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Doc#: 1217911036 Fee: \$76.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 06/27/2012 09:48 AM Pg: 1 of 6

First American Title
Order # 2303503

1 of 3
JS

Power
of
Attorney

Property of Cook County Clerk's Office

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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 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 A POWER IS EXERCISED, YOUR AGENT WILL HAVE TO USE DUE CARE TO ACT FOR YOUR BENEFIT AND IN ACCORDANCE WITH THIS FORM. 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 MANNER PROVIDED BELOW, UNTIL YOU REVOKE THIS POWER OR A COURT ACTING ON YOUR BEHALF TERMINATES 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. THAT LAW EXPRESSLY PERMITS THE USE OF ANY DIFFERENT FORM OF POWER OF ATTORNEY YOU MAY DESIRE. IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, ASK YOUR ATTORNEY TO EXPLAIN IT TO YOU.)

POWER OF ATTORNEY made this 14th day of September, 2005

1. I, JOSEPH A. ROMANO, 1409 N. Bonnie Brae, River Forest, IL 60305

hereby appoint: **PAMELA L. BEEP**, 720 Crown Ct., Schaumburg, IL 60193
PH# (817)-584-4880

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 inserted in paragraph 2 or 3 below:

(YOU MUST STRIKE OUT ANY ONE OR MORE OF THE FOLLOWING CATEGORIES OF POWERS YOU DO NOT WANT YOUR AGENT TO HAVE. FAILURE TO STRIKE THE TITLE OF ANY CATEGORY WILL 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. | (g) Retirement plan transactions. | (l) Business operations. |
| (b) Financial institution transactions. | (h) Social Security, employment and military service benefits. | (m) Borrowing transactions. |
| (c) Stock and bond transactions. | (i) Tax matters. | (n) Estate transactions. |
| (d) Tangible personal property transactions. | (j) Claims and litigation. | (o) All other property powers and transactions |
| (e) Safe deposit box transactions. | (k) Commodity & Option transactions. | |
| (f) Insurance and annuity 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):

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3. In addition to the powers granted above, I grant my agent the following powers (here you may 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 referred to below):

- (a) My agent shall have the power and authority to make gifts from my estate and/or trust assets (Annual exclusion gifts, Tuition and Medical exclusion gifts) to or for the benefit of any individual, including the agent or successor agent designated in this document, not exceeding in any calendar year the maximum amount allowable as an exclusion for gift tax purposes under the Internal Revenue Code.
- (b) My agent shall have the power to Disclaim any benefit to be received by me from any estate, will, trust, or named beneficiary, in joint tenancy or in any other manner of succession.
- (c) My agent shall have the authority to enter into any land trust transactions including the execution of general directions, directions to convey, assignments of beneficial interest and collateral assignments of beneficial interest.
- (d) To the extent that any bank, financial institution or brokerage firm account in which I have an ownership interest (whether in existence at the time of executing this Power of Attorney or subsequently opened by me or my agent) is construed to be a trust for the benefit of a beneficiary designated under said account such that withdrawals from said account are deemed to be partial revocations of the trust created by said account, I specifically give my agent the authority to partially revoke said trust as often as necessary (in the discretion of the agent) in order to manage my property and provide for my financial needs.
- (e) My agent shall have the full power and authority to represent me, to do all things necessary and proper to secure any and all benefits or payments that may be due me from any governmental agency including, Social Security, Social Security Disability, Medicare, Medicaid or Public Aid. Benefits may be directed to my agent as my designated representative payee.
- (f) My agent is authorized to transfer, assign, and convey any property or interest in property which I may own to or from the **JOSEPH A. ROMANO TRUST**, dated September 14, 2005, if then in existence. Further, should the principal become incapacitated and require nursing home care, the agent shall have the power to amend or revoke the trust, regardless of any trust provision to the contrary, and should the agent be the spouse of the principal, said spouse is exonerated from making gifts to themselves to take advantage of allowable spousal transfers to effectuate Medicaid coverage for the principal.

(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 THE NEXT SENTENCE, 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 by any agent (including any successor) named by me who is acting under this power or attorney at the time of reference.

