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PLENARY POWER OF ATTORNEY FOR HEALTHCARE AND PROPERTY

1. I HEREBY REVOKE ANY AND ALL PRIOR Powers of Attorney made by me at any time.
2. I, **ANTHONY DALSANTO**, do hereby appoint my son, **ANTHONY DALSANTO, JR.** as my Agent, to act in my name and place, and for my benefit and on my behalf with authority to do the following:
- Open, maintain or close bank accounts (including, but not limited to checking accounts, saving accounts, and certificates of deposit), brokerage accounts, and other similar accounts with financial institutions. Conduct any business with any banking or financial institution with respect to any of my accounts, including but not limited to, making deposits and withdrawals, obtaining bank statements, passbooks, warrants, and certificates or voucher payable to me by any persons, firm, corporation or political entity.
 - Perform any act necessary to deposit, negotiate, sell, or transfer any note, bond, security, or draft of the United States of America, including U.S. Treasury Securities.
 - Have access to any safety deposit box that I might own, with the power to remove any or all of its contents.
 - Take any and all legal steps necessary to collect any amount or debt owed me, or to settle any claim, whether made against me or asserted on my behalf against any other person or entity, including the power to sign releases and agreements.
 - Sell or convey any interest of mine in real property whether currently owned or later acquired; such power shall include the power to sell upon such terms as the above Agent shall deem appropriate, the power to execute any documents (including deeds) that may be required to convey title to such property, and the power to collect and receive the proceeds from any such sale.
 - Mortgage or encumber any interest of mine in real property whether currently owned or later acquired; such power shall include the power to mortgage or encumber on such terms as the above Agent shall deem appropriate, and the power to execute any documents (including a mortgage or deed of trust) or take any action that may be required to effect such mortgage or encumbrance.



Doc#: 1434949130 Fee: \$76.00
RHSP Fee: \$9.00 RPRF Fee: \$1.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 12/15/2014 10:41 AM Pg: 1 of 6

(Baird & Warner Title Services, Inc.
475 North Martingale
Suite 950
Schaumburg, IL 60173

Bw 14-22668 1074

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- g. Manage, insure, improve, repair, collect rents, execute leases, or take other action that a landlord might take, with respect to any interest of mine in real property whether currently owned or later acquired.
- h. Sell or convey any tangible or intangible property that I might own (whether currently owned or later acquired); such power shall include the power to execute contracts of sale and documents to transfer title (including bills of sale) and the power to accept a security interest from any unpaid portion of the purchase price.
- i. Prepare, sign, and file documents with any governmental body or agency; including but not limited to, authorization to:
1. Prepare, sign, and file income and other tax returns with federal, state, local and other governmental bodies.
 2. Obtain information or documents from any government or its agencies, and negotiate, compromise, or settle any matter with such government or agency (including tax matters).
 3. Prepare applications, provide information, and perform any other act reasonably requested by any government or its agencies in connection with governmental benefits (including military and Social Security benefits).
- j. In addition, the above Agent shall have the power to act on my behalf with respect to the following matters:
1. Stock and bond transactions.
 2. Commodities and option transactions.
 3. Insurance and annuity transactions.
 4. Retirement plan transactions.
 5. Employee benefits of any kind.
3. If I become unable to make decisions concerning my health care, Agent shall have the authority to make these decisions on my behalf according to and in keeping with my personal care, medical treatment, hospitalization and health care and to require, withhold or withdraw any type of medical treatment or procedure, even though my death may ensue. My agent shall have the same access to my medical records that I have, including the right to disclose the contents to others. My agent shall also have full power to authorize an autopsy and direct the disposition of my remains.
- a. The powers granted above shall be without any specific limitations other than one of the following:

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A.D.

I do not want my life to be prolonged nor do I want life-sustaining treatment to be provided or continued if my agent believes the burdens of the treatment outweigh the expected benefits. I want my agent to consider the relief of suffering, the expense involved and the quality as well as the possible extension of my life in making decisions concerning life-sustaining treatment.

_____ I want my life to be prolonged and I want life-sustaining treatment to be provided or continued unless I am in a coma which my attending physician believes to be irreversible, in accordance with reasonable medical standards at the time of reference. If and when I have suffered irreversible coma, I want life-sustaining treatment to be withheld or discontinued.

_____ I want my life to be prolonged to the greatest extent possible without regard to my condition, the chances I have for recovery or the cost of the procedures.

- b. If any agent named by me shall die, become incompetent, resign, refuse to accept the office of agent or be unavailable, I name the following (each to act alone and successively, in the order named) as successors to such agent:
REBECCA DAWN DALSANTO.

For purposes of this paragraph b, 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 health care matters, as certified by a licensed physician.

- c. If a guardian of my person is to be appointed, I nominate the agent acting under this power of attorney as such guardian, to serve without bond or security.
- d. 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.
4. In summary, I hereby grant to the above Agent full right, power and authority to do every act, deed, and thing necessary or advisable to be done concerning the above powers, as fully as I could do if personally present and acting.

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- 5. If any provision or part of this power of Attorney shall be held invalid or unenforceable for any reason, the remaining provisions shall continue to be valid and enforceable to the greatest extent possible.
- 6. This Power of Attorney shall become effective upon my disability or lack of mental competence and shall continue effective until my death; provided, however, that this Power may be revoked by me at any time by providing written notice to the Agent.

Dated this 1st day of MARCH, 2012.

Signed Anthony DALSANTO
ANTHONY DALSANTO (principal)

The principal has had an opportunity to read the above form and has signed the form or acknowledged his or her signature or mark on the form in my presence.

Specimen signatures of agent (and successors)

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

Anthony DALSANTO JR.
ANTHONY DALSANTO JR. (agent)

Anthony DALSANTO
ANTHONY DALSANTO (principal)

Rebecca Dawn DALSANTO
REBECCA DAWN DALSANTO (successor agent)


Anthony DALSANTO
ANTHONY DALSANTO (principal)

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STATE OF ILLINOIS)
) SS
 COUNTY OF C O O K)

The undersigned, a notary public in and for the above county and state, certifies that **ANTHONY DALSANTO** known to me to be the same person whose name is subscribed as principal to the foregoing power of attorney, appeared before me 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: March 1, 2012

David J. Cifelli
 Notary Public


My Commission expires: _____

The undersigned witness certifies that **ANTHONY DALSANTO** 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.

Dated: 3-1-2012

Ugo Canali
 Witness

Mail to and

THIS DOCUMENT WAS PREPARED BY:
 Cifelli, Scrementi & Dore, Ltd.
 423 Ashland Avenue
 Chicago Heights, Illinois 60411
 (708) 754-6200

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LEGAL DESCRIPTION:

LOT 88 IN BRADLEY TERRACE, BEING A SUBDIVISION OF PART OF THE NORTHEAST QUARTER OF SECTION 18, TOWNSHIP 35 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED FEBRUARY 23, 1956 AS DOCUMENT NUMBER 16501414, IN COOK COUNTY, ILLINOIS.

NOTE FOR INFORMATIONAL PURPOSES ONLY:

Commonly known as: 333 W. Glengate Avenue, Chicago Heights, IL 60411

PIN: 32-18-214-033-0000

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