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# ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

Prepared by: James M. Chesloe, M. Attorney at Law 1030 S. LaGrange Road, Suite 11, LaGrange, IL 60525

Mail to: James M. Chesloe, Ltd., Attorney at Law, 1030 S. LaGrange Road, Suite 11, LaGrange, IL 60525





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### 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 that 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 may name successor agents, but you may not name co-agents.

This form does 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 your financial assets and property. Any agent who does act for you has a duty to act in good faith for your pendit 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 period 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 incapacitated. 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 raw 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 undersignd 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's initials

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# ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

1. l,	James M. Votava, 1816 Bunker Hill Drive, Sun City Center, FL 33573
	(Insert name and address of principal)
ereby revoke all pri	or powers of attorney for property executed by me and appoint:
Jan	nes M. Chesloe, 200, 1030 S. LaGrange Rd., #11, LaGrange, Illinois 60525
	(insert name and address of agent)
	(NOTE: You may not name co-agents using this form.)
s my attorney-in-fac	ct (my "agent") to act for me and in my name (in any way I could act in person) with
espect to the followi	ng powers, as defined in Section 3-4 of the "Statutory Short Form Power of Attorney
or Property Law" (in	cluding all amendments), but subject to any limitations on or additions to the
pecified powers ins	erted in paragraph 2 or 3 below:
(NOTE: YOU mus	st strike out any one or more of the following categories of powers you do not want
our agent to ',eve. I	Failure to strike the title of any category will cause the powers described in that
ategory to be grant	ed to the agent. To strike out a category you must draw a line through the title of that
ategory.)	
(	
(a) Real estate tr	
(b) MOGROCOCION	
(c) STOKK MACKING	XXXXXXX(XY/XXXXXXXXXXXXXXXXXXXXXXXXXXXX
(d) Nandkara bers	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
(e) <b>886866669</b>	NNNANANAN (RX:YX BX:\Baugaranous.
(I) MARKAKANA	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
(g) Kamamakka	an rangachurs. Kyahananaka ana ki ing iy sanaka kanaka
(i) XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	hardings/
(j) <b>© Jej Org (a) Org (i</b>	
	WARAMAN TO THE TOTAL THE TOTAL TO THE TOTAL THE TOTAL TO
(u) <b>Erronoge (u)</b>	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
(n) Estate transa	otions
(o) All other prop	
(o) All other prop	orly Editodoliono.
NOTE: Limitations	on and additions to the agent's powers may be included in this power of attorney if
hey are specifically	described below.)
noy are openious.	
2 The powers of	ranted above shall not include the following powers or crail be modified or limited in
he following particu	
•	
NOTE: Here you m	ay include any specific limitations you deem appropriate, such as a prohibition or
conditions on the sa	le of particular stock or real estate or special rules on borrowing by the agent.)
No Limits on Agent's Po	ower
	the following powers:
<ol><li>In addition to</li></ol>	the powers granted above, I grant my agent the following powers:
	the state and to account including without limitation, nower to make gifts
(NOTE: Here you m	ay add any 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 ref	erred to below.)
No Additional Powers	

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(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. ՆԱԿ/BQBILLBITEN MANH INH MIGHN DAY/MINTEN /MEMAMMAN NO MEMBURAH BAN/IDITAN/OT/INB/OTREGOING/POWERS

INVONNING/ILIBONENOMBAY MEMBURAH-HIBRING NO BANY/ PEBBURAH NO MEMBURAH BANY/DITAN/BURAH PEBBURAH-HIBRING NO BANY/ PEBBURAH NA MEMBURAH HIBRING BANY/ PEBBURAH MINING MEMBURAH PEBBURAH PEBB

(NOTE: Your agent will be entitled to reimbursement for all reasonable expenses incurred in acting 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

(NOTE: This power of attorney may be amended or revoked by you at any time and in any manner. Absent amendment or evocation, 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 one or both of paragraphs 6 and 7.)

