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Doc#: 0832234082 Fee: \$94.00
Eugene "Gene" Moore
Cook County Recorder of Deeds
Date: 11/17/2008 01:56 PM Pg: 1 of 11

DURABLE POWER OF ATTORNEY FOR FINANCIAL MANAGEMENT

WARNING TO PERSON EXECUTING THIS DOCUMENT - THE POWERS YOU GRANT BELOW CONTINUE TO BE EFFECTIVE SHOULD YOU BECOME DISABLED OR INCOMPETENT

CAUTION: This is an important legal document and upon proper execution will create a Durable Power of Attorney. This gives the person whom you designate as your attorney-in-fact broad powers to handle your property during your lifetime, which may include powers to mortgage, sell, or otherwise dispose of any real or personal property without advance notice to you or approval by you.

These powers will continue to exist even if you become disabled or incompetent. You do have the right to terminate or revoke the power of attorney and any or all powers granted within at any time up to the point of your incapacity.

This document does not authorize anyone to make medical or other health care decisions. You may execute a health care proxy (also known as a health care or medical power of attorney) to do this.

If there is anything about this document that you do not understand, you should ask a lawyer to explain it to you.

THIS DURABLE POWER OF ATTORNEY for financial management is given by me, Veronica Z. Fickling, presently of 5340 South Michigan Ave, Chicago, in the State of Illinois, on the 30th day of October, 2008.

1. Nature of Power

THIS IS A DURABLE POWER OF ATTORNEY and the authority of my Attorney-in-fact shall not terminate if I become disabled or incapacitated or in the event of later uncertainty as to whether I am dead or alive.

2. Previous Power of Attorney

I REVOKE any previous durable power of attorney granted by me.

3. Attorney-in-fact

I APPOINT Arthur F. Richards, of 5336 South Michigan Ave, Chicago, Illinois, to act as my Attorney-in-fact.

4. Governing Laws

This instrument will be governed by the laws of the State of Illinois. Further, my Attorney-in-fact is directed to act in accordance with the laws of the State of Illinois at any time he or she may be acting on my behalf.

5. Delegation of Authority

My Attorney-in-fact may delegate any authority granted under this document to a person of his or her choosing. Any delegation must be in writing and state the extent of the

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STEPHANIE A. LEWIS
Notary Public, State of Illinois
My Commission Expires 07/12/2011

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power delegated and the period of time in which the delegation will be effective.

6. **Liability of Attorney-in-fact**

My Attorney-in-fact will not be liable to me, my estate, my heirs, successors or assigns for any action taken or not taken under this document, except for willful misconduct or gross negligence.

7. **Effective Date**

This Power of Attorney will start immediately and will continue notwithstanding my mental incapacity or mental infirmity which may occur after my execution of this Power of Attorney.

8. **Powers of Attorney-in-fact**

My Attorney-in-fact will have the following power(s):

Initials

X a. **Real Estate Transactions**

To deal with any interest I may have in real property and sign all documents on my behalf concerning my interest, including, but not limited to, real property I may subsequently acquire or receive. These powers include, but are not limited to, the ability to:

- i. purchase, sell, exchange, accept as gift, place as security on loans, convey with or without covenants, rent, collect rent, sue for and receive rents, eject and remove tenants or other persons, to pay or contest taxes or assessments, control any legal claim in favor of or against me, partition or consent to partitioning, mortgage, charge, lease, surrender, manage or otherwise deal with real estate and any interest therein, and
- ii. execute and deliver deeds, transfers, mortgages, charges, leases, assignments, surrenders, releases and other instruments required for any such purpose.

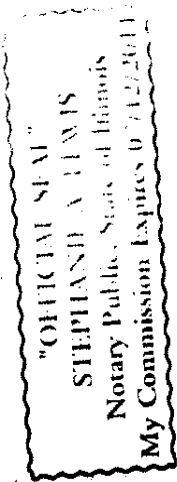
X b. **Chattel and Goods Transactions**

To purchase, sell or otherwise deal with any type of personal property I may currently or in the future have an interest in. This includes, but is not limited to, the power to purchase, sell, exchange, accept as gift, place as security on loans, rent, lease, to pay or contest taxes or assessments, mortgage or pledge.

X c. **Banking Transactions**

To do any act that I can do through an attorney-in-fact with a bank or other financial institution. This power includes, but is not limited to, the power to:

- i. Open, maintain or close bank accounts (including, but not limited to, checking accounts, savings accounts, and certificates of deposit), brokerage accounts, retirement plan accounts, and other similar accounts with financial institutions.



