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Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 09/19/2014 10:18 AM Pg: 1 of 6

ILLINOIS STATUTORY

SHORT FORM POWER OF

ATTORNEY FOR PROPERTY

87636400740

(NOTICE TO THE INDIVIDUAL
SIGNING THE ILLINOIS
STATUTORY POWER OF ATTORNEY
FOR PROPERTY. PLEASE READ
THIS NOTICE CAREFULLY:

THE FORM 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 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 WHEN USING
THE STATUTORY FORM. YOU MAY NAME SUCCESSOR AGENTS, BUT YOU MAY NOT NAME CO-AGENTS

THIS FORM DOES NOT IMPOSE A DUTY ON 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 BENEFIT AND TO USE DUE CARE, COMPETENCE, AND
DILIGENCE. HE OR SHE MUST ACT IN ACCORDANCE WITH THE LAW AND WITH THE DIRECTION 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 THE
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 LAW (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 "NOTES" PARAGRAPHS THROUGHOUT
THIS FORM AS 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 UNDERSTAND
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 YOU HAVE READ THIS NOTICE

CSK
PRINCIPAL'S INITIALS

Box 400-CTCC

SCS
SCS
SCS
INT

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1. I, CRISTOFER J. KOWALSKY, 3819 N. 37TH STREET, PHOENIX, AZ 85018, hereby revoke all powers of attorney executed by me and appoint: DANIELLE N. ~~WAGNER~~-KOWALSKY, my spouse, of 3819 N. 37TH STREET, PHOENIX, AZ 85018, 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.)

- (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.
- (j) Claims and litigation.
- (k) Commodity and option transactions.
- (l) Business operations.
- (m) Borrowing transactions.
- (n) Estate transactions.
- (o) All other property powers and transactions.

(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):

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3. In addition to the powers granted above, I grant my agent the following powers (NOTE: Here you may and 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):

(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.)

THIS POWER OF ATTORNEY INCLUDES THE POWER TO SIGN MY NAME ON ANY AND ALL LOAN AND CLOSING DOCUMENTS FOR THE PURCHASE OF THE PROPERTY COMMONLY KNOWN AS :

2250 SOUTH PLEASANT AVENUE CHICAGO, ILLINOIS 60643;

AND WHICH LEGAL DESCRIPTION IS AS FOLLOWS:

LOTS 18 and 19 IN BLOCK 4 IN BEVERLY HILLS, A SUBDIVISION OF BLOCKS 22, 23, 24 25 31, and 32 IN HILLIARD AND DOBBS' SUBDIVISION OF BLOCKS 1 TO 5 INCLUSIVE IN A. BOOTES' SUBDIVISION OF BLOCKS 10, 11, 12 IN HILLIARD AND DOBBS' SUBDIVISION, A SUBDIVISION OF SECTION 6, TOWNSHIP 37 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Pin 25-06-402-014-0000

92508 Pleasant Ave Chgo Ill 60643

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 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.

(NOTE: 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 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 PARAGRAPHS 6 AND 7)

6. This power of attorney shall become effective on the date of this instrument.

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

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7. This power of attorney shall terminate on MY DEATH.
(insert a future date or event, such as court determination of your disability,
when you want this power to terminate prior to your death)

(NOTE: IF YOU WISH TO NAME SUCCESSOR AGENTS, INSERT THE NAME(S) AND ADDRESS(ES)
OF SUCH SUCCESSOR(S) IN THE PARAGRAPH 8.)

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:

- 1) JAMES KOWALSKY, my father, 2132 W. Howland Ave., Chicago, Illinois 60643
- 2) VICTORIA KOWALSKY, my mother, 2132 W. Howland Ave., Chicago, Illinois 60643

For purpose of this paragraph 8, a person shall be considered to be incompetent
if and while the person is a minor or adjudicated incompetent or disabled person
or the person is unable to give prompt and intelligent consideration to financial
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 BESTS INTERESTS AND WELFARE. STRIKE OUT PARAGRAPH 9 IF YOU DO NOT WANT YOUR
AGENT TO ACT AS GUARDIAN.)

9. If a guardian of my estate (my property) is to be appointed, I
NOMINATE THE AGENT ACTING UNDER THIS POWER 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 power 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 is included
in this form.

Dated AUGUST

2nd

, 2014

signed



CHRISTOPHER J. KOWALSKY (Principal)

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(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 SIGN AS A WITNESS.)

The undersigned witness certifies that CRISTOFER J. KOWALSKY, 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 believed 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 2 AUGUST, 2014


Witness

(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 CRISTOFER J. KOWALSKY, 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 believed 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 2 AUGUST, 2014


Witness

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State of ARIZONA)
) SS.
County of)

The undersigned, a notary public in and for the above county and state, certifies that CRISTOFER J. KOWALSKI and the additional witness, 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 Spencer D. Holstra and Andrea Musbaum 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: AUGUST 2014 (SEAL)

Stacia Cheney
Notary Public



My commission expires:

(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.

Robert Emmett Reidy
(agent)

Christopher J. Kowalski
(principal)

(successor agent)

(principal)

(successor agent)

(principal)

(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.)

This document was prepared by: + mail to

ROBERT EMMETT REIDY, 7667 WEST 95TH STREET, HICKORY HILLS, ILLINOIS 60457

The requirement of the signature of an additional witness imposed by the amendatory Act of the 91st General assembly applies only to instruments executed on or after the affective date of June 9, 2000 (P.A. 86-736)