Warranty Deed Statutory (ILLINOIS) (Individual to Individual)

400328956(1)



Doc# 1719457198 Fee ≸54.00

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

KAREN A.YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 07/13/2017 01:58 PM PG: 1 OF 9

Above Space for Recorder's Use Only

THE GRANTOR (S) VEKA KUZMA, a widow and not since remarried, of the County of Maricopa, State of Arizona, for and in consideration of the sum of (\$10.00) TEN DOLLARS, in hand paid, CONVEYS and WARRANTS to

LAMBERTO C. FRAGOZO, 2024 Louis Street, Melrose Park, Illinois, 60153.

all interest in the following described Real Estate situated in the County of Cook in the State of Illinois, to wit:

LOTS 19 AND 20 IN BLOCK 2 IN SHEKELTON BROTHER'S SECOND ADDITION TO BELLWOOD, BEING A SUBDIVISION OF THE EAST 1/2 OF THE SOUTHEAST 1/4 OF THE NORTHWEST 1/4 OF SECTION 16, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINO'S.

SUBJECT TO: covenants, conditions, and restrictions of record, and to General Taxes for 2016 and subsequent years.

Hereby releasing and waiting all rights under and by virtue of the Homestead Exemption Lav.s of the State of Illinois.

Permanent Index Number (PIN): 15-16-119-017 & 15-16-119-018

Address(es) of Real Estate: 1045 Linden Avenue, Bellwood, Illinois, 60104 - 2426

Dated this

7 day of <u>JULY</u>, 2017.

Vera Kuzma, by Marian Kuzma, Successor

Agent under Power of Attorney dated August 17, 2013

COPY OF SAID POWER OF ATTORNEY IS ATTACHED HERETO AS EXHIBIT "A" AND IS HEREBY MADE PART OF THIS DOCUMENT



1719457198 Page: 2 of 9

15-16-119-017-0000 | 20170701687914 | 1.7/3-364-576

UNOFFICIAL COPY

State of Illinois)		
) SS		
County of Cook)		
County of Cook)		
I, the undersigned, a Notary Publi	ic In and for the County and St	ate aforesaid. DO HEREBY
CERTIFY that MARIAN KUZMA Successor Agent under	or Power of Attorney for Vera Ki	ızma dated August 17, 2013
personally known to me to be the same person whose name	ne is subscribed to the foregoing	instrument appeared befor
personally known to the to be the same person whose han	ne is substituted to the toregoing	he said instrument so her fre
me this day in person, and severally acknowledged that sh		ne said institution as her he
and voluntary act for the uses and purposes therein set fo	run. A i	
5¥	day of luly,	2012
Given under my hand and official seal, this	day of,	2017.
OFFICIAL SEAL	3 / ' '	_
SHEILA GRIFFIN	}	
NOTARY PURLIC - STATE OF HUNDIS	\mathbf{I}	\mathcal{L}_{1}
Commission ex: "X COMMISSION EXPIRES OCTOBER 20, 2019		Mulgun
	NOTARY PUB	PLIC ///
100	NOTARTIOE	
This is the Development of the D	. 1.4 10660 11	. 1 117 . 5 . 4610 . 1
This instrument was prepare 'by: Dvorak & Kelliher	r, Ltd., 10560 West Cermak R	load, Westchester, Illinois
60154		
Ox		
MAIL TO:	END SUBSEQUENT TAX E	III I C TO.
Guillermo Alvarado 2024 Louis 57 Attorney at Law. 545 S. York Road, Suite 100 M AND CONTROL OF LOUIS ST M M M M M M M M M M M M M	SAD SOBSEQUENT TAX E	ILLS IU:
Cuilland Airmand		
Cumermo Awarado Jozy Louis CT La	mberto C. Fragozo	
Attorney at Law MC1044 DANK 20	24 Louis Street	
545-S. York Road, Suite 100 M	strose Park, Illinois 60164 -	ა036
Bensenville, Illinois 60106 DL 60169		
	4	
OR	VILLAGE OF	
	REAL ESTATE T	ANSFER IAX
Bassadasta Office Bassat	11100	s4UIVI
Recorder's Office Box No	3 1000	***************************************
	Q'A	<u> </u>
		0
	REAL ESTATE TRANSFER TAX	12-Jul-2017
	REAL ESTATE TRANSPER TAX	CC'JNT': 46.25
		ILLINO/5: 92.50
		TOTAL: 138.75

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UNOFFICIAL COPY EXHIBIT "A"

SUCCESSOR AGENT CERTIFICATION AND ACCEPTANCE OF AUTHORITY PURSUANT TO 755 ILCS 45/2-10.3

I certify that the attached is a true copy of a Power of Attorney naming the undersigned as Successor Agent for Vera Kuzma.

