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ILLINOIS STATUTORY
SHORT FORM POWER OF
ATTORNEY FOR PROPERTY

1. I, DOLORES K. CODA,
of 12628 Mason Street,
Alsip, Illinois 60803
hereby revoke all
Prior powers of attorney
For property executed by
Me and appoint: DOMINICK
G. CODA of 12628 Mason
Street, Alsip, Illinois
60803

(NOTE: You may not name
co-agents using this
form.)



Doc# 1715046084 Fee \$52.00

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

KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 05/30/2017 02:43 PM PG: 1 OF 8

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, including the power to represent the principal before any taxing authority including the Internal Revenue Service for any income tax or collection matter for any year and to sign any and all tax returns, compromises and settlements.
- (j) Claims and litigation.
- (k) Commodity and options transactions.
- (l) Business operations.
- (m) Borrowing transactions.
- (n) Estate transactions including the power to make gifts.
- (o) All other property powers and 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 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 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.

6. This power of attorney shall become effective at the time this power is signed and will continue until your death unless otherwise specified in Paragraph 7 below.

(NOTE: Insert a future date or event during you 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 death only.

(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:

DAVID J. CODA, 2821 Ryan Drive, New Lenox, Illinois 60451
 DIANE L. THEIS, 752 Lisson Grove, New Lenox, Illinois 60451

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.)

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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.

Dated: 7-17-15

Signed: Dolores K. Coda
(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 DOLORES K. CODA, 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.

7/17/15
Date

Jeanne Perry
Witness Signature

Jeanne Perry
Print Witness Name

15259 S. Central
Street Address

Polos Hills IL
City, State, ZIP

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(NOTE: Illinois required 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:)

The undersigned witness certifies that **DOLORES K. CODA**, 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: 7/17/15

Sylvia Yates
Witness Signature

Sylvia Yates
Print Witness Name

1251 S. Central
Street Address

Palo Alto IL
City, State, ZIP

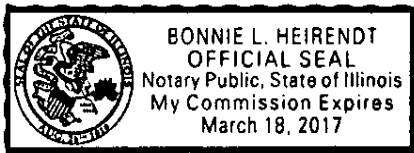
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State of Illinois)
County of Cook) SS.

The undersigned, a notary public in and for the above county and state, certifies that **DOLORES K. CODA**, 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 Jeanne Perry and Sylvia Tate 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: 7.17.15

Bonnie L. Heirendt
Notary Public



My commission expires:

Mar 18, 2017

(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.

David J. Coda
(Agent)

Dolores K. Coda
(Principal)

Bonnie L. Heirendt
(Successor Agent)

(Principal)

(Successor Agent)

(Principal)

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(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:)

Lowell L. Ladewig
Name of preparer

5600 W. 127th Street
Address

Crestwood, IL 60445
City, State, ZIP

(708) 388-0540
Phone

Property of Cook County Clerk's Office

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LEGAL DESCRIPTION

LOT 11 IN CHIPPEWA RIDGE SUBDIVISION, BEING A SUBDIVISION OF THE WEST 1/2 OF THE SOUTHEAST 1/4 OF SECTION 29, TOWNSHIP 37 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

P.I.N.: 24-29-409-064-0000

Common Address: 12628 S. Mason Avenue, Alsip, Illinois 60803

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