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Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 12/04/2013 03:36 PM Pg: 1 of 12

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13-08481

AFFIDAVIT FOR CERTIFICATION of
DOCUMENT COPY
(55 ILCS 5/3-5013)

STATE OF ILLINOIS }
Cook COUNTY } ss.

PREMIER TITLE

I, (print name) JOHN BENOIT being duly sworn, state that I
have access to the copies of the attached document(s) (state type(s) of
document(s)) Durable Power of Attorney

as executed by (name(s) of party(ies)) MILAN OSTROWSKI

My relationship to the document is (ex. - Title Company, agent, attorney)
Title company

I state under oath that the original of this document is lost, or not in possession of
the party needing to record the same. To the best of my knowledge the original
document was not intentionally destroyed or in any manner disposed of for the
purpose of introducing a copy thereof in place of the original.

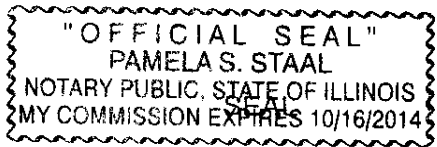
Affiant has personal knowledge that the foregoing statements are true.

[Signature]
Signature

11-19-13
Date

Subscribed and sworn to before me
this 19 day of November, 2013

[Signature]
Notary Public



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This document was prepared by:
Mildred Ostrowski
470 Geneva
Northlake, Illinois 60164

Return To:
Mildred Ostrowski
470 Geneva
Northlake, Illinois 60164

DURABLE POWER OF ATTORNEY

OF

Mildred Ostrowski

I. PRINCIPAL AND ATTORNEY-IN-FACT

I, Mildred Ostrowski, who reside at 470 Geneva, Northlake, Illinois 60164, appoint the following person to serve as my attorney-in-fact, to act for me in any lawful way with respect to the subjects indicated below:

Jeffrey Valles
Naperville, Illinois

II. EFFECTIVE TIME

This power of attorney will become effective only if I become disabled or incapacitated, as determined by my physician (or a physician chosen by my attorney-in-fact if I do not have a physician or if my physician is unavailable) and set forth in a written certification.

Pursuant to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and all other applicable state and federal laws, and exclusively for the purpose of making a determination of my incapacitation or inability of managing my financial affairs and obtaining an affidavit of such incapacitation

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by a physician, I authorize any health care provider to disclose to the person named herein as my "attorney-in-fact" any pertinent individually identifiable health information sufficient to determine whether I am mentally or physically capable of managing my financial affairs. In exercising such authority, my attorney-in-fact constitutes my "personal representative" as defined by HIPAA.

III. POWERS OF ATTORNEY-IN-FACT

To the extent permitted by law, my attorney-in-fact may act in my name, place, and stead in any way that I myself could with respect to the following matters:

YOUR ATTORNEY-IN-FACT SHALL BE AUTHORIZED TO ENGAGE ONLY IN THOSE ACTIVITIES THAT ARE INITIALED.

(ME)

REAL ESTATE TRANSACTIONS:

- Manage, sell, transfer, lease, mortgage, pledge, refinance, insure, maintain, improve, collect and receive rent, sale proceeds, and earnings, pay taxes, assessments, and charges, and perform any and all other acts with respect to real property and interests in real property that I own now or later acquire.
- Defend, settle, and enforce by litigation a claim to real property and interests in real property that I own now or later acquire.
- Buy, lease, or otherwise acquire real property or an interest in real property, including the authority to enter into listing agreements and purchase and sale contracts, and to sign escrow instructions.
- Execute deeds, mortgages, releases, satisfactions, and other instruments relating to real property and interests in real property that I own now or later acquire.
- Hire and discharge accountants, bookkeepers, property managers, and other professionals providing services related to real property and interests in real property that I now own or later acquire.
- Exercise all powers with respect to real property and interests in real property that I could if present and under no disability.

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(m.c.)