I certify to the best of my knowledge the principal had the capacity to execute the power of attorney, is alive, and has not revoked the power of attorney; that my powers as agent have not been altered or terminated; that the power of attorney remains in full force and effect.

I certify that to the best of my knowledge George Kuzma is unavailable due to his unwillingness to act pursuant to the terms and conditions of said Power of Attorney.

I accept appoinment as agent under this Power of Attorney.

This certification and acceptance is made under penalty of perjury.

Datad.

Marian J. Kuzma 6523 E. Lonesome Trail

Cav Creek, AZ 85331

EXHIBIT "A" (continued)



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 elect 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 record of all receipts, disbursements, and significant actions taken as your agent.

Unless you specifically limit the reviod 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 I ower 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 low 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 affect 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:

7~5K1

Principal's initials

EXHIBIT "A" (continued)

ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

- 1. I, VERA S. KUZMA, 1045 Linden Avenue, Bellwood, Illinois, 60104, hereby revoke all prior powers of attorney for property executed by me and appoint: my son, GEORGE M. KUZMA, 307 North Charles St., Naperville, Illinois, 60540, (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:
 - (a) Real estate transactions.
 - (b) Financial institution transactions.
 - (c) Stock and bond ocusactions.
 - (d) Tangible personal property transactions.
 - (e) Safe deposit box transportions.
 - (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.
 - (1) Business operations.
 - (m) Borrowing transactions.
 - (n) Estate transactions.
 - (o) All other property transactions.
- 2. The powers granted above shall not include the following powers or shall be modified or limited in the following particulars: There are no exclusions or limitations to this grant.

Collui

(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 (a) To transfer my property to a special needs trust for my benefit, and (b) to make gifts to my sporse, if I should be married at that time, or to my next of kin if I am unmarried, for purposes of planning and qualification for government benefits such as Medicaid. Any such transfers shall be made only after consultation with an attorney qualified in Medicaid planning.

(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.)

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. (Strike paragraph 4 if you do not want your agent

EXHIBIT "A" (continued

delegating discretionary decision-making to other persons.)

5. My agent shall be entitled to reasonable compensation for services rendered as agent under this power of attorney. (Strike paragraph 5 if you do not want your agent to be entitled to receive reasonable compensation.)

(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 on the date my physician has determined that I do not have the capacity to handle my own financial affairs.
- 7. This power of exorney shall terminate upon my death or the determination by my physician that I am no longer incapacitated from handling my own financial affairs.
- 8. If any agent named by ric shall die, become incompetent, resign or refuse to accept the office of agent, I name the following (each to act a) one and successively, in the order named) as successor(s) to such agent: my daughter, MARIAN J. KUZMA, 99-1035 Lauole St., Aica, Hawaii, 96701.

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.

- 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. (Strike paragraph 9 if you do not want to nominate your agent to act as your guardian.)
- 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 licensea of orney who is authorized to practice law in Illinois.)

11. The Notice to Agent is incorporated by reference and included as part of this form

Signed Vera S. Kuzha

EXHIBIT "A" (continued)

The undersigned witness certifies that VERA S. KUZMA 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: 8/17/13

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 VERA S. KUZMA, 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 wime s 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: 8-17-13

Witness

EXHIBIT "A" (CONCINUE) OFFICIAL COPY
State of Illinois)
County of Cook) SS
The undersigned, a notary public in and for the above county and state, certifies that VERA S. KUZMA 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) Shell (1001-110) and state Required 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). Date: OFFICIAL SEAL JOHN E. DVORAK NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES APR. 28, 2015 My commission expires 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 I certify that the signatures agent (and successors)
Servac Military 1 1/022 CV
Marian J. Kuzma
George M. Kuzma Vera S. Kuzma Marian J. Kuzma This instrument was prepared by:
This instrument was prepared by:

John B. Dvorak Attorney at Law 10560 West Cermak Road Westchester, Illinois 60154

.EXHIBIT "A" COPY

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 reusonable expectations to the extent actually in the principal's best interest As agent you must not do any of the join wing:
 - (a) act so as to create a conflict of interest that is inconsistent with the other principles in this incace to Agent;
 - (b) do any act beyond the surherity granted in this power of attorney;
 - (c) commingle the principal's unds with your funds;
 - (d) borrow funds or other p operty from the principal, unless otherwise authorized;
 - (e) 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 Fower 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."