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KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 05/12/2017 11:33 AM PG: 1 OF 10

Property of Cook County Clerk's Office

ILLINOIS STATUTORY

SHORT FORM

POWER OF ATTORNEY FOR PROPERTY

Prepared by: Joseph F. Delaney

Mail to: Drost Kivlahan McMahon & O'Connor, LLC
11 S. Dunton Avenue
Arlington Heights, IL 60005

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 McMAHON & O'CONNOR LLC**
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 Rhonda S. Jensen
 Elizabeth S. O'Kelly
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Paralegals
 Laura Garbacz
 Alyssa Dodd
 Lisa Jakubiak
 Elizabeth Maher-Hladek

**ILLINOIS STATUTORY SHORT FORM
 POWER OF ATTORNEY FOR PROPERTY**

Made this 22nd day of Feb, 2017.

1. I, **HELGA K. POSSLER**, of Arlington Hts., IL, hereby revoke all prior statutory powers of attorney for property executed by me and appoint:

JOSEPH F. DELANEY, 11 S. Dunton, Arlington Hts., IL

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.

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- (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 prohibition or conditions on the sale of 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.)

a. My agent may disclaim any and all property interests, including, but not limited to, any interests in tax qualified plans and individual retirement accounts.

b. My agent may act on my behalf with respect to any bank accounts or property interests held in joint tenancy.

c. My agent shall have the power and authority that I do to authorize distributions from and investments in any IRA, 401(k), 403(b) or any other retirement account that I am the owner of or under which I participate.

d. My agent shall have the discretionary power and is authorized to make annual exclusion gifts and gifts to pay tuition and medical expenses. Permissible recipients of said gifts shall be limited to my spouse and my descendants. Gifts can be made either directly, in trust, or to a custodian under the Uniform Transfers to Minors Act. If my agent is a permitted gift recipient, my agent shall be permitted to make gifts benefitting the agent even though acting in a fiduciary capacity and such gifts shall not be considered fraudulent or voidable. While I grant my agent the authority to make gifts, unless my spouse is my agent, I direct and require my agent to share all my financial account statements with my successor agents listed in this power if my agent has made gifts under this power.

e. My agent may execute or amend beneficiary designations on my life insurance policies, annuities, tax qualified plans and individual retirement accounts.

f. My agent shall be permitted to include other provisions in any such trust providing for the orderly administration and operation of said trust and the creation of additional trusts for beneficiaries previously identified in the trust. It is my intention that this power may be exercised in the event of my disability or incapacity as my agent deems necessary to avoid the probate of my estate, maximize potential estate tax savings, or to engage in public benefits planning (including Medicaid). My agent is specifically authorized to transfer my assets to an "OBRA Pooled Trust" created pursuant to the Social Security Act under 42 U.S.C. § 1396.

g. If my agent exercises the power to amend the provisions of such trust, the trustee of such trust shall have no responsibility to inquire into, or to make any separate determination with respect to, the desirability of such amendment. The trustee shall be entitled to rely on such

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amendment as if its provisions had been included in the trust instrument as originally executed by me and shall have no liability for doing so.

h. I grant to my agent the unlimited power to obtain full access to and control over the content of all digital assets, data, domain names, on-line storage accounts, web pages, email accounts and software programs which I own or in which I have an interest as licensee ("Digital Assets"). Without limiting the foregoing, my agent shall have unrestricted rights and access to all Digital Assets notwithstanding the lack of log-in information, user names or passwords. No person or entity need inquire beyond the terms of this instrument in transferring or allowing access to Digital Assets to my agent and any person or entity acting in accordance with this authorization shall be released and held harmless from any liability for such action.

i. My agent may transfer title of my personal residence to my spouse or children, including my agent, and to assume my power of direction under a Land Trust, including executing a direction to convey the property to my descendants, including my agent.

(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 my 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 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. My agent may also compensate any brokers, attorneys, auditors, depositories, real estate managers, investment advisors, health care managers, and other persons.

(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. This power of attorney shall become effective immediately.

(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. This power of attorney shall terminate on written notification from me to my agent.

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(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:

a. NONE

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.)

