



1425319127

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RHSP Fee: \$9.00 RPRF Fee: \$1.00  
Karen A. Yarbrough  
Cook County Recorder of Deeds  
Date: 09/10/2014 02:27 PM Pg: 1 of 9

**DURABLE POWER OF ATTORNEY**

**OF**

**JOANN M. BERGWALL**

THE UNDERSIGNED INDIVIDUAL, domiciled and residing in the State of Arkansas, County of Garland, hereby designate and appoint the following named persons as my "attorney in fact", under this Durable Power of Attorney, to act for me and in my name in any way that I could act in person. This shall be with respect for the following powers, set forth below, and as defined in the Illinois Compiled Statutes, 755 ILCS 35/1, and 45/2-1, et. seq.

NOTICE: THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO PLEDGE, SELL, OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL 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 POWERS ARE EXERCISED, YOUR AGENT WILL HAVE TO USE DUE CARE TO ACT FOR YOUR BENEFIT AND IN ACCORDANCE WITH THIS FORM, AND KEEP A RECORD OF RECEIPTS, DISBURSEMENTS, AND SIGNIFICANT ACTIONS TAKEN AS AGENT. 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 NO 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.

**1. DESIGNATIONS.** a. I hereby designate my husband VERNON W. BERGWALL to be my "power of attorney" (a/k/a "attorney in fact"), if he is alive and able to act at the time when this Power of Attorney may be needed for me. He shall have full power to act for me both in all financial aspects, and in all medical aspects.

b. In the event that he has predeceased me, or is otherwise unable to serve, I designate my daughter GAIL VAN HORN to be my first alternate power of attorney.

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c. In the event that she has predeceased me, or is otherwise unable to serve, I designate my daughter LORI TRICARICO to be my second alternate power of attorney.

d. In the event that she has predeceased me, or is otherwise unable to serve, I designate my daughter DIANE SAMUELSON to be my third alternate power of attorney.

## 2. POWERS GRANTED: FULL AUTHORITY TO MY POWER OF ATTORNEY.

### A. HEALTH AND PERSONAL CARE.

The attorney in fact shall have the full authority to make any and all health care decisions for me, if and when I am unable to make my own health care decisions, which I could have made myself if I had been able to make my own decisions. This gives the attorney in fact the power to consent to giving, withholding, or stopping any health care treatment, service or diagnostic procedure, or other life sustaining measures, even though death may ensue in so doing. They shall be exercised in such manner as my attorney in fact deems consistent with my intent and desires.

The attorney in fact also has the authority to talk with health care personnel, get information and sign forms necessary to carry out those decisions on my behalf and in my best interests. The attorney in fact shall make health care decisions in accord with the instructions as to my desires given to the attorney in fact concerning life prolonging care and treatment, services and procedures. The attorney in fact shall also make all decisions for me concerning my personal care, medical treatment, hospitalization and nursing home care that I may require at any time that I exhibit an inability to make such decisions for myself.

My attorney in fact shall have the same access to my medical records that I have, including the right to disclose the contents thereof to others. My attorney in fact shall have the full power to make a disposition of any part or all of my body for medical or transplantation purposes, if desired and feasible. My attorney in fact shall have the power to authorize an autopsy if desired.

My attorney shall have the power to sign all instruments, negotiate and enter into agreements, and do all other acts reasonably necessary to implement the exercises of the powers hereinunder granted.

I reaffirm the above by placing my signature next to the statement of intention below:

### STATEMENT OF INTENTION:

IF AT ANY TIME I SHOULD HAVE AN INCURABLE INJURY, DISEASE, OR ILLNESS JUDGED TO BE A TERMINAL CONDITION BY MY ATTENDING PHYSICIAN(S), AND IT IS DETERMINED THAT MY DEATH WOULD BE IMMINENT EXCEPT FOR LIFE-SUSTAINING PROCEDURES OR SUPPORT SYSTEMS, I DIRECT THAT SUCH PROCEDURES BE WITHHELD OR WITHDRAWN IF THERE IS NO REASONABLE EXPECTATION OF MY RECOVERY THEREFROM. I DIRECT THAT IN THOSE CIRCUMSTANCES THAT I BE PERMITTED TO DIE NATURALLY WITH ONLY THE ADMINISTRATION OF MEDICATION, SUSTENANCE, OR THE

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PERFORMANCE OF ANY MEDICAL PROCEDURE DEEMED NECESSARY TO PROVIDE ME WITH FINAL COMFORT CARE. I GIVE MY EXECUTOR FULL AUTHORITY TO AUTHORIZE, IN HIS/HER DISCRETION, A CESSATION OF SUCH LIFE SUPPORT PROCEDURES UNDER THESE CIRCUMSTANCES.