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- ii. Conduct any business with any banking or financial institution with respect to any of my accounts, including, but not limited to, making deposits and withdrawals, negotiating or endorsing any checks or other instruments with respect to any such accounts, obtaining bank statements, passbooks, drafts, money orders, warrants, and certificates or vouchers payable to me by any person, firm, corporation or political entity.
- iii. Borrow money from any banking or financial institution if deemed necessary by my Attorney-in-fact, and to manage all aspects of the loan process, including the placement of security and the negotiation of terms.
- iv. Perform any act necessary to deposit, negotiate, sell or transfer any note, security, or draft of the United States of America, including U.S. Treasury Securities.
- v. Have access to any safe deposit box that I might own, including its contents.
- vi. Create and deliver any financial statements necessary to or from any bank or financial institution.

X d. **Business Operating Transactions**

To take any action my Attorney-in-fact deems necessary with any business that I may own or have an interest in by doing any act which can be done through an attorney-in-fact. This power includes, but is not limited to, the power to execute, seal and deliver any instrument; participate in any legal business of any kind; execute partnership agreements and amendments; to incorporate, reorganize, consolidate, merge, sell, or dissolve any business; to elect or employ officers, directors and agents; and to exercise voting rights with respect to any stock I may own, either in person or by proxy.

X e. **Insurance Transactions**

To do any act that I can do through an attorney-in-fact with any insurance policy. This power includes, but is not limited to, the power to pay premiums, start, modify or terminate policies, manage all cash payouts, borrow from insurers and third parties using insurance policies as collateral, and to change the beneficiaries on any insurance policies on my life. Unless my Attorney-in-fact was already a beneficiary of any policy before the signing of this document, my Attorney-in-fact cannot name himself or herself as a beneficiary of such policy.

X f. **Estate Transactions**

To do any act that I can do through an attorney-in-fact with regard to all matters that affect any trust, probate estate, conservatorship, or other fund which I may receive payment as a beneficiary. This power includes the power to disclaim any interest which might otherwise be transferred or distributed to me from any other person, estate, trust, or other entity, as may be appropriate. However, my Attorney-in-fact cannot disclaim assets to which I would be entitled, if the result is that the disclaimed assets pass

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STEPHANIE A. LEWIS
Notary Public, State of Illinois
My Commission Expires 07/12/20

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directly or indirectly to my Attorney-in-fact or my Attorney-in-fact's estate.

g. Living Trust Transactions

To transfer any of my assets to the trustee of any revocable trust created by me, if such trust is in existence at the time of such transfer. This property can include real property, stocks, bonds, accounts, insurance policies or other property.

h. Claims and Litigation Matters

To institute, maintain, defend, compromise, arbitrate or otherwise dispose of, any and all actions, suits, attachments or other legal proceedings for or against me. This power includes, but is not limited to, the power to: appear on my behalf or retain an attorney and any other professional personnel necessary to defend or assert any claim before any court, board, or tribunal, and the power to settle any claim against me in which ever forum or manner my Attorney-in-fact deems prudent, and to receive or pay any resulting settlement.

i. Government Benefits

To act on my behalf in all matters that affect my right to allowances, compensation and reimbursements properly payable to me by the Government of the United States or any agency or department thereof. This power includes, but is not limited to, the power to prepare, file, claim, defend or settle any claim on my behalf and to receive and manage as my Attorney-in-fact sees fit any proceeds of any claim.

j. Retirement Benefit Transactions

To act for me and represent my interests in all matters affecting any retirement savings or pension plans I may have. This power includes, but is not limited to, the power to continue contributions, change contribution amounts, change investment strategies and options, move assets to other plans, receive and manage payouts, and add or change existing beneficiaries. My Attorney-in-fact cannot add himself or herself as a beneficiary unless he or she is already a designated beneficiary as of the signing of this document.

k. Family Care

To make whatever expenditures are required for the maintenance, education, benefit, medical care and general advancement of me, my spouse and dependent children, and other persons that I have chosen or which I am legally required to support, any of which may include my Attorney-in-fact. This power includes, but is not limited to, the power to pay for housing, clothing, food, travel and other living costs.

NOTARY PUBLIC
STEPHANIE A. LEWIS
Notary Public, State of Illinois
My Commission Expires 07/12/2011

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X l. **Tax Matters**

To act for me in all matters that affect my local, state and federal taxes and to prepare, sign, and file documents with any governmental body or agency, including, but not limited to, authority to:

- i. prepare, sign and file income and other tax returns with federal, state, local and other governmental bodies, and to receive any refund checks.
- ii. obtain information or documents from any government or its agencies, and represent me in all tax matters, including the authority to negotiate, compromise, or settle any matter with such government or agency.

