on my own behalf and competent. No person who may act in reliance upon the presentation of Attorney for the authority granted to

V. H

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Attorney shall incur any liability to me or to my estate as a result of permitting Attorney to exercise any power.

(d) Any action taken by Attorney pursuant to this power shall be deemed conclusively to be an acceptance of the appointment hereunder as attorney-in-fact.

4. Exoneration of Attorney

Attorney, Attorney's heirs, successors, and assigns are hereby released and forever discharged from any and all liability upon any claim or demand of any nature whatsoever by me, my heirs, or assigns, the beneficiaries under my will or under any trust which I have created or shall hereafter create or any person whomever on account of action taken or failure to act of Attorney pursuant to this Durable Power of Attorney.

IN WITNESS WHEREOF, as principal, I have executed this Durable Power of Attorney as of this 12th day of March, 2003, and I have directed that photographic copies of this power be made which shall have the same force and effect as an original.

Virginia Hawkins (Seal)
VIRGINIA HAWKINS

Signed, sealed, published and declared by VIRGINIA HAWKINS as her Durable Power of Attorney, in the presence of us, who, in her presence and in the presence of each other, at her request, have subscribed our names as witnesses.

James B. Miller of Spartanburg, South Carolina
Angela C. Jain of Spartanburg, South Carolina

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EXHIBIT "A"

THE NORTH 5-1/2 FEET OF LOT 46 AND LOT 47 (EXCEPT THE NORTH 1 FOOT) IN BLOCK 4 IN A. HILL AND COMPANY'S NORTHWESTERN ELEVATED RAILROAD ADDITION, BEING A SUBDIVISION OF THE NORTH 1/2 OF THE SOUTH WEST 1/4 OF THE NORTH EAST 1/4 OF SECTION 14, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PERMANENT INDEX NUMBER: 13-14-213-002-0000

COMMONLY KNOWN AS: 4555 NORTH CENTRAL PARK AVENUE
CHICAGO, ILLINOIS 60625

Memo to:

*P. Jerome Jakubco
2224 W. Irving Park Rd
Chgo. IL 60618*

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Office of Register of Deeds
 Spartanburg, South Carolina
 Recorded in DEED
 Book 71-71 Page 588
 Register of Deeds,
 Spartanburg, South Carolina