(YOUR AGENT WILL BE ENTITLED TO REIMBURSEMENT FOR ALL REASONABLE EXPENSES INCURRED IN ACTING 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

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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. () This power of attorney shall become effective upon my physician's determination that I am incapacitated or upon the following date _____

7. () This power of attorney shall terminate on _____

(IF YOU WISH TO NAME SUCCESSOR AGENTS, 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 legally disabled, resign or refuse to act, I name the following (each to act alone and successively, in the order named) as successor(s) to such agent:

IF YOU WISH TO NAME A GUARDIAN OF YOUR PERSON OR A GUARDIAN OF YOUR ESTATE, OR BOTH, IN THE EVENT A COURT DECIDES THAT ONE SHOULD BE APPOINTED, YOU MAY, BUT ARE NOT REQUIRED TO DO SO BY INSERTING THE NAME(S) OF SUCH GUARDIAN(S) IN THE FOLLOWING PARAGRAPHS. THE COURT WILL APPOINT THE PERSON NOMINATED BY YOU IF THE COURT FINDS THAT SUCH APPOINTMENT WILL SERVE YOUR BEST INTERESTS AND WELFARE. YOU MAY, BUT ARE NOT REQUIRED TO, NOMINATE AS YOUR GUARDIAN(S) THE SAME PERSON NAMED IN THIS FORM AS YOUR AGENT.)

9. If a guardian of my estate (my property) is to be appointed, I nominate the agent appointed herein as guardian of my estate.

10. I am fully informed as to all the content of this form and understand the full import of this grant of powers to my agent.

signed Joseph Q. Romano
(principal)

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

Specimen signatures of agent (and successors)

I certify that the signatures of my agent (and successors) are correct.

Pamela L. Beer
(agent)

Joseph Q. Romano
(principal)

(successor agent)

(principal)

(successor agent)

(principal)

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(THIS POWER OF ATTORNEY WILL NOT BE EFFECTIVE UNLESS IT IS NOTARIZED, AND SIGNED BY AT LEAST ONE ADDITIONAL WITNESS, USING THE FORM BELOW.)

State of ILLINOIS)
) SS.
County of COOK)

The undersigned, a notary public in and for the above county and state, certifies that **JOSEPH A. ROMANO**, 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 additional witness 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 the agent(s)].

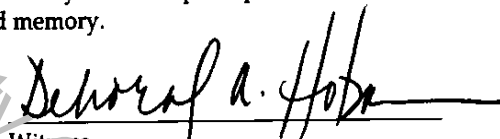
Dated: September 14, 2005


Notary Public



My commission expires: August 1, 2008

The undersigned, witness certifies that **JOSEPH A. ROMANO**, 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.


Witness

(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.)

+ mails:

This document was prepared by **TERRENCE D. KANE, ATTORNEY AT LAW**, 505 East Golf Road., Suite A, Arlington Heights, IL, 60005.

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EXHIBIT A

LEGAL DESCRIPTION

Legal Description: LOT 10 (EXCEPT THE NORTH 24.87 FEET THEREOF) IN BLOCK 6 IN ROSSELL'S BONNIE BRAE ADDITION TO RIVER FOREST, BEING A SUBDIVISION OF THE NORTH HALF OF THE EAST HALF OF THE NORTHEAST QUARTER OF SECTION 1, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, EXCEPTING THEREFROM THE WEST 33 FEET AND THE SOUTH 33 FEET THEREOF DEEDED TO THE VILLAGE OF RIVER FOREST FOR STREET PURPOSES, IN COOK COUNTY, ILLINOIS; TOGETHER WITH RECIPROCAL EASEMENTS, RIGHTS AND OBLIGATIONS, AS FOLLOWS:

RECIPROCAL EASEMENTS FOR INGRESS, EGRESS, SUPPORT AND OTHER PURPOSES IN FAVOR OF AND IN BEHALF OF THE OWNERS AND OCCUPANTS OF THE PREMISES NORTH OF AND ADJOINING THE PREMISES IN QUESTION; ALSO RIGHTS OF SAID OWNERS AND OCCUPANTS TO HAVE THE BUILDINGS ERECTED ON THE PREMISES IN QUESTION AND SAID PROPERTY NORTH OF AND ADJOINING THE PREMISES IN QUESTION MAINTAINED (AND TO THE JUST AND EQUITABLE DISTRIBUTION OF THE RENTS, ISSUES AND PROFITS FROM THE WHOLE OF THE REAL ESTATE COVERED BY SAID BUILDING) BY REASON OF THE FACT THE BUILDING ON THE PREMISES IN QUESTION COVERS THE PREMISES IN QUESTION AND PREMISES NORTH OF AND ADJOINING, WHICH BUILDING MAY BE SO CONSTRUCTED AS NOT TO BE SUSCEPTIBLE OF DIVISION OR USE IN SEPARATE PARTS ALONG THE BOUNDARY LINE OF THE PREMISES IN QUESTION AND PREMISES NORTH OF AND ADJOINING THE SAME.

Permanent Index #'s: 15-01-211-080-0000 Vol. 0181

Property Address: 1409 Bonnie Brae Place, Unit #1409, River Forest, Illinois 60305

Cook County Clerk's Office