

Doc# 1702749012 Fee \$58.00

RHSP FEE:\$9.00 RPRF FEE: \$1.00

KAREN A.YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 01/27/2017 01:17 PM PG: 1 OF 11

This document was prepared by: Judith Ann Wrigot 2538 Nona Street Franklin Park, Illinois 60121

Return To: Judith Ann Wright 2538 Nona Street Franklin Park, Illinois 60131

DURABLE POWER OF ATTORNEY

OF

Judith Ann Wright

NOTICE: THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON YOU DESIGNATE (YOUR "ATTORNEY-IN-FACT") FADAD 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 ATTORNEY-IN-FACT TO EXERCISE GRANTED POWERS; BUT WHEN POWERS ARE EXERCISED, YOUR ATTORNEY-IN-FACT 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 ATTORNEY-IN-FACT. A COURT CAN TAKE AWAY THE

POWERS OF YOUR ATTORNEY-IN-FACT IF IT FINDS THE ATTORNEY-IN-FACT IS NOT ACTING PROPERLY. YOU MAY NAME SUCCESSOR ATTORNEY-IN-FACTS UNDER THIS FORM. 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 ATTORNEY-IN-FACT MAY EXERCISE THE POWERS GIVEN HERE THROUGHOUT YOUR LIFETIME, EVEN AFTER YOU BECOME DISABLED.

PRINCIPAL AND ATTORNEY-IN-FACT I.

I, Judith Ann Wright, who reside at 2538 Nona Street, Franklin Park, Illinois 60131, appoint the following person to serve as my attorney-in-fact, to act for me in any lawful way with respect to the subjects indicated below:

> Chris Michael Knight Antigo, Wisconsin

II. **EFFECTIVE TIME**

Count This power of attorney will become effective only if I become disabled or incapacitated, as determined by my physician (or a physician chosen by my attorney-in-fact if I do not have a physician or if my physician is unavailable) and set forth in a written certification.

Pursuant to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and all other applicable state and federal laws, and exclusively for the purpose of making a determination of my incapacitation or incapability of managing my financial affairs and obtaining an affidavit of such incapacitation by a physician, I authorize any health care provider to disclose to the person named herein as my "attorney-in-fact" any pertinent individually identifiable health information sufficient to determine whether I am mentally or physically capable of managing my financial affairs. In exercising such authority, my attorney-in-fact constitutes my "personal representative" as defined by HIPAA.

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III. POWERS OF ATTORNEY-IN-FACT

To the extent permitted by law, my attorney-in-fact may act in my name, place, and stead in any way that I myself could with respect to the following matters:

YOUR ATTORNEY-IN-FACT SHALL BE AUTHORIZED TO ENGAGE ONLY IN THOSE ACTIVITIES THAT ARE INITIALED.



P.FAL ESTATE TRANSACTIONS:

- Manage, sell, transfer, lease, mortgage, pledge, refinance, itsure, maintain, improve, collect and receive rent, sale proceeds, and earnings, pay taxes, assessments, and charges, and perform any and all other acts with respect to real property and interests in real property that I own now or later acquire.
- Defend, settle, and enforce by litigation a claim to real property and interests in real property that I own now or later acquire.
- Buy, lease, or otherw'se acquire real property or an interest in real property, including the authority to enter into listing agreements and purchase and sale contracts, and to sign escrow instructions.
- Execute deeds, mortgages, releases, satisfactions, and other instruments relating to real property and interests in real property that I own now or later acquire
- Hire and discharge accountants, bookkeepers, property managers, and other professionals providing services related to real property and interests in real property that I now own or later acquire.
- Exercise all powers with respect to real property and interests in real property that I could if present and under no disability.



TANGIBLE PERSONAL PROPERTY TRANSACTIONS:

 Buy or otherwise acquire ownership or possession of, sell or otherwise dispose of, mortgage, pledge, assign, lease, insure, maintain, improve, pay taxes on, otherwise manage tangible personal property and interests in tangible personal property

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that I now own or later acquire, and exercise all powers with respect to personal property and interests in personal property that I could if present and under no disability.



