UNOFFICIAL COPY

ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY



Doc#: 1128626005 Fee: \$52.00 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds Date: 10/13/2011 08:27 AM Pg: 1 of 9

1. I, John Krywokulsky of 6631 North Milwaukee, Niles, Illinois 60714, hereby revoke all prior powers of attorney for property executed by me and appoint: (Timothy Tucker of 26901 Agoura Road, Suite 180, Calabasas, California 91301) 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 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 paragraphs 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 services benefits
- (i) Tax matters
- (i) Claims and litigations
- (k) Commodity and options transactions
- (I) Business operations
- (m) Borrowing transactions
- (n) Estate transactions
- (o) All other property transactions

OUNT CLOTHICE

(NOTE: 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: NONE.

1128626005 Page: 2 of 9

UNOFFICIAL COPY

- 3. In addition to the powers granted above, I grant my agent the following powers:
- (a) The power to make gifts
- (b) Exercise powers of appointment
- (c) Name or change beneficiaries
- (d) Name or change joint tenants
- (e) Revoke or amend any trust specifically referred to below

(NOTE: Your agent will have authority to employ other persons as necessary to enable the agent to properly exercise the powers granted in this form, but your agent will have to make all discretionary decisions. If you want to give your agent the right to delegate discretionary decision-making powers to others, you should keep paragraph 4, otherwise it should be struck out.)

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 for any agent (including any successor) named by me who is acting under this power of attorney at the time of reference.

(NOTE: YOUR AGENT WILL BE ENTITLED TO REIMBURSEMENT FOR ALL REASONABLE EXPENSES INCURRED IN ACTINC UNDER THIS POWER OF ATTORNEY. STRIKE OUT PARAGRAPH 5 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.

(NOTE: THIS POWER OF ATTORNEY MAY BE AMENDED OR REVOKED BY YOU AT ANY TIME AND IN ANY MANNER. ABSENT AMENDMENT OF 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 INITIAL ING AND COMPLETING ONE OR BOTH OF PARAGRAPHS 6 AND 7.)

- 6. This power of attorney shall become effective on August 4, 2011 or as soon as this document is executed.
- 7. This power of attorney shall terminate on August 4, 2021.
- 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:

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. (NOTE: If you wish to, you may name your agent as guardian of your estate if a court decides that one should be appointed. To do this, retain paragraph 9, and the court will appoint your agent if the court finds that this appointment will serve your best interests and welfare. Strike out paragraph 9 if you do not want your agent to act as guardian.)

1128626005 Page: 3 of 9

UNOFFICIAL COPY

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 form and understand the full import of this grant of powers to my agent.

(NOTE: This form does not authorize your agent to appear in court for you as an attorney-at-law or otherwise to engage in the practice of law unless he or she is a licensed attorney who is authorized to practice law in Illinois.)

11. The Notice to Agent is incorporated by reference and included as part of this form.

	Date	d: 0-12-11
	R.	
	1/ 2.1	1 1-11
ΩD	KALLINTSKILL	SPY
Signed:	טי פוטטטעעןיי	//
	17//	
U	_	

1000 M (NOTE: This power of attorney will not be effective unless it is signed by at least one witness and your signature is notarized, using the form below. The notary may not also sign as a witness.)

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 him or her to be of sound mind and memory. The undersigned witness also certifies that the witness is not: (a) the attending physician or mental health service provider or a relative of the physician or provider; (b) an owner, operator, or relative of an owner or operator of a health care facility in which the principal is a patient or resident; (c) a parent, sibling, or descendant of either the principal or any agent or successor agent under the foregoing power of attorney, whether such relationship is by blood, mairiage, or adoption; or (d) an SOME OF THE OR agent or successor agent under the foregoing power of attorney.