TANGIBLE PERSONAL PROPERTY TRANSACTIONS:

- Buy or otherwise acquire ownership or possession of, sell or otherwise dispose of, mortgage, pledge, assign, lease, insure, maintain, improve, pay taxes on, otherwise manage tangible personal property and interests in tangible personal property that I now own or later acquire, and exercise all powers with respect to personal property and interests in personal property that I could if present and under no disability.

(m.c.)

STOCK AND BOND TRANSACTIONS:

- Buy, sell, pledge, and exchange stocks, mutual funds, bonds, options, commodity futures, and all other types of securities in my name.
- Sign, accept, and deliver in my name certificates, contracts, or other documents relating to the foregoing, including agreements with brokers or agents.
- Exercise voting and other rights and enter into agreements relating thereto.
- Hire and discharge professionals providing services related to the management and investment of any securities in my name.
- Exercise all powers with respect to securities that I could if present and under no disability.

(m.c.)

FINANCIAL INSTITUTION TRANSACTIONS:

Conduct any business with banks, savings and loan associations, credit unions, and other financial institutions, including but not limited to the authority to:

- Sign and endorse all checks and drafts in my name.
- Deposit and withdraw funds from accounts.
- Open, maintain, and close accounts or other banking arrangements.
- Open, continue, and have access to all safe deposit boxes, and add and remove items from them.
- Borrow money, pledge property as security, and negotiate terms of debt payments.
- Apply for and receive letters of credit, credit cards, and traveler's checks, and give an indemnity or other agreement in connection with letters of credit.

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- Exercise all powers with respect to financial institution transactions that I could if present and under no disability.

(746)

BUSINESS OPERATION TRANSACTIONS:

- Buy, sell, expand, reduce, or terminate a business interest, including but not limited to shares in a corporation, membership interests in a limited liability company, and partnership interests in a general, limited, or limited liability partnership.
- Manage and operate any business or business interest that I now have or later acquire, including but not limited to the authority to:
 - Enter into, amend, enforce, and terminate any business contract.
 - Disburse, receive, and demand money in the operation of the business.
 - Merge, reorganize, or sell a business or part of a business.
 - Determine the location, nature, and method of operating the business.
 - Hire and discharge employees and agents.
- If an agent is permitted by law to act for a principal, and subject to the terms of any partnership or operating agreement, perform any duty and exercise any right, power, or privilege that I have under a partnership or operating agreement, to enforce the terms of a partnership or operating agreement, and to defend, arbitrate, and settle any legal proceeding to which I am a party because of membership in a partnership or limited liability company.
- Exercise a right, power, or privilege that I have as the holder of a bond, share, or instrument of similar character and to defend, arbitrate, and settle any legal proceeding to which I am a party because of any bond, share, or similar instrument.
- Exercise all powers with respect to business operation transactions that I could if present and under no disability.

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(MC)

INSURANCE AND ANNUITY TRANSACTIONS:

- Obtain, modify, renew, convert, rescind, pay the premium on, or terminate insurance and annuities of all types for myself and for my family and other dependents.
- Designate the beneficiary of the contract, but the attorney-in-fact may be named a beneficiary of the contract, or an extension, renewal, or substitute for it, only if the attorney-in-fact was named as a beneficiary under a contract procured by the principal before signing this power of attorney.
- Surrender and receive the cash value, borrow against, or pledge any insurance or annuity policy.
- Exercise all powers with respect to insurance and annuity transactions that I could if present and under no disability.

(MO)

ESTATE AND TRUST TRANSACTIONS:

- To act for me in all matters that affect a trust, probate estate, guardianship, conservatorship, escrow, custodianship, or other fund from which I am now, claim to be, or later become entitled, as a beneficiary to a share or payment, including but not limited to the authority to sign a qualified disclaimer pursuant to Internal Revenue Code Section 2518 and applicable state law, and petitions, objections, waivers, consents, receipts, settlements, and other agreements relating to the above-referenced matters or proceedings.
- Transfer any of my property to a living trust that I created as a grantor before this power of attorney was signed.
- Exercise all powers with respect to estate and trust transactions that I could if present and under no disability.