Or .
6. ( ) This power of attorney shall become effective on
December 19, 2011
(NOTE: Insert a future date or event during voir lifetime, such as a court determination of your disability or a written determination by your physician in it you are incapacitated, when you want this power to first take effect.)  7. ( ) This power of attorney shall terminate on December 25, 2011
(NOTE) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

(NOTE: Insert a future date or event, such as a court determination that you are not under a legal disability or a written determination by your physician that you are not incapacitated, if you want this power to terminate prior to your death.)

(NOTE: If you wish to name one or more successor agents, insert the name and address of each successor agent in paragraph 8.)

8. If any agent named by me shall die, become incompetent, resign or refuse to agent, I name the following (each to act alone and successively, in the order namec).	ccept the office of as successor(s) to
such agent:	
	<u> </u>

For purposes of 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.)

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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. Dated: December 19, 2011 (principal) lames M. Votava (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.) James M. Votava known to me to be The undersigned witness certifies that \_ 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 undersigner witness also certifies that the witness is not: (a) the attending physician or mental health service provide or 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, descendant, or any spot se of such 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: 12 - 19 - 11 (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 <u>James M. Votava</u> , 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, descendant, or any spouse of such 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: \_\_\_\_\_

Witness

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State of ) )SS.				
County of )				
The undersigned, a notary public in and James M. Votava	known to me	e to be the same	e person whose na	me is
subscribed as principal to the foregoing power of	of attorney, a and	ppeared before	me and the witnes	s(es) )
in person and acknowledged signing and delive principal, for the uses and purposes therein set of the agent(s)).	ering the instr	ument as the fre ertified to the co	e and voluntary ac rrectness of the si	t of the gnature(s)
Dated: 12/19/11  My commission expires 3/10/14	_	B	Notary Public	Bull
(NOTE: You may, but a e not required to, reque signatures below. If you include specimen sign certification opposite the signatures of the ager	atures in this	nt and successor power of attorne	agents to provide by, you must comp	specimen lete the
Specimen signatures of agent (and successors)		certify that the signal successors)	gnatures of my ag are genuine.	ent
James M. Chesloe, Ltd.	ent) J	arnes M. Votava	,t	(principal)
(successor ag	ent)	ames M. Votava	Volum _	(principal)
(successor ag	ent)	inc.s M. Votava		(principal)
(NOTE: The name, address, and phone number principal in completing this form should	er of the pers I be inserted	on prepana this below.)	Form or who assis	sted the
Name: James M. Chesloe, Ltd.			46	
Address: Attorney at Law, 1030 S. LaGrange R	oad, Suite 11		0.	
LaGrange, IL 60525				
Phone:			, (	

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#### "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 agent you must:

- (1) do what you know the principal reasonably expects you to do with the principal's property;
- (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) copperate with a person who has authority to make health care decisions for the principal to conv out the principal's reasonable expectations to the extent actually in the principal's best interest.

As agent you must not do any of the following:

- (1) act so act 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 granted 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 or 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 nust use those special skills and expertise when acting for the principal. You must disclose your identity as a lagent 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:

James M. Votava by James M. Chesloe, Ltd. as Agent

The meaning of the powers granted to you is contained in Section 3-4 of the Illinois 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 agent or act outside the authority grante 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 unrerstand, you should seek legal advice from an attorney."

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## **ILLINOIS STATUTORY** SHORT FORM POWER OF ATTORNEY FOR PROPERTY Addendum

Property Address: 9117 W. Southview Avenue

Brookfield, IL 60513

Permanent Index Number: 18-03-200-002-0000

#### Legal Descripton

LOT 9 IN BLOCK 72 IN S.E. CF.CSS' THIRD ADDITION TO GROSSDALE, BEING A SUBDIVISION OF THAT PART OF THE WEST 1/2 OF THE NORTHEAST 1/4 AND TH': EAST 1/2 OF THE NORTHWEST 1/4 LYING NORTH OF ROAD KNOWN AS OGDEN AVENUE (EXCEPT RAILROAD) ALSO THE EAST 1/2 OF THE NORTHEAST 1/4 LYING SOUTH OF OGDEN AVENUE, ALL IN SECTION 3, THE THIN COUNTY TOWNSHIP 38 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.