X m. **Gift Transactions**

To make gifts to my spouse, children, grandchildren, great grandchildren, and other family members on special occasions, including birthdays and seasonal holidays, including cash gifts, and to such other persons with whom I have an established pattern of giving (or if it is appropriate to make such gifts for estate planning and/or tax purposes), in such amounts as my Attorney-in-fact may decide in his or her absolute discretion, having regard to all of the circumstances, including the gifts I made while I was capable of managing my own estate, the size of my estate and my income requirements.

X n. **Charity Transactions**

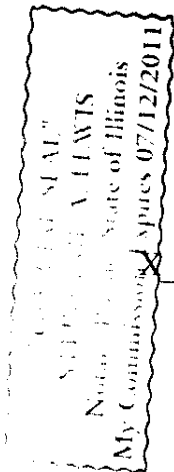
To continue to make gifts to charitable organizations with whom I have an established pattern of giving (or if it is appropriate to make such gifts for estate planning and/or tax purposes), in such amounts as my Attorney-in-fact may decide in his or her absolute discretion, having regard to all of the circumstances, including the gifts I made while I was capable of managing my own estate, the size of my estate and my income requirements.

 o. **Maintain Property and Make Investments**

To retain any assets owned by me at the date this Durable Power of Attorney becomes effective, and the power to reinvest those assets in similar investments. In addition, my Attorney-in-fact may invest my assets in any new investments, of his or her choosing, regardless of whether or not they are authorized by any applicable legislation.

X p. **Employ Required Professionals**

To appoint and employ any agents, servants, companions, or other persons, including nurses and other health care professionals for my care and the care of my spouse and dependent children, and accountants, attorneys, clerks, workers and others for the management, preservation and protection of my property and estate, at such compensation and for such length of time as my Attorney-in-fact considers advisable.



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X q. **General Authority**

To do any act or thing that I could do in my own proper person if personally present, including managing or selling tangible assets, disclaiming a probate or nonprobate inheritance and providing support for a minor child or dependent adult. Other specifically enumerated powers are not intended as a limitation on this broad general power.

X r. **Specified Power 1**

Other transactions as necessary.

9. **Attorney-in-fact Compensation**

My Attorney-in-fact will receive compensation as per the guidelines governing the compensation for agents or trustees or other such legislated rate in the State of Illinois in addition to the reimbursement of all out of pocket expenses associated with the carrying out my wishes. If no guidelines or usual practices exist for the compensation of an attorney-in-fact then my Attorney-in-fact may pay himself or herself a reasonable amount based on the size of my estate.

10. **Co-owning of Assets and Mixing of Funds**

My Attorney-in-fact may not mix my funds owned by him or her in with my funds and all assets should remain separately owned if at all possible.

11. **Personal Gain from Managing My Affairs**

My Attorney-in-fact is allowed to personally gain from any transaction he or she may complete on my behalf if the transaction is completed in good faith and with my Attorney-in-fact believing it is in my best interest.

12. **Nomination of Guardian or Conservator**

In the event that a court decides that it is necessary to appoint a guardian or conservator for me, I hereby nominate my Attorney-in-fact to be considered by the court for appointment to serve as my guardian or conservator, or in any similar representative capacity.

13. **Reporting Requirements**

My Attorney-in-fact is required to prepare financial reports every six months, starting six months following the determination of my incapacity, detailing income, expenses, and any change in the value of assets over the previous six month period. These reports will be sent within one month of the due date to:

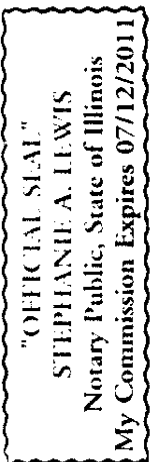
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14. **Attorney-in-fact Restrictions**

This Power of Attorney is not subject to any conditions or restrictions other than those noted above.

15. **Notice to Third Parties**

Any third party who receives a valid copy of this Power of Attorney can rely on and act under it. A third party who relies on the reasonable representations of an Attorney-in-fact as to a matter relating to a power granted by this Power of Attorney will not incur any



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liability to the principal or to the principal's heirs, assigns, or estate as a result of permitting the Attorney-in-fact to exercise the authority granted by the Power of Attorney up to the point of revocation of the Power of Attorney. Revocation of the Power of Attorney will not be effective as to a third party until the third party receives notice and has actual knowledge of the revocation.