(MC)

LEGAL ACTIONS:

To act for me in all legal matters, whether claims in my favor or against me, including but not limited to the authority to retain and discharge attorneys on my behalf; appear for me in all actions and proceedings, commence actions in my name, sign all documents, submit claims to arbitration or mediation, settle claims, and pay judgments and settlements; and exercise all powers with respect to legal actions that I could if present and under no disability.

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(MC)

PERSONAL AND FAMILY CARE:

To do all acts necessary to maintain my customary standard of living, and that of any individuals legally entitled to be supported by me, including but not limited to the authority to provide and pay for medical care, shelter, clothing, food, usual vacations, education, transportation, and dues for social organizations and to exercise all powers with respect to personal and family care that I could if present and under no disability. My attorney-in-fact is specifically authorized to hire and compensate household, nursing, and other employees necessary for my well-being and that of any individuals legally entitled to be supported by me, and to enter into contracts and commit my resources with respect to the provision of my residential care in a convalescent hospital, skilled nursing home, or alternative residential facility.

(MC)

GOVERNMENT ASSISTANCE:

Claim and collect benefits from the Social Security Administration, including, but not limited to, retirement benefits, supplemental social security, and social security disability benefits and, Medicare, Medicaid, or state, local, and other government programs or civil or military service, and to exercise all powers with respect to government assistance that I could if present and under no disability.

(MC)

RETIREMENT PLAN TRANSACTIONS:

To act for me in all matters that affect my retirement, deferred compensation, or pension plans, including but not limited to the authority to select payment options, designate beneficiaries, make contributions, exercise investment powers, make "rollovers" of plan benefits, borrow or sell assets from the plan, and, if I am a spouse who is not employed, waive my right to be a beneficiary of a joint or survivor annuity and to exercise all powers with respect to retirement plans that I could if present and under no disability.

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(MC)

TAX MATTERS:

- Prepare, exercise any available election, and sign any federal or state tax returns, extensions, and related documents.
- Hire and discharge accountants and bookkeepers.
- Pay taxes due, collect refunds, post bonds, and receive confidential information.
- Execute waivers, consents, and closing agreements.
- Represent me in all income tax matters before any federal, state, or local tax collecting agency.
- Exercise all powers with respect to taxes that I could if present and under no disability.

(MC)

GIFTS:

Make gifts from my assets, including debt forgiveness and gifts to my attorney-in-fact.

(MC)

PET AND ANIMAL CARE:

To do all acts necessary to maintain the customary standard of living of all pets and animals currently supported by me, including, but not limited to, providing and paying for shelter, food, and veterinary care.

My attorney-in-fact is empowered to take all further action, including the payment of expenditures and the preparation and execution of all documents, as my attorney-in-fact deems necessary or appropriate to fully effectuate the purposes of the foregoing matters.

IV. GENERAL PROVISIONS

- 1) Reliance By Third Parties. I hereby agree that any third party receiving a duly executed copy of this document may rely on and act under it. Revocation or termination of this power of attorney will be ineffective as to a third party unless and until that third party receives actual notice or knowledge of the revocation or termination. For myself and for my heirs, executors, legal representatives, devisees, and assigns, I hereby agree to

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indemnify and hold harmless any third party from any and all claims because of good faith reliance on this instrument.