I DO NOT WANT MY LIFE TO BE PROLONGED OR TO HAVE LIFE-SUSTAINING MEASURES TO BE PROVIDED IF MY ATTORNEY IN FACT BELIEVES THE BURDENS OF SUCH TREATMENT OUTWEIGH THE EXPECTED BENEFITS. I WANT MY ATTORNEY IN FACT TO CONSIDER THE RELIEF OF SUFFERING, THE EXPENSE INVOLVED, AND THE QUALITY OF MY EXPECTED LIFE AS WELL AS THE POSSIBLE EXTENSION OF MY LIFE IN MAKING DECISIONS CONCERNING LIFE SUSTAINING MEASURES.

IN THE ABSENCE OF MY ABILITY TO GIVE DIRECTIONS REGARDING THE USE OF SUCH LIFE SUSTAINING MEASURES, THIS DECLARATION SHOULD BE HONORED BY MY FAMILY AND PHYSICIAN AS THE FINAL EXPRESSION OF MY LEGAL RIGHT TO REFUSE MEDICAL OR SURGICAL TREATMENT, AND ACCEPT THE CONSEQUENCES FROM SUCH REFUSAL. I UNDERSTAND THE FULL IMPORT OF THIS DECLARATION, AND STATE THAT I AM EMOTIONALLY AND MENTALLY COMPETENT TO MAKE THIS DECLARATION.

Signature: Joann M. Bergwall  
JOANN M. BERGWALL

## B. PROPERTY, DEBTS, AND TRANSACTIONS OF MINE.

The attorney in fact, as fiduciary, shall have all powers of an absolute owner over the assets and liabilities of the principal, whether located within or without the State of Illinois. The attorney in fact shall have the power to take such action and/or actions as in his or her judgment he or she believes is necessary with regard to any real property belonging to me.

Further, the attorney in fact specifically has all power to negotiate and execute any and all instruments required for the sale, lease, or purchase of any real property. This power shall include, but not be limited to, principal's interest in contracts, assignments, deeds of trust and mortgages. This power shall be as broad as permitted by law, and shall be without the need for court approval or authorization. Attorney in fact shall have all my rights, powers, and discretions with respect to my property and transactions concerning same. This shall include all interests I have in property or

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transactions of mine, either direct or indirect, whole or fractional, legal, equitable or contractual, as joint tenant or otherwise.

C. SPECIFIC EXAMPLES. The attorney in fact is given specific authority to buy, sell, invest, and reinvest the principal's stocks, bonds, and other securities. Below listed are a non-inclusive list of property categories wherein I bestow unto my attorney-in-fact the power to act (they are presented by way of illustration):

1. Real estate transactions;
2. Financial institution transactions;
3. Stock and bond transactions;
4. Tangible personal property transactions;
5. Safety deposit box transactions;
6. Insurance and annuity transactions;
7. Retirement plan transactions;
8. Social security, employment, or military benefits;
9. Tax matters;
10. Claims and litigation;
11. Business operations;
12. Borrowing transactions;
13. Estate transactions;
14. All other property powers and transactions.

EXCEPTION. The attorney in fact shall not have the power to revoke or change any estate planning or Testamentary documents previously executed by me.

3. PURPOSES. The attorney in fact shall have all powers as are necessary or desirable to provide for the support, maintenance, health, emergencies, and urgent necessities of the disabled or incompetent principal. The attorney in fact must at all times act in the best interests of me, using due care and concern, for my benefit, and is liable for his/her negligence in so doing.