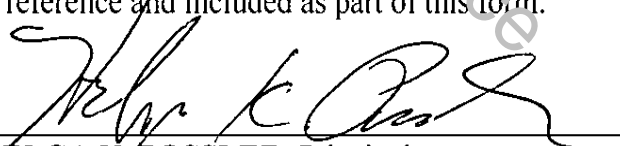
9. If a guardian of my estate (my property) is to be appointed, I nominate the agent acting under this power of attorney as such guardian, to serve without bond or security.

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.

(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: 2/22/2017

Signed 
HELGA K/POSSLER, Principal

(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 HELGA K. POSSLER, 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

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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 a resident; (c) a parent, sibling, descendant, or any spouse of such parent, sibling, or descendants 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; (d) an agent or successor agent under the foregoing power of attorney.

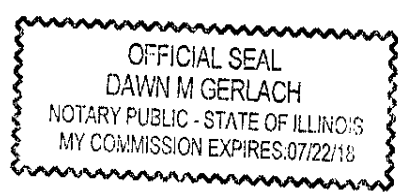
Dated: 2-22-17 Signed Beth Mahler
Witness

(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 **HELGA K. POSSLER**, 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 a resident; (c) a parent, sibling, descendant, or any spouse of such parent, sibling, or descendants 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; (d) an agent or successor agent under the foregoing power of attorney.

Dated: 2-22-17 Signed Dawn M. Gerlach
Witness

State of Illinois)
) SS.
County of Cook)



The undersigned, a notary public in and for the above county and state, certifies that **HELGA K. POSSLER**, 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,

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Beth Maher and Dawn Corbett, 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: 2-22-17



Katherine A Higgins
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 signature of my agent (and successors) are genuine.

Joseph F. Delaney
JOSEPH F. DELANEY, Agent

Helga K. Possler
HELGA K. POSSLER, 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.)

Attorney:
Drost Kivlahan McMahon & O'Connor LLC
11 S. Dunton Avenue
Arlington Heights, IL 60005
(847) 577-2227

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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 interests 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 interests; 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:

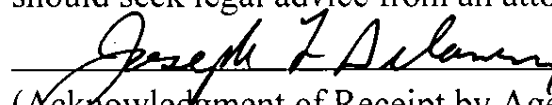
- (1) act so as to create a conflict of interest that is inconsistent with the other principles in this Notice to Agent;
- (2) do any act beyond the authority granted in this power of attorney;
- (3) commingle the principal's funds with your funds;
- (4) borrow funds or other property from the principal, 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: "**Client Name by Spouse 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.



 (Acknowledgment of Receipt by Agent)

2-22-17

 (Date)

THIS DOCUMENT WAS PREPARED BY:
 Drost Kivlahan McMahon & O'Connor LLC
 11 S. Dunton Avenue
 Arlington Heights, IL 60005
 (847) 577-2227
 FAX (847) 577-2204

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**NOTICE TO 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 this 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 statements 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, even after you become disabled. 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, in which case written notice to the agent(s) is recommended.

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, your right to revoke those powers, and the penalties for violating the law are explained more fully in Sections 4-5, 4-6 and 4-10(b) 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 it if you do not understand everything in it, and what your agent will be able to do if you do sign it.

Please put your initials on the following line indicating that you have read this Notice:

HP 2/22/2017 (Helga K. Possler)
(Principal's initials) (Date)

THIS DOCUMENT WAS PREPARED BY:
Drost Kivlahan McMahon & O'Connor LLC
11 S. Dunton Avenue
Arlington Heights, IL 60005
(847) 577-2227
FAX (847) 577-2204

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LEGAL DESCRIPTION:

LOT 11 IN RIDGELAWN, BEING A SUBDIVISION OF THAT PART LYING SOUTH OF THE CENTER LINE OF CAMPBELL STREET OF THE EAST 157 FEET OF THE WEST 1/2 OF THE SOUTH EAST 1/4 AND THE WEST 198 FEET OF THE EAST 1/2 OF THE SOUTH EAST 1/4 OF SECTION 30, TOWNSHIP 42 NORTH, RANGE 11, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PROPERTY ADDRESS:

41 S Ridge Avenue, Arlington Heights, IL 60005
Cook County

PERMANENT INDEX NUMBER:

03-30-423-011-0000

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