- 2) Severability. If any provision in this power of attorney is found to be invalid or unenforceable, this invalidity or unenforceability will not affect the other provisions of this document, and the other provisions will be given effect without the invalid or unenforceable provision.
- 3) Revocation. I may revoke this power of attorney at any time.
- 4) Accounting. My attorney-in-fact shall provide an accounting for all funds handled and all acts performed as my attorney-in-fact upon my request or the request of a personal representative or a fiduciary acting on my behalf and as required pursuant to ILCS 45/2-7. Any requirement of my attorney-in-fact to file inventories and accounts with the county clerk or with the court is specifically waived unless required by court order or pursuant to state law.
- 5) Compensation and Reimbursement. My attorney-in-fact is entitled to reasonable compensation for services provided on my behalf pursuant to this power of attorney. My attorney-in-fact will be reimbursed for all reasonable expenses incurred relating to his or her responsibilities under this power of attorney.
- 6) Personal Benefit Permitted. If my attorney-in-fact is acting in good faith and in my best interests, my attorney-in-fact may personally benefit or profit from transactions taken on my behalf.
- 7) Liability of Attorney-in-Fact. All persons or entities that in good faith endeavor to carry out the provisions of this power of attorney will not be liable to me, my estate, or my heirs for any damages or claims arising because of their actions or inactions based on this power of attorney. My estate will indemnify and hold them harmless. A successor attorney-in-fact will not be liable for the acts of a prior attorney-in-fact.

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IN WITNESS WHEREOF, the undersigned has executed this power of attorney on the date set forth below.

Date: 10/5/12

Mildred Ostrowski

Signature of Mildred Ostrowski

Property of Cook County Clerk's Office

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WITNESS

The undersigned witness certifies that Mildred Ostrowski, 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 Mildred Ostrowski to be of sound mind and memory.

1. *[Handwritten Signature]*
(Signature of witness)

LEITE CARRERA
(Print Name)

55 E. NORTH AVE
(Address)

NORTHLAKE, IL 60164
(City, State, ZIP)

PROPERTY DESCRIPTION

The land referred to in this commitment is described as follows:

ALL OF LOT 37 (EXCEPT THE WEST 20.00 FEET THEREOF) AND EXCEPTING THEREFROM THAT PART LYING SOUTH OF A LINE DESCRIBED AS FOLLOWS: BEGINNING AT THE NORTHWEST CORNER OF SAID LOT 37; THENCE EAST 10.3 FEET TO A POINT 20.00 FEET NORTH OF SOUTH LINE; THENCE EAST 41.69 FEET TO A POINT 32.00 FEET NORTH OF SOUTH LINE; THENCE EASTERLY 28.64 FEET TO A POINT 38.00 FEET NORTH OF SOUTH LINE; THENCE NORTHEASTERLY 51.92 FEET TO A POINT 52.00 FEET NORTH OF SOUTH LINE; THENCE NORTHEASTERLY 31.05 FEET TO THE EAST LINE OF SAID LOT 37 AND 60.00 FEET NORTH OF THE SOUTHEAST CORNER OF SAID LOT 37 IN BLOCK 14, IN SECTION 2 OF COUNTRY CLUB ADDITION TO MIDLAND DEVELOPMENT CO.'S NORTHLAKE VILLAGE, A SUBDIVISION IN THE SOUTHWEST 1/4 (EXCEPT THE SOUTH 100 RODS), WEST 1/2 OF SOUTHEAST 1/4 (EXCEPT SOUTH 100 RODS), SOUTH 1/2 OF THE NORTHWEST 1/4 AND SOUTHWEST 1/4 OF NORTHEAST 1/4 OF SECTION 32, TOWNSHIP 40 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Property Address: 470 Geneva Avenue, Northlake, IL 60164

DIN: 12-32-209-042-0000

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ACKNOWLEDGMENT OF NOTARY PUBLIC

State of Illinois

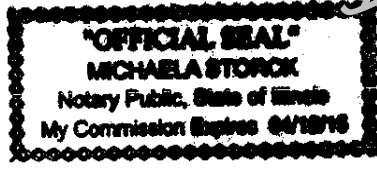
County of Cook

The undersigned, a notary public in and for the above county and state, certifies that Mildred Ostrowski, 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.

Dated: 10/5/12 (SEAL)

Signature of Notary Public: Michaela Storck

My commission expires: 04/19/15



PREMIER TITLE
1350 W. NORTHWEST HIGHWAY
ARLINGTON HEIGHTS, IL 60004
(847) 255-7100