4. EFFECTIVENESS. This power of attorney shall become effective either when:

a. my treating doctor certifies in writing that I am unable to effectively manage my affairs in a timely, efficient manner, and in my own best interests, due to either a permanent mental disease, injury, illness, or defect. Such condition must be one which is judged to be an incurable condition, and permanent; or

b. I become temporarily mentally incapacitated for any reason, such as in a coma or under general anesthesia, if I am in a medical institution (even if such incapacity is due to anesthesia and I cannot be revived without danger to my health), and important medical and/or life support decisions need to be made on my behalf but due to my mental incapacity, coma, or anesthesia I am unable to make those decisions for myself immediately when and as needed. No doctor's certificate shall be needed for such a situation.

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c. In either such case, my power of attorney may begin acting for me under this document in all respects to powers granted hereinunder. Once effective, it shall continue until revoked by me as provided in paragraphs below, or revoked by operation of law. The right of my attorney in fact to act for me under this document shall not be effected by the declared disability or incompetence of me, and shall continue notwithstanding any uncertainty as to whether I am dead or alive, incompetent or not.

d. Mental incapacity. A principal shall be considered "incapacitated" if that individual is under a legal disability as defined in Section 11a-2 of the Probate Act of 1975. A principal shall also be considered "incapacitated" if:

1. A physician licensed to practice medicine in all its branches has examined the principal, and has determined that the principal lacks decision making capacity; and
2. the physician has made a written record of this determination and has signed the written record within 90 days after the examination; and
3. the written record has been delivered to the agent. The Power of Attorney may rely conclusively on that written record.

## 5. RESIDENCY PREFERENCE IN THE EVENT OF A DISABILITY UNDER THIS POWER OF ATTORNEY.

In the event that this document becomes effective due to a permanent mental condition as described in Article 4 above, and if VERNON W. BERGWALL is not the Power of Attorney because he has predeceased me or is unable to act, I hereby direct my daughters of my preference as to my residency:

- a. My first choice as to where I will reside is in my own home, with a caretaker hired to watch over me from funds belonging to my estate;
- b. My second choice as to where I will reside is with one of my children in her home with her family; and
- c. My third choice as to where I will reside is a nursing home or assisted living facility.

Any reasonable expenses incurred in connection with these living arrangements shall be borne by my Estate and not that of the Power of Attorney. If at all possible, I wish to be located in such a residency which is geographically close to all of the personal residences of my children so that they can more easily visit me.

These are my preferences, but they are not to be construed as absolutely binding upon my power of attorney. If possible and practical given my disability, I would like my preferences respected but if not practical or possible, the power of attorney is not absolutely required to follow these preferences.

6. DURATION. This durable power of attorney becomes effective as provided in Paragraph 4 and shall remain in effect to the extent permitted by Illinois Compiled Statutes, Chp. 755 ILCS 35/1 and 45/2-1, et.seq., or until revoked or terminated under Paragraphs 6 or 8 below, notwithstanding any uncertainty as to whether I am dead or alive.

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7. REVOCATION BY ME. If the power of attorney was commenced due to a Section 4a medical condition as set forth above, the power of attorney may be revoked, suspended, or terminated in writing by me with:

- a. written notice, at any time, to the designated "attorneys in fact", sent certified mail, and
- b. by then recording the said written notice in the office of the Recorder of Deeds in Cook County, Illinois.

See paragraph 8 below for termination by operation of law.

8. APPOINTMENT OF GUARDIAN. In the event that it is necessary to appoint a guardian for the person or estate of the principal, it is my preference and desire that the attorney in fact named herein shall be so appointed.

9. TERMINATION BY OPERATION OF LAW. If the power of attorney commenced by either a Section 4a or 4b occurrence (as set forth above), the power of attorney may be terminated by the happening of any of the following events, automatically, and by operation of law:

- a. By Court Appointment of a Guardian. The appointment of a guardian of my estate vests in the guardian with court approval the power to revoke, suspend, or terminate this power of attorney, upon notice as set forth above to the attorney in fact. The appointment of the guardian of the person only does not empower the guardian to revoke, suspend, or terminate this power of attorney.
- b. My Death. My death shall be deemed to revoke this power of attorney, upon actual knowledge or actual notice being received by the attorney in fact of my death.
- c. Recovery from Temporary Incapacity. If the power of attorney commenced by the occurrence of a Section 4b event (set forth above), upon my recovery from that occurrence the power of attorney shall automatically be terminated immediately at that time.