Dated: _	8/12/11	
Witness: _	Wordeley	
-	Noemy Studelsky (print name)	
	(þrint name)	

UNOFFICIAL COPY

(NOTE: Illinois requires only one witness, but other jurisdictions may require more than one witness. If you wish to have a second witness, have him or her certify and sign here.)

(Second witness) The undersigned witness certifies that John Longold is 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 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 him or her to be of sound mind and memory. The undersigned witness also certifies that the witness is not: (a) the attending physician or mental health service provider or a relative of the physician or provider; (b) an owner, operator, or relative of an owner or operator of a health care facility in which the principal is a patient or resident; (c) a parent, sibling, or descendant of either the principal or any agent or successor agent under the foregoing power of attorney, whether such relationship is by blood, marriage, or adoption; or (d) an agent or successor agent under the foregoing power of attorney.

Dated: $8/(2/2011)$
1 de dia
Witness:
Oceolar Cerri
(print name)
State of <u>TC</u>)
) SS.
State of <u>TC</u>)) SS. County of <u>COx</u>)
The undersigned, a notary public in and for the above county and state, certifies that Tol. Kyntheliky
is 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 witness(es) Ame Ledis (and Manny Stellely) 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 and certified to the correctness of the signature(s) of
principal for the uses and purposes dictern set form and certified to the corrections of the signature(s) of

the agent(s).

Notary Public

My commission expires: 4. S. 13

OFFICIAL SEAL
A GROSS
MOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:0406/13

UNOFFICIAL COPY

(e) Notice to Agent. The following form may be known as "Notice to Agent" and shall be supplied to an agent appointed under a power of attorney for property.

NOTICE TO AGENT

When you accept the authority granted under this power of attorney a special legal relationship, known as agency, is created between you and the principal. Agency imposes upon you duties that continue until you resign or the power of attorney is terminated or revoked.

As an agent you must:

property;

- (1) do what you know the principal reasonably expects you to do with the principal's
- (2) act in good faith for the best interest of the principal, using due care, competence, and diligence;
- (3) Keep a complete and detailed record of all receipts, disbursements and significant actions conducted for the principal;
- (4) attempt to preserve the principal's estate plan, to the extent actually known by the agent, if preserving the plan is consistent with the principal's best interest; and
- (5) cooperate with a person who has authority to make health care decisions for the principal to carry out the principal's reasonable expectations to the extent actually in the principal's best interest.

As an agent, you must not do any of the following:

- (1) act so as to create a conflict of interest that is inconsistent with the other principles in this Notice to Agent;
 - (2) do any act beyond the authority gramed in this power of attorney;
 - (3) commingle the principal's funds with your funds;
 - (4) borrow funds or other property from the principal, unless otherwise authorized;
- (5) continue acting on behalf of the principal if you learn of any event that terminates this power of attorney or your authority under this power of attorney, such as the death of the principal, your legal separation from the principal, or the dissolution of your marriage to the principal.

If you have special skills or expertise, you must use those special skills and expertise when acting for the principal. You must disclose your identity as an agent whenever you act for the principal by writing or printing the name of the principal and signing your own name as Agent" in the following manner:

"(Principal's Name) by (Your Name) as Agent"

The meaning of the powers granted to you is contained in Section 3-4 of the inincis Power of Attorney Act, which is incorporated by reference into the body of the power of attorney for property document.

If you violate your duties as an agent or act outside the authorities granted to you, you may be liable for any damages, including attorney's fees and costs, caused by your violation.

If there is anything about this document or your duties that you do not understand, you should seek legal advice from an attorney.

(f) The requirement of the signature of a witness in addition to the principal and the notary, imposed by Public Act 91-790, applies only to instruments executed on or after June 9, 2000 (the effective date of that Public Act).

(NOTE: This amendatory Act of the 96th General Assembly deletes provisions that referred to the one required witness as an "additional witness," and it also provides for the signature of an optional "second witness")

(Source: P.A. 96-1195, eff. 7-1-11.)

