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Power of Attorney At Law
BEATRICE M. RHYAN

Prepared by:
Jerome J. Goergen
Attorney at Law
621 Rollingwood Drive
Shorewood, IL 60404

Mail to:
Jerome J. Goergen
Attorney at Law
621 Rollingwood Drive
Shorewood, IL 60404
814.744.2210



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KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 03/15/2017 11:30 AM PG: 1 OF 9

Illinois Statutory Short Form Power Of Attorney For Property

Explanation

The following form provides what is known as "statutory property power" and may be used to grant an agent powers with respect to property and financial matters. When a power of attorney in substantially the following form is used, including the "notice" paragraph at the beginning in capital letters and the notarized form of acknowledgment at the end, it shall have the legally binding effect intended under the statute. The validity of a power of attorney as meeting the requirements of a statutory property power shall not be affected by the fact that one or more of the categories of optional powers listed in the form are struck out or the form includes specific limitations on or additions to the agent's powers, as permitted by the form.

Using the form below will not invalidate or bar use by the principal of any other or different form of power of attorney for property. Nonstatutory property powers must be executed by the principal and designate the agent and the agent's powers, but they need not be acknowledged or conform in any other respect to the statutory property power.

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ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

Effective July 1, 2011

"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.

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 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 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 "NOTE" paragraphs throughout 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:

BR

Principal's initials"

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ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

1. I, **BEATRICE M. RHYAN**, 1927 N. DERBYSHIRE LANE, ARLINGTON HEIGHTS, ILLINOIS 60004, (insert name and address of principal) hereby revoke all prior powers of attorney for property executed by me and appoint: **DAVID W. RHYAN**, 1211 E. PRATT DRIVE, PALATINE, IL 60074, (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 paragraph 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 option transactions.
- (l) Business operations.
- (m) Borrowing transactions.
- (n) Estate transactions.
- (o) All other property 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.)

NO LIMITATIONS

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.)

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All powers permitted by law and all other delegable powers including, without limitation, power to make gifts in any amount and to pay any person my agent deems appropriate, exercise powers of appointment, name or change beneficiaries or joint tenants or revoke or amend any trust:

(a) Annual Exclusion and Tuition and Medical Exclusion Gifts. The agent may make Annual Exclusion Gifts and Tuition and Medical Exclusion Gifts under Code §2503(e) to any one or more of my descendants and their spouses in such amounts as the agent considers appropriate. Annual Exclusion Gifts shall be made in such manner as to qualify for the federal gift tax annual exclusion under Code §2603(b). Annual Exclusion Gifts to each person in any calendar year may exceed the maximum allowable amount of such annual exclusion if my agent considers it appropriate at the time of such gift. The "spouse" of any person, other than me, means the individual legally married to, and not legally separated from such person on the date of the gift then in question or on the date of the prior death of such person. References to section of the Code refer to the Internal Revenue Code of 1986, as amended from time to time, and include corresponding provisions of subsequent federal tax laws.

(b) Other Compensation. The agent may compensate separately any brokers, attorneys, auditors, depositories, real estate managers, investment advisors, and other persons (including my agent and any firm with which my agent is associated with out reducing compensation in any capacity).

(c) Placement in long term care facility, medical facility or assisted living facility. My agent has the complete authority to place me in any long term or short term care facility, medical facility, hospital, clinic and or assisted living facility of his or her choosing with or without my consent.

(d) Funding Trust. My agent may convert my assets which are not exempt from execution to assets which are exempt from execution. The agent may transfer any part or all of my assets to the trustee of any revocable trust of which I am the grantor.

(e) Annuities. My agent may purchase annuities for my benefit, including annuities which, once annuitized, provide or payments to me over my life expectancy as determined by the then current Life Expectancy Table used by the State of Illinois for Medicaid asset valuation purposes. My agent may also determine the beneficiary, including my agent or any successor agent, of any benefits available from such annuity upon my death, in my agent's sole discretion.

(f) Authorization. This power of attorney authorizes the agent and/or attorney-in-fact to receive the transfer directly and/or for his or her benefit.

(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.)

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 out 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 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. (x) This power of attorney shall become effective on IMMEDIATE.

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

7. (x) This power of attorney shall terminate on DEATH.

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

(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 successor(s) to such agent:

ROY R. RHYAN 615 CATINO, ARLINGTON HEIGHTS, IL 60005

For purposes of this paragraph 8, 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 business 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 best 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 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.

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(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 included as part of this form.

Dated: 4-17-13

Signed: Beatrice M. Rhyon
BEATRICE M. RHYAN

(NOTE: 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 also sign as a witness.)