16. **Severability**

If any part of any provision of this instrument is ruled invalid or unenforceable under applicable law, such part will be ineffective to the extent of such invalidity only, without in any way affecting the remaining parts of such provisions or the remaining provisions of this instrument.

I, **Veronica Z. Fickling**, being the Principal named in this Durable Power of Attorney for Finances hereby acknowledge:

1. I have read and understand the nature and effect of this Durable Power of Attorney.
2. I recognize that this document gives my Attorney-in-fact broad powers over my assets, and that these powers will continue past the point of my incapacity.
3. I am of legal age in the State of Illinois to grant a Durable Power of Attorney.
4. I am voluntarily giving this Durable Power of Attorney and recognize that the powers given in this document will become effective as of the date of my incapacity or as specified within.

IN WITNESS WHEREOF I hereunto sign my name at the City of Chicago, in the State of Illinois, this 30th day of October, 2008

SIGNED, SEALED, AND DELIVERED in the presence of:

Cia Stella Goodwin
WITNESS

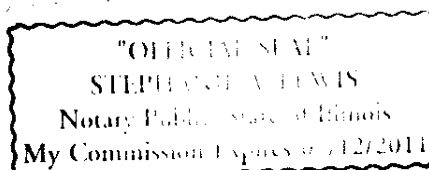
Address: 5340 S. Michigan
Apt. G-5 Chgo, IL

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WITNESS

Address: 6818 S. Hermitage
CHICAGO, IL 60636

Veronica Z. Fickling
x [Signature]
Veronica Z. Fickling



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SHEILA M. WILSON
Notary Public in and for Cook County, Illinois
My Commission Expires 07/12/2011

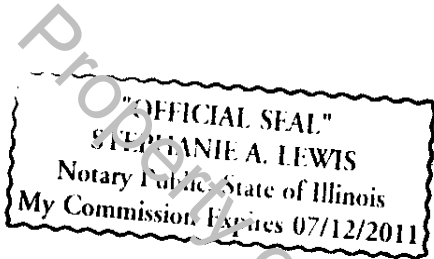
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NOTARY ACKNOWLEDGEMENT

State of Illinois)
) ss.
 County of Cook)

This instrument was acknowledged before me on 30 day of October 2008, by
 Veronica Z. Fickling.



Stephanie Lewis
 Notary Public

My commission expires: 07-12-2011

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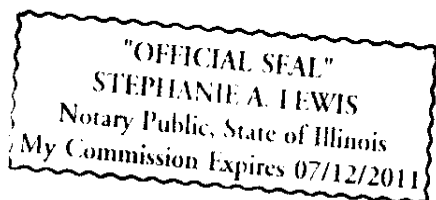
WITNESS CERTIFICATE

I, Cos Stella Goodwin, currently residing at 5340 S. Michigan APTS in the City of Chicago, in the State of ILLINOIS, hereby acknowledge that:

1. I witnessed the signing of the Power of Attorney of Veronica Z. Fickling dated this 30 day of October, 2008.
2. I am an adult with capacity to witness the signing of the Power of Attorney.
3. In my opinion Veronica Z. Fickling had the capacity to understand the nature and effect of the Power of Attorney at the time the Power of Attorney was signed and signed it freely and voluntarily without any compulsion or influence from any person.
4. I am not the Attorney named in the Power of Attorney nor am I the Attorney's spouse or other family member.

Cos Stella Goodwin
(Signature of witness)

10-30-08
(Date)



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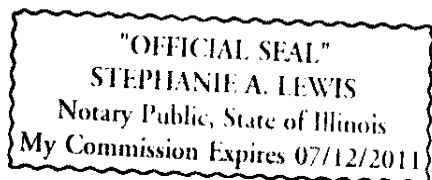
WITNESS CERTIFICATE

I, MICHAEL RUTLIF, currently residing at 6818 S. Hermitage, in the City of CHICAGO, in the State of IL, hereby acknowledge that:

1. I witnessed the signing of the Power of Attorney of Veronica Z. Fickling dated this 30th day of OCT, 2008.
2. I am an adult with capacity to witness the signing of the Power of Attorney.
3. In my opinion, Veronica Z. Fickling had the capacity to understand the nature and effect of the Power of Attorney at the time the Power of Attorney was signed and signed it freely and voluntarily without any compulsion or influence from any person.
4. I am not the Attorney named in the Power of Attorney nor am I the Attorney's spouse or other family member.

[Signature]
(Signature of witness)

10/30/08
(Date)



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