1128626005 Page: 6 of 9

UNOFFICIAL COPY

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

Weisman, Esq., 120 South State, Suite 200

Chicago, Illinois 60603 (312) 849-8000; Fax (312) 849-3034

Property of Cook County Clark's Office

1128626005 Page: 7 of 9

UNOFFICIAL COPY

AGENT'S CERTIFICATION AND ACCEPTANCE OF AUTHORITY

(insert name of agent), certify that the attached is a true copy of a power of attorney naming the undersigned as agent or successor agent for (insert name of principal). John Krywokulsky

I certify that to the best of my knowledge the principal had the capacity to execute the power of attorney, is clive, and has not revoked the power of attorney; that my powers as agent have not been attered or terminated; and that the power of attorney remains in full force and effect.

I accept appointment as agent under this power of attorney.

This certification and acceptance is reade under penalty of perjury.*

County Clark's Office Dated: 9/29/11 (Agent's Signature) (Print Agent's Name) (Agent's Address)

*(NOTE: Perjury is defined in Section 32-2 of the Criminal Code of 1961, and is a

1128626005 Page: 8 of 9

UNOFFICIAL COPY

"NOTICE TO THE INDIVIDUAL SIGNING THE ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY"

PLEASE READ THIS NOTICE CAREFULLY. The form that you will be signing is a legal document. It is governed by the Illinois Power of Attorney Act. If there is anything about this form you do not understand, you should ask a lawyer to explain it to you.

The purpose of this Power of Attorney is to give your designated "agent" broad powers to handle your financial affairs, which may include the power to pledge, sell, or dispose of any of your real or personal property, even without your consent or any advance notice to you. When using the Statutory Short Form, you name successor

agents, but you may not name co-agents.

This form. Coes not impose a duty upon your agent to handle your financial affairs, so it is important that you select an agent who will agree to do this for you. It is also important to select an agent whom you trust, since you are giving that agent control over you financial assets and property. Any agent who does act for you has a duty to act in good faith for your benefit and to use due care, competence, and diligence. He or she must also act in accordance with the law and with the directions in this form. Your agent must keep a record of all receipts, disbursements, and significant actions taken as your agent.

Unless you specifically limit the per od of time that this Power of Attorney will be in effect, your agent may exercise the powers given to him or her throughout your lifetime, both before and after you become incorrecitated. A court, however, can take away the powers of your agent if it finds that the agent is not acting properly. You may

also revoke this Power of Attorney if you wish.

This Power-of-Attorney does not authorize your agent to appear in court for you as an attorney-at-law or otherwise to engage in the practice of law unless he or she is a licensed attorney who is authorized to practice law in Illinois.

The powers you give your agent are explained more fully in Section 3-4 of the Illinois Power of Attorney Act. This form is a part of that law. The "NOTE" paragraphs

throughout this form are instructions.

You are not required to sign this Power of Attorney, but it will not take effect without your signature. You should not sign this Power of Attorney if you do not understand everything in it, and what your agent will be able to do if you do sign it.

Please place your initials on the following line indicating that you have read this Notice:

Principal Initials

1128626005 Page: 9 of 9

UNOFFICIAL COPY

LOT 43 IN HOWARD SUBDIVISION, BEING A SUBDIVISION OF LOT 17 AND PARTS OF LOTS 18, 23 AND 24 IN JAMES CLARK'S SUBDIVISION OF THE EAST 1/2 OF THE NORTH WEST 1/4 AND THE SOUTH WEST 1/4 OF THE NORTH WEST 1/4 OF SECTION 34, TOWNSHIP 41 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

WARD SUBDIVISION, BEING A S.
23 AND 24 IN JAMES CLARK'S SUBL.
ST 1/4 AND THE SOUTH WEST 1/4 OF TH.
4, TOWNSHIP 41 NORTH, RANGE 13, EAST C.
N, IN COOK COUNTY, ILLINOIS

10 · 3 · 123 · 023 · CCC C