The undersigned witness certifies that **BEATRICE M. RHYAN**, 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. 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: 4-17-13

Signed: [Signature]
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 **BEATRICE M. RHYAN**, 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. 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: 4-17-13

Signed: [Signature]
Witness

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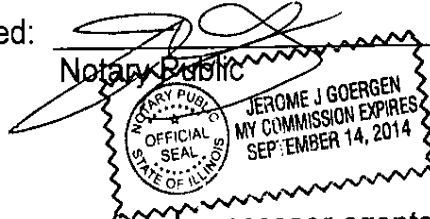
STATE OF ILLINOIS)
) SS.
COUNTY OF Will)

The undersigned, a notary public in and for the above county and state, certifies that **BEATRICE M. RHYAN**, 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 witness(es) CYNTHIA LADD (and [Signature]) 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: 4-17-2013

Signed: [Signature]

My commission expires: 9-14-14



(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 genuine.

(agent)

(principal)

(successor agent)

(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 should be inserted below.)

Jerome J. Goergen, P.C.
Attorney at Law
621 Rollingwood Drive
Shorewood, Illinois 60404
815-744-2210

Notice to Agent. The following form may be known as "Notice to Agent" and shall be supplied to an agent appointed under a power of attorney for property.

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"NOTICE TO AGENT

When you accept the authority granted under this power of attorney a special legal relationship, known as agency, is created between you and the principal. Agency imposes upon you duties that continue until you resign or the power of attorney is terminated or revoked. As agent you must:

- (1) do what you know the principal reasonably expects you to do with the principal's property;
- (2) act in good faith for the best interest of the principal, using due care, competence, and diligence;
- (3) keep a complete and detailed record of all receipts, disbursements, and significant actions conducted for the principal;
- (4) attempt to preserve the principal's estate plan, to the extent actually known by the agent, if preserving the plan is consistent with the principal's best interest; and
- (5) cooperate with a person who has authority to make health care decisions for the principal to carry out the principal's reasonable expectations to the extent actually in the principal's best interest. As agent you must not do any of the following:

- (1) act so as to create a conflict of interest that is inconsistent with the other principles in this Notice to Agent;
- (2) do any act beyond the authority granted in this power of attorney;
- (3) commingle the principal's funds with your funds;
- (4) borrow funds or other property from the principal, unless otherwise authorized;
- (5) continue acting on behalf of the principal if you learn of any event that terminates this power of attorney or your authority under this power of attorney, such as the death of the principal, your legal separation from the principal, or the dissolution of your marriage to the principal.

If you have special skills or expertise, you must use those special skills and expertise when acting for the principal. You must disclose your identity as an agent whenever you act for the principal by writing or printing the name of the principal and signing your own name "as Agent" in the following manner: "(Principal's Name) by (Your Name) as Agent".

The meaning of the powers granted to you is contained in Section 3-4 of the Illinois Power of Attorney Act, which is incorporated by reference into the body of the power of attorney for property document.

If you violate your duties as agent or act outside the authority granted to you, you may be liable for any damages, including attorney's fees and costs, caused by your violation.

If there is anything about this document or your duties that you do not understand, you should seek legal advice from an attorney.

The requirement of the signature of a witness in addition to the principal and the notary, imposed by Public Act 91-790, applies only to instruments executed on or after June 9, 2000 (effective date of that Public act).

(NOTE: This amendatory Act of the 96th General Assembly deletes provisions that referred to the one required witness as an "additional witness", and it also provides for the signature of an optional "second witness".) (Source: P.A. 96-1195, eff. 7-1-11.)

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ATTORNEYS' TITLE GUARANTY FUND, INC.

LEGAL DESCRIPTION

Permanent Index Number:

Property ID: 03-17-401-033-0000

Property Address:

1927 N Derbyshire Lane
Arlington Heights, IL 60004

Legal Description:

LOT 28 IN IVY HILLS, II, BEING A SUBDIVISION OF THAT PART OF THE SOUTH 25 ACRES OF THE EAST 1/2 OF THE SOUTH EAST 1/4 LYING SOUTH AND WEST OF THE WEST LINE OF WILLOW PLACE UNIT 1 SUBDIVISION, EXCEPT THAT PART LYING SOUTH OF THE FOLLOWING DESCRIBED LINE: BEGINNING IN THE WEST LINE OF SAID EAST 1/2, 20 FEET NORTH OF THE SOUTH LINE THEREOF; THENCE EAST PARALLEL TO THE SOUTH LINE 441 FEET; THENCE SOUTH AT RIGHT ANGLES 10 FEET; THENCE EAST PARALLEL TO SAID SOUTH LINE TO THE WEST LINE OF SAID WILLOW PLACE UNIT 1 SUBDIVISION, ALL IN SECTION 17, TOWNSHIP 42 NORTH, RANGE 11 EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY ILLINOIS.

Property of Cook County Clerk's Office