STOCK AND BOND TRANSACTIONS:

- Buy, sell, pledge, and exchange stocks, mutual funds, bonds, options, commodity futures, and all other types of securities in my name.
- Sign, accept, and deliver in my name certificates, contracts, or other documents relating to the foregoing, including agreements with brokers or agents.
- Exercise voting and other rights and enter into agreements relating thereto.
- Hire and discharge professionals providing services related to the management and investment of any securities in my name.
- Exercise all powers with respect to securities that I could if present and under no disability.



BANKING AND FINANCIAL TRANSACTIONS:

Conduct any business with banks, savings and loan associations, credit unions, and other financial institutions, including but not limited to the authority to:

- Sign and endorse all checks and drafts in ray name.
- Deposit and withdraw funds from accounts.
- Open, maintain, and close accounts or other banking arrangements.
- Open, continue, and have access to all safe deposit bexes, and add and remove items from them.
- Borrow money, pledge property as security, and negotiate terms of debt payments.
- Apply for and receive letters of credit, credit cards, and traveler's checks, and give an indemnity or other agreement in connection with letters of credit.
- Exercise all powers with respect to financial institution transactions that I could if present and under no disability.

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INSURANCE AND ANNUITY TRANSACTIONS:

- Obtain, modify, renew, convert, rescind, pay the premium on, or terminate insurance and annuities of all types for myself and for my family and other dependents.
- Designate the beneficiary of the contract, but the attorney-infact may be named a beneficiary of the contract, or an extension, renewal, or substitute for it, only if the attorney-in-fact was named as a beneficiary under a contract procured by the principal before signing this power of attorney.
- Surrender and receive the cash value, borrow against, or pledge any insurance or annuity policy.
- Exercise all powers with respect to insurance and annuity transactions that I could if present and under no disability.



ESTATE AND TRUST TRANSACTIONS:

- To act for me in all matters that affect a trust, probate estate, guardianship, conservatorship, escrow, custodianship, or other fund from which I and now, claim to be, or later become entitled, as a beneficiary, to a share or payment, including but not limited to the authority to sign a qualified disclaimer pursuant to Internal Revenue Code Section 2518 and applicable state law, and petitions, objections, waivers, consents, receipts, settlements, and other agreements relating to the above-referenced matters or proceedings.
- Transfer any of my property to a living trus, that I created as a grantor before this power of attorney was signed.
- Exercise all powers with respect to estate and trust transactions that I could if present and under no disability.



LEGAL ACTIONS:

To act for me in all legal matters, whether claims in my favor or against me, including but not limited to the authority to retain and discharge attorneys on my behalf; appear for me in all actions and proceedings, commence actions in my name, sign all documents, submit claims to arbitration or mediation, settle claims, and pay judgments and settlements; and exercise all powers with respect to legal actions that I could if present and under no disability.

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GOVERNMENT BENEFITS:

Claim and collect benefits from the Social Security Administration, including, but not limited to, retirement benefits, supplemental social security, and social security disability benefits and, Medicare, Medicaid, or state, local, and other government programs or civil or military service, and to exercise all powers with respect to government assistance that I could if present and under no disability.

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PETIREMENT PLAN TRANSACTIONS:

To ect for me in all matters that affect my retirement, deferred compensation, or pension plans, including but not limited to the authority to select payment options, designate beneficiaries, make contributions, exercise investment powers, make "rollovers" of plan benefits, borrow or sell assets from the plan, and, if I am a spouse who is not employed, waive my right to be a beneficiary of a joint or survivor anality and to exercise all powers with respect to retirement plans that I could if present and under no disability.



PET AND ANIMAL CARE:

To do all acts necessary to maintain the customary standard of living of all pets and animals currently supported by me, including, but not limited to, providing and paying for shelter, food, and veterinary care.

My attorney-in-fact is empowered to take all further action, including the payment of expenditures and the preparation and execution of all documents, as my attorney-in-fact deems necessary or appropriate to fully effectuate the purposes of the foregoing matters.

