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Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 02/19/2015 08:51 AM Pg: 1 of 11

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COVER SHEET FOR RECORDING DOCUMENT

POWER OF ATTORNEY
TYPE OF DOCUMENT

Prepared by:

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Attorney at Law
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Palatine IL 60067

MAIL TO:

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Palatine IL 60067

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LEGAL DESCRIPTION:

LOT 683 IN ROLLING MEADOWS UNIT NO. 3, BEING A SUBDIVISION IN THE SOUTH HALF OF SECTION 25, TOWNSHIP 42 NORTH, RANGE 10, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Address: 2603 Campbell Street, Rolling Meadows, Illinois, 60008

Tax PIN: 02-25-309-017-0000

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Statutory Short Form Power of Attorney for Property

NOTICE TO THE INDIVIDUAL SIGNING THE ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

PLEASE READ THIS NOTICE CAREFULLY. The form that 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 your designated "agent" broad powers to handle your financial affairs, which may include the power to pledge, sell, or dispose of any of your real or personal property, even without your consent or any advance notice to you. When using the Statutory Short Form you may name successor agents, but you may not name co-agents.

This form does not impose a duty upon 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 also act in accordance with the law and with the directions in this form. Your agent must keep a record of all receipts, disbursements and significant actions taken as your agent.

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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, 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 this 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 to otherwise 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 part of that law. The "NOTE" paragraphs through this form are 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 that you have read this Notice:

Dated: May 14, 2014

EMH
Principal's Initials

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ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

POWER OF ATTORNEY made this 14th day of May, 2014.

1. I, CHARLES H. HARMKE, of Rolling Meadows, Cook County, Illinois, (insert name and address of principal) hereby revoke all prior statutory powers of attorney for property executed by me and appoint AMY L. DICKSON, my daughter, of Port Barrington, Illinois, (insert name and address of agent) (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 paragraphs 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.
- (j) Claims and litigation.
- (k) Commodity and options transactions.
- (l) Business operations.
- (m) Borrowing transactions.
- (n) Estate transactions.
- (o) All other property 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 a 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.)

(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 to others discretionary decisions making powers, you should keep paragraph 4, otherwise it should be stricken.)

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.

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(NOTE: Your agent will be entitled to reimbursement for all reasonable expenses incurred in acting under this power of attorney. Strike paragraph 5 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 of attorney is signed and will continue until your death, unless a limitation on the beginning date or duration is made by initialing and completing one or both of paragraphs 6 and 7.)

6. CHH This power of attorney shall become effective on: _____
The date hereof _____

Initials
OR

Initials If I become incapacitated: I shall be considered
 incapacitated if (1) a physician finds that I
 lack decision-making capacity; (2) the physician
 has made a written record of this determination
 and has signed the written record within 90 days
 after an examination; and (3) the written record
 has been delivered to the agent. The agent may
 rely conclusively on that written record

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

7. This power of attorney shall terminate on:
 Not Applicable.

Initials
OR

 My written termination so long as I have regained my
Initials capacity. I shall be considered to have recovered my
 capacity if: (1) a physician finds that I have recovered
 my decision-making capacity; (2) the physician has made
 a written record of this determination and has signed
 the written record within 30 days after examination.

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(NOTE: If you want this power of attorney to terminate prior to your death, insert a future date or event, such as a court determination that you are not under a legal disability, or a written termination by your physician that you are not incapacitated.)

(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 successors to such agent:

a) CHARLES B. HARMKE, my son, of Huntley, Illinois

b) _____.

For purposes of this paragraph 8, a person shall be considered to be incompetent if and while the person is a minor, an adjudicated incompetent or disabled person, or if the person is unable to give prompt and intelligent consideration to business matters, as certified by a licensed physician who has examined such person.

(NOTE: If you wish to do so, you may name your agent as guardian of your estate should a court decide that one should be appointed. To do this, retain paragraph 9 of this power of attorney, and the court will appoint your agent if the court finds that this appointment will serve your best interests and welfare. If you do not want your agent to act as guardian of your estate, strike paragraph 9.)

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.

(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 the State of Illinois.)

11. The NOTICE TO AGENT is incorporated by reference and included as part of this form.

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12. 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.

Charles H. Harmke
CHARLES H. HARMKE (Principal's Signature)

Dated: May 14 , 2014

(NOTE: This Power of Attorney will not be effective unless it is signed by at least one witness, and the principal's signature is notarized, using the form below. The notary may not also sign as a witness.)

The Witness certifies that CHARLES H. HARMKE , 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 this instrument as the free and voluntary act of the principal, for the uses and purposes therein set forth. I believe the principal 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 mental health service provider; (b) an owner or operator, or a relative of an owner or operator, of a health care facility in which the principal is a patient or resident; (c) a parent, sibling or descendant, or a spouse of such parent, sibling or descendant of the principal, or of any agent or successor agent named 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.

Jean McEnergy
Witness Signature

Jean McEnergy
Print Witness Name

548 Mill Valley

Palatine IL 60074
Print Witness Address

Dated: 5-14-14

(NOTE: Illinois law 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:)

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(Second Witness:)

The Witness certifies that CHARLES H. HARMKE, 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 this instrument as the free and voluntary act of the principal, for the uses and purposes therein set forth. I believe the principal 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 mental health service provider; (b) an owner or operator, or a relative of an owner or operator, of a health care facility in which the principal is a patient or resident; (c) a parent, sibling or descendant, or a spouse of such parent, sibling or descendant of the principal, or of any agent or successor agent named 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.

Edward P. Cronin
Witness Signature

EDWARD P. CRONIN
Print Witness Name

M.E. WILKES

Dated: 5/14/14

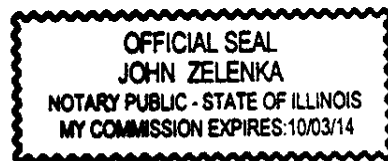
117 PROPER DC 60086
Print Witness Address

STATE OF ILLINOIS)
COUNTY OF COOK)

The undersigned, a notary public in and for the above county and state, certifies that CHARLES H. HARMKE, known to me to be the same person whose name is subscribed as principal to the foregoing power of attorney, appeared in person before me and the witness(es) 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: 5/14/14, 2014

[Signature]
Notary Public



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(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

AMY L. DICKSON
Agent

CHARLES H. HARMKE
Principal

CHARLES B. HARMKE
Successor Agent

CHARLES H. HARMKE
Principal

Successor Agent

Principal

(NOTE: The name, address and phone number of the person preparing this form or who assisted the principal in completing this form is optional.)

Prepared by:

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