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Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 08/26/2014 09:57 AM Pg: 1 of 8

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

I, **VIRGINIA DUGAN**
of **14621 Club Circle**
Drive, Oak Forest, IL
60452 hereby revoke all
prior powers of attorney
for property executed
by me and appoint:
CLAUDIA A. SUPRAN
of **19617 Cambridge Drive,**
Mokena, IL 60443

**(NOTE: You may not name
co-agents using this
form.)**

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:

(NOTE: 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.)

- (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 service benefits.
- (i) Tax matters, including the power to represent the principal before any taxing authority including the Internal Revenue Service for any income tax or collection matter for any year and to sign any and all tax returns, compromises and settlements.
- (j) Claims and litigation.
- (k) Commodity and options transactions.
- (l) Business operations.
- (m) Borrowing transactions.
- (n) Estate transactions including the power to make gifts.
- (o) All other property powers and transactions.

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(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.

(NOTE: 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):

3. In addition to the powers granted above, I grant my agent the following powers:

(NOTE: 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):

To expend with written approval of all named Successor Trustees, any income or principal, or pay any expense out of or from the assets of the revocable living trust commonly known and referred to as **The Virginia Dugan Trust**, dated **February 20, 1996**, as amended by **First Amendment** dated **July 2, 2012**, or as amended from time to time prior to my death.

(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 by 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 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.)

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5. My agent shall be entitled to reasonable compensation for services rendered as agent under this power of attorney.

6. This power of attorney shall become effective at the time this power is signed and will continue until your death unless otherwise specified in Paragraph 7 below.

(NOTE: Insert a future date or event during you lifetime, such as a court determination of your disability or a written determination by your physician that you are incapacitated, when you want this power to first take effect)

7. This power of attorney shall terminate on death only.

(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 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:

TERRENCE J. DUGAN, 5208 West 137th Place, Crestwood JL 60445

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.)

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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.

Dated: 7-2-12

Signed: *Virginia Dugan*
(Principal)

(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.)

The undersigned witness certifies that **VIRGINIA DUGAN**, 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: 7-2-12

Dianne Thoms
Witness Signature

Dianne Thoms
Print Witness Name

5600 W. 127th Street
Street Address

Crestwood, IL 60445
City, State, ZIP

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(NOTE: Illinois required 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:)

The undersigned witness certifies that **VIRGINIA DUGAN**, 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: 7-2-12


 Witness Signature

Jen Leffler
 Print Witness Name

6600 W. 127th Street
 Street Address

Crestwood, IL 60445
 City, State, ZIP

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State of Illinois)
) SS.
County of Cook)

The undersigned, a notary public in and for the above county and state, certifies that **VIRGINIA DUGAN**, 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 witnesses **Dianne Thoms** and **Jen Leffler** 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: 7-2-12

Lowell L. Ladewig

Notary Public



My commission expires:
November 14, 2012

(NOTE: 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.

Paula A. Super

(Agent)

Virginia Dugan

(Principal)

(Successor Agent)

(Principal)

(Successor Agent)

(Principal)

(Successor Agent)

(Principal)

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(NOTE: The name, address and phone number of the person preparing this form or who assisted the principal in completing this form should be inserted below:)