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IV. GENERAL PROVISIONS

- 1) Reliance By Third Parties. I hereby agree that any third party receiving a duly executed copy of this document may rely on and act under it. Revocation or termination of this power of attorney will be ineffective as to a third party unless and until that third party receives actual notice or knowledge of the revocation or termination. For myself and for my heirs, executors, legal representatives, devisees, and assigns, I hereby agree to indemnify and hold harmless any third party from any and all claims because of good faith reliance on this instrument.
- 2) Severability. If any provision in this power of attorney is found to be invalid or unemforceable, this invalidity or unemforceability will not affect the other provisions of this document, and the other provisions will be given effect without the invalid or unemforceable provision.
- 3) Revocation. I may revoke in s power of attorney at any time.
- 4) Maintenance of Records; Accounting. My attorney-in-fact shall provide an accounting for all funds handled and all acts performed as my attorney-in-fact upon my request or the request of a personal representative or a fiduciary acting on my behalf and as required pursuant to ILCS 45/2-7. Any requirement of my attorney-in-fact to tile inventories and accounts with the county clerk or with the court is specifically waived unless required by court order or pursuant to state law.
- 5) <u>Compensation and Reimbursement.</u> My attorney-in-fact is entitled to reasonable compensation for services provided on my behalf pursuant to this power of attorney. My attorney-in-fact will be reimbursed to fall reasonable expenses incurred relating to his or her responsibilities under this power of attorney.
- 6) No Personal Benefit. Except as specifically provided in this document, my attorney-in-fact may not personally benefit from any transaction engaged in or on my behalf, or use my assets to discharge any of his or her own legal obligations, excluding me and those I am legally obligated to support.

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- 7) <u>Liability of Attorney-in-Fact</u>. All persons or entities that in good faith endeavor to carry out the provisions of this power of attorney will not be liable to me, my estate, or my heirs for any damages or claims arising because of their actions or inactions based on this power of attorney. My estate will indemnify and hold them harmless. A successor attorney-infact will not be liable for the acts of a prior attorney-in-fact.
- 8) <u>Authority to Record, Register, or File</u>. My attorney-in-fact may record, register, or file this power of attorney and other necessary and appropriate documents as required to carry out the powers granted herein.
- 9) <u>Copies.</u> A copy of this durable power of attorney shall be effective as an original for all purposes.

IN WITNESS WHEREOF, the undersigned has executed this power of attorney on the date set forth below.

Date: 11-28-2016

Signature of Judit: Ann Wright

WITNESS

The undersigned witness certifies that Judith Ann Wright, 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 Judith Ann Wright to be of sound mind and memory.

S105 W. ADDISON

(Address)

CHGO, ILL, 606.41

(City, State, ZIP)

Conto

1702749012 Page: 10 of 11

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ACKNOWLEDGMENT OF NOTARY PUBLIC

State of Illinois	·
County of Cook	
The undersigned, a notary public in and for the a that Judith Ann Wright, known to me to be the sa subscribed as principal to the foregoing power of and the additional witness in person and acknow the instrument as the free and voluntary act of the purposes therein set forth.	ame person whose name is fattorney, appeared before me vledged signing and delivering
Dated: NOV 28 3016	JAMES B RUMSEY Official Seal Alotary Public - State of Illinois My Commission Expires Mar 7, 2020
Signature of Notary Public: Janus B	Lewey
My commission expires: $\frac{3/7/3}{}$	
	Clort's Office
	Cio

Ticor Title

Commitment Number: G03-3113

SCHEDULE C PROPERTY DESCRIPTION

The land referred to in this Commitment is described as follows:

Lot 25 in Lealle J. Smith and Associates resubdivision of part of Naples Subdivision in the South East Quarter of Section 28, Township 40 North, Range 12 East of the Third Principal Meridian, in Cook County, Illinois.

Soot Collinia Clark's Office

P.I.N. 12-28-419-012-0000

Property Commonly Known As:

2538 Norra St. Franklin Park, IL 60131

ALTA Commitment Schedule C

(G0S-3113.pfd/G03-3113/2)