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Doc#: 0819109077 Fee: \$50.00  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 07/09/2008 02:14 PM Pg: 1 of 8

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## [POWER OF ATTORNEY]

PREPARED BY:

CHARLES L. BRETZ  
58 N. CHICAGO STREET  
JOLIET, IL 60432

RETURN TO:

Wheatland Title Guaranty Company  
105 W. VETERANS PKWY  
YORKVILLE, IL 60560

Recorded by: Wheatland Title Guaranty Company, 105 W. VETERANS PKWY YORKVILLE, IL  
60560

WTG No. HC-2008CO-9374

(copy)

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## ILLINOIS STATUTORY SHORT FORM 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 MATTER PROVIDED BELOW, UNTIL YOU REVOKE THIS POWER OR A COURT ACTING ON YOUR BEHALF TERMINATE 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 ANY DIFFERENT FROM OF POWER OF ATTORNEY YOU MAY DESIRE. IF THIS 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 10<sup>th</sup> day of June, 2008.

1. I, **CHARLES L. BRETZ** of the City of Morris, County of Grundy, in the State of Illinois, have made, constituted and appointed, and BY THESE PRESENT DO make, constitute and appoint **TODD L. LASH** of the City of Peru, County of LaSalle, in the State of Illinois, 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 interested in paragraph 2 or 3 below:

(YOU MAY STRIKE ANY ONE OR MORE OF THE FOLLOWING CATERGORIES OF POWERS YOU DO NOT WANT YOUR AGENT TO HAVE. FAILURE TO STRIKE THE TITLE OF ANY CATEGORY WIL CAUSE THE POWERS DESCRIBED IN THAT CATEGORY TO BE GRANTED TO THE AGENT. TO STRIKE OUT A CATEGORY YOU MUST DRAW A LINE THROUGH THE TITLE OF THAT CATEGORY.)

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- (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 litigation.
- (k) Commodity and option transactions.
- (l) Business transactions.
- (m) Borrowing transactions.
- (n) Estate transactions.
- (o) All other property powers and transactions.

(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 (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):

\_\_\_\_\_ NOT APPLICABLE \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. In addition to the powers granted above, I grant my agent the following powers (here you may add other delegable powers including, without limitation, power to make gifts, exercise powers of appointment, name or change beneficiaries or joint tenants or revoke or amend any trust specifically referred to below):

\_\_\_\_\_ NOT APPLICABLE \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 4. My agent shall have the right by written instrument to delegate any and all of the foregoing powers involving discretionary decision-making to any person or persons whom my agent may select, but such delegations 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.

(YOUR AGENT WILL BE ENTITLED TO REIMBURSEMENT FOR ALL REASONABLE EXPENSES INCURRED IN ACTING IN UNDER THIS POWER OF ATTORNEY. STRIKE OUT THE NEXT SENTENCE IF YOU DO NOT WANT YOUR AGENT TO ALSO BE ENTITLED 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. ( X ) This power of attorney shall become effective on

June 10, 2008

(insert a future date of event during your lifetime, such as court determination of your disability, when you want this power to first take effect)

- 7. ( X ) This power of attorney shall terminate on

August 9, 2008

(insert a future date or event, such as court determination of your disability, when you want this power to terminate prior to your death.)

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(IF YOU WISH TO NAME SUCCESSOR AGENT, INSERT THE NAME(S) AND ADDRESS(ES) OF SUCH SUCCESSOR(S) IN THE FOLLOWING PARAGRAPH.)

8. If any 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:

N/A

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 WISH 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. THE COURT WILL APPOINT YOUR AGENT IF THE COURT FINDS THAT SUCH APPOINTMENT WILL SERVE YOUR BEST INTERESTS AND WELFARE. STRIKE OUT PARAGRAPH 9 IF YOU DO NOT WANT YOUR AGENT TO ACT AS GUARDIAN.)

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 surety.

10. 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.

Signed Charles L. Bely  
(principal)

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

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Specimen signature of agent  
(successor) (s)

[Signature]  
(agent)

\_\_\_\_\_  
(successor agent)

\_\_\_\_\_  
(successor agent)

I certify that the signatures of agent  
(and successor(s) are correct

[Signature]  
(principal)

\_\_\_\_\_  
(principal)

\_\_\_\_\_  
(principal)

[Signature]  
(witness)

58 N. Chicago St., 2nd Floor  
Address  
Joliet, IL 60432  
Address

[Signature]  
(witness)

58 N. Chicago St., 2nd Floor  
Address  
Joliet, IL 60432  
Address

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

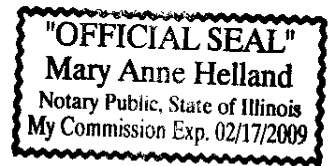
STATE OF KANSAS )  
 ) SS.  
COUNTY OF SEDGWICK )

The undersigned, a notary public in and for the above county and state, certifies that **CHARLES L. BRETZ**, 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 purpose therein set forth, (and certified to the correctness of the signature(s) of the agent(s).

DATED: 6-10-08 Mary Anne Helland  
(SEAL) NOTARY PUBLIC

My commission expires: 2-17-09

(THE NAME AND ADDRESS OF THE PERSON APPEARING PREPARING THIS FORM SHOULD BE INSERTED IF THE AGENT WILL HAVE POWER TO CONVEY ANY INTEREST IN REAL ESTATE.)



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LOT 54 IN BLOCK 5 AUSTIN HEIGHTS SUBDIVISION OF BLOCKS 1, 2, 3, AND 4 OF A.J. KNISELY'S ADDITION TO CHICAGO, A SUBDIVISION OF PART OF THE NORTH EAST 1/4 OF SECTION 17 TOWNSHIP 39 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, LYING NORTH OF THE SOUTH 108 ACRES OF SUBDIVISION NORTHEAST 1/4 OF SUBDIVISION IN SECTION 17 IN COOK COUNTY, ILLINOIS.

**PIN: #16-17-201-035-0000**

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