Lowell L. Ladewig
Name of preparer

5600 W. 127th Street
Address

Crestwood, IL 60445
City, State, ZIP

(708) 388-0540
Phone

Property of Cook County Clerk's Office

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Lot 52

STREET ADDRESS: 14621 CLUB CIRLCE
 CITY: OAK FOREST COUNTY: COOK
 TAX NUMBER: 28-07-200-118-0000

LEGAL DESCRIPTION:**PARCEL 1:**

THAT PART OF THE SOUTH 55.50 FEET OF LOT 10 IN THE OAK FOREST CLUB, BEING A SUBDIVISION OF THE WEST 300 FEET OF THE EAST 660 FEET OF THE SOUTH 900 FEET OF THE WEST 1/2 OF THE NORTHEAST 1/4 OF SECTION 7, TOWNSHIP 36 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, DESCRIBED AS FOLLOWS: BEGINNING AT THE SOUTHWEST CORNER OF SAID LOT 10; THENCE NORTH 0 DEGREES 00 MINUTES 00 SECONDS EAST, ALONG THE WEST LINE OF SAID LOT 10, 26.42 FEET; THENCE NORTH 90 DEGREES, 00 MINUTES, 00 SECONDS EAST 15.83 FEET; THENCE SOUTH 00 DEGREES, 00 MINUTES, 00 SECONDS WEST 0.33 FEET; THENCE SOUTH 90 DEGREES, 00 MINUTES, 00 SECONDS EAST 14.50 FEET; THENCE NORTH 0 DEGREES, 00 MINUTES, 00 SECONDS EAST 3.67 FEET; THENCE NORTH 90 DEGREES, 00 MINUTES, 00 SECONDS EAST 43.83 FEET TO THE EAST LINE OF SAID LOT 10; THENCE SOUTH 00 DEGREES, 00 MINUTES, 00 SECONDS WEST 29.75 FEET ALONG THE EAST LINE OF SAID LOT 10 TO THE SOUTHWEST CORNER OF SAID LOT; THENCE SOUTH 90 DEGREES, 00 MINUTES, 00 SECONDS WEST 74.17 FEET ALONG THE SOUTH LINE OF SAID LOT TO THE POINT OF BEGINNING; EXCEPT THEREFROM THAT PART THEREOF, ABOVE AN ELEVATION OF 684.02 FEET, DESCRIBED AS FOLLOWS: COMMENCING AT THE SOUTHWEST CORNER OF SAID LOT 10; THENCE NORTH 00 DEGREES, 00 MINUTES, 00 SECONDS, EAST 26.42 FEET ALONG THE WEST LINE OF SAID LOT; THENCE NORTH 90 DEGREES, 00 MINUTES, 00 SECONDS, EAST 15.83 FEET; THENCE SOUTH 00 DEGREES, 00 MINUTES, 00 SECONDS, WEST 0.33 FEET; THENCE SOUTH 90 DEGREES, 00 MINUTES, 00 SECONDS, EAST 14.50 FEET TO THE POINT OF BEGINNING OF SAID EXCEPTION; THENCE NORTH 00 DEGREES, 00 MINUTES, 00 SECONDS, EAST 3.67 FEET; THENCE NORTH 90 DEGREES, 00 MINUTES, 00 SECONDS, EAST 33.83 FEET; THENCE SOUTH 00 DEGREES, 00 MINUTES, 00 SECONDS, WEST 3.75 FEET; THENCE SOUTH 90 DEGREES, 00 MINUTES, 00 SECONDS, WEST 33.83 FEET; THENCE NORTH 00 DEGREES, 00 MINUTES, 00 SECONDS, EAST 0.08 FEET, TO THE POINT OF BEGINNING OF SAID EXCEPTION; TOGETHER WITH THAT PART OF THE SOUTH 55.50 FEET OF SAID LOT 10, AT OR ABOVE AN ELEVATION OF 675.02 FEET AND AT OR BELOW AN ELEVATION OF 684.02 DESCRIBED AS FOLLOWS: COMMENCING AT THE SOUTHWEST CORNER OF SAID LOT 10; THENCE NORTH 00 DEGREES 00 MINUTES 00 SECONDS EAST 26.42 FEET ALONG THE WEST LINE OF SAID LOT 10; THENCE NORTH 90 DEGREES 00 MINUTES 00 SECONDS EAST 15.83 FEET; THENCE SOUTH 00 DEGREES, 00 MINUTES, 00 SECONDS WEST 0.33 FEET; THENCE SOUTH 90 DEGREES, 00 MINUTES, 00 SECONDS EAST 14.50 FEET; THENCE NORTH 00 DEGREES, 00 MINUTES, 00 SECONDS EAST 3.67 FEET; THENCE NORTH 90 DEGREES, 00 MINUTES, 00 SECONDS EAST 3.75 FEET, TO THE POINT OF BEGINNING; THENCE NORTH 00 DEGREES 00 MINUTES 00 SECONDS EAST 25.75 FEET, TO THE NORTH LINE OF THE SOUTH 55.05 FEET OF SAID LOT 10; THENCE NORTH 90 DEGREES, 00 MINUTES, 00 SECONDS EAST 26.92 FEET; THENCE SOUTH 00 DEGREES 00 MINUTES 00 SECONDS WEST 25.75 FEET; THENCE SOUTH 90 DEGREES 00 MINUTES 00 SECONDS WEST 26.92 FEET TO THE POINT OF BEGINNING, ALL IN COOK COUNTY, ILLINOIS.

PARCEL 2:

EASEMENT APPURTENANT TO AND FOR THE BENEFIT OF PARCEL 1 OVER LOT 12, AS SHOWN ON THE FINAL PLAT OF THE OAK FOREST CLUB RECORDED JUNE 14, 1993 AS DOCUMENT 93447273 AND AS SET FORTH IN THE OAK FOREST CLUB DECLARATION RECORDED NOVEMBER 15, 1993 AS DOCUMENT 93928138, AND AS CREATED BY DEED FROM FIRST MIDWEST TRUST COMPANY, NATIONAL ASSOCIATION, SUCCESSOR TO FIRST MIDWEST BANK/ILLINOIS, NATIONAL ASSOCIATION, AS TRUSTEE UNDER TRUST AGREEMENT DATED APRIL 1, 1993 AND KNOWN AS TRUST NUMBER 5783 TO VIRGINIA DUGAN RECORDED SEPTEMBER 20, 1995 AS DOCUMENT 95636324 AND RE-RECORDED OCTOBER 31, 1995 AS DOCUMENT 95742553 FOR INGRESS AND EGRESS, IN COOK COUNTY, ILLINOIS.