10. ACCOUNTING. The attorney in fact shall be required to keep a full and complete accounting of all his/her activities while acting under this power. The attorney in fact may be required to give a full accounting to proper persons for proper purposes at any time, and to any subsequently appointed personal representatives of mine, for all income and expenses concerning the exercise of these powers, at any time so requested by such representatives or the court. All records, checks, receipts, and important documents prepared or executed by my power of attorney must remain available for inspection at all times, for which the power of attorney remains fully responsible and accountable.

The attorney in fact shall provide a record of all receipts, disbursements, and significant actions taken under the authority of the agency hereinunder when request to do so:

1. By a representative of a provider agency, as defined in Section 2 of the Elder Abuse and Neglect Act, acting in the course of an assessment of a complaint of elder abuse or neglect under that Act; or

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2. By a representative of the Office of the State Long-Term Care Ombudsman acting in the course of an investigation of a complaint of financial exploitation of a nursing home resident under Section 4.04 of the Illinois Act on the Aging.

11. RELIANCE. The designated and acting attorney in fact and all persons dealing with the attorney in fact shall be entitled to rely upon this power of attorney so long as neither the attorney in fact nor any person with whom he is dealing at the time of any act taken pursuant to this power of attorney, had received actual knowledge or actual notice of any revocation, suspension, or termination of the power of attorney by death or otherwise. Any action so taken, unless otherwise invalid or unenforceable, shall be binding on my heirs, devisees, legatees, or personal representatives of mine.

12. DUTIES. Attorney in fact is under no duty to exercise granted powers or assume control of or responsibility to my property or affairs (providing that non-action is reasonable under the circumstances, and not a neglect of duty to act in my best interests). But when granted powers are exercised, attorney in fact is required to use due care, and act for my benefit, being liable for negligence in failing to do so. Attorney in fact may act personally, or through others reasonably employed for specific purposes by attorney in fact. Attorney in fact has authority to sign and deliver all instruments, negotiate and enter into all agreements, and do all other acts reasonably necessary to implement the exercise of the powers granted.

13. INDEMNITY. The estate of the mine shall hold harmless and indemnify my attorney in fact from all liability for acts done in good faith, and not in fraud, under this document. My attorney in fact shall not be personally liable for any services or care contracted for me on my behalf while acting under the provisions of this document.

14. LAW APPLICABLE. The laws of the State of Illinois shall control this power of attorney.

15. WAIVER OF BONDS OR INSURANCE. I hereby waive the requirement of any bonds or other forms of insurance upon my Attorney in fact, or any other representatives of mine.

16. EXECUTION. This power of attorney is signed this date set forth below, to become effective as provided in Paragraph 4 et. seq. above. I am fully informed as to all the contents of this form. I understand the full import of this grant of powers to my agent. I attest that I am acting under no form of duress or coercion in signing this document.

Date: September 3, 2010 Joann M. Bergwall  
JOANN M. BERGWALL

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STATE OF ILLINOIS)  
  ) SS  
COUNTY OF COOK)

WITNESS

The undersigned witnesses certify that JOANN M. BERGWALL, known to them to be the same person whose name is subscribed as principal to the foregoing power of attorney, appeared before them 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 at the time of the signing, appeared to be of legal age, and appeared to be under no undue influence, duress, or other constraints. Each of us was in the presence of the signor at the time of the signing.

WITNESS: Sharon Bilanovic

RESIDING AT: 11555 A. Harlem Ave., Worth, Illinois 60482

DATE: Sept. 3, 2010.

WITNESS: Peter Bilanovic

RESIDING AT: 11555 S Harlem, Worth, IL 60482

DATE: September 3, 2010.



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ORDER NUMBER: 2011 052021722 UOC  
STREET ADDRESS: 10925 S KENTON AVE

CITY: OAK LAWN COUNTY: COOK  
TAX NUMBER: 24-15-328-029-0000

LEGAL DESCRIPTION:  
LOT 29 IN BLOCK 4 IN PARAMOUNT SUBDIVISION UNIT 2, BEING A SUBDIVISION OF PART OF THE EAST  
HALF OF THE SOUTHWEST QUARTER OF SECTION 15, TOWNSHIP 37 NORTH, RANGE 13, EAST OF THE  
THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

AGENT:  
MICHAEL A. GALASSON  
12807 S. MEADE AVENUE  
PALOS HEIGHTS, ILLINOIS 60463

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