Doc#. 1907013061 Fee: \$58.00

Edward M. Moody

Cook County Recorder of Deeds
Date: 03/11/2019 09:44 AM Pg: 1 of 6

ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

(NOTICE: THE PURPOSE
OF THIS POWER OF
ATTORNEY IS TO GIVE
THE TELSON YOU
DESIGNATE (YOUR
"AGENT") BRCAD POWERS
TO HANDLE YOUR
PROPERTY, WHICH MAY
INCLUDE POWERS TO

OK PLEDGE. SELL, 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 AGENT TO EXCRCISE GRANTED POWERS; BUT WHEN POWERS ARE EXERCISED, YOUR AGENT 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 AGENT. A COURT CAN TAKE AWAY THE POWERS OF YOUR AGENT IF IT FINDS THE AGENT IS NOT ACTING PROPERLY. YOU MAY NAME SUCCESSOR AGENTS UNDER THIS FORM BUT NOT CO-AGENTS. 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 AGENT MAY EXERCISE THE POWERS GIVEN HERE THROUGHOUT YOUR LIFETIME, EVEN AFTER YOU BECOME DISABLED. THE POWERS YOU GIVE YOUR AGENT ARE EXPLAINED MORE FULLY IN SECTION 3-4 OF THE ILLINOIS "STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY LAW" OF WHICH THIS FORM IS A PART (SEE THE BACK OF THIS FORM). THAT LAW EXPRESSLY PERMITS THE USE OF ANY DIFFERENT FORM OF POWER OF ATTORNEY YOU MAY DESIFE. 17 THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU.)

POWER OF ATTORNEY made this 22 day of February, 2019.

1. I, Nancy Salzer, as Trustee of the Jacqueline H. Pavelich Trust, dated April 26, 1990 hereby appoint Shawn H. Heffernan, 15127 S. 73<sup>rd</sup> Ave., Suite H2, Orland Park, IL 60462, 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:

FIRST AMERICAN TITLE

(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) Tangible personal property transactions.
- (d) Tax r. atters
- (e) Business operations.
- (f) Borrowing transactions
- (g) All other property power and transactions.

(LIMITATIONS ON AND ADDITION'S 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 (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):

#### NA

3. In addition to the powers granted above, I grant my agent the following powers (here you may add any other delegable powers including, without limitation, power t) make gifts, exercise powers of appointment, name or change beneficiaries or joint tenants, or revike or amend any trust specifically referred to below):

[NOTE: Items (a) — (d) do not appear in the statutory form; they may be included, in diffed, or deleted as desired.

(a) Gifts. To make Annual Exclusion Gifts and Tuition and Medical Exclusion Gifts to any one or more of my descendants and their spouses in such amounts as the agent considers appropriate. "Annual Exclusion Gifts" are gifts that qualify for the federal gift tax "annual exclusion" under Code §2503(b). Annual Exclusion Gifts to each person in any calendar year shall not exceed the maximum allowable amount of such annual exclusion for an unmarried donor, or twice that amount if I am married at the time of such gift, taking into account any election that maybe made under §529(e)(2)(B) of the Code. "Tuition and Medical Exclusion Gifts" are gifts that qualify for the federal gift tax exclusion under Code §2503(e). Gifts permitted under this paragraph to an individual may be made to any trust established for such individual

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(provided that gifts to such trust qualify for the gift tax exclusion under §2503(b) of the Gode), to a Uniform Transfers to Minors Act account for such individual (regardless of who is the oustedian), to a tuition savings account or prepaid tuition plan as defined under §529 of the Gode (a "529 Account") for the benefit of such individual (without regard to who is the account owner of or responsible person for such account), or to a Coverdell Education Savings Account for the benefit of such individual. The "spouse" of any person 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 sections of the "Code" refer to the Internal Revenue Code of 1986, as amended from time to time, and include corresponding provisions of subscept and lack laws.

- (b) 52.) Accounts. If I am the account owner or responsible person (the "account owner") for a 529 Account, or if my agent is the account owner of a 529 Account to which I or my agent on my behalf has n. We gifts, to exercise all rights granted to an account owner of a 529 Account, including but not limited to any right to refund the account to me; to approve or disapprove a distribution to the basenciary; to change the beneficiary provided the new beneficiary of the account or plan is one of my descendants, the spouse of one of my descendants, or a sibling or cousin of the old beneficiary; to change the account owner provided the new account owner is my spouse, one of my descendants, he spouse of one of my descendants, the beneficiary; a sibling, parent, or guardian of the beneficiary or the trustee of a trust of which the beneficiary is a beneficiary; to change investment options and to roll over the account to another account under the same program or a program in another of the same program or a program in another of the same program or a program in another of the same program or a program in another of the same program or a pr
- depositories, real estate managers, investment ad wigors, and other persons (including my agent and any firm with which my agent is associated without reducing compensation in any capacity).
- (d) Funding Trust. To transfer any part or all of my asset to the trustee of any revocable trust of which I am the grantor, including the N/A Trust.]

(YOUR AGENT WILL HAVE AUTHORITY TO EMPLOY THER 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 O'HE IS, YOU SHOULD KEEP THE NEXT SENTENCE, 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.

(YOUR AGENT WILL BE ENTITLED TO REIMBURSEMENT FOR ALL REASONABLE EXPENSES INCURRED IN ACTING UNDER THIS POWER OF ATTORNEY. STRIKE OUT THE NEXT SENTENCE 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.

(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 EITHER (OR BOTH) OF THE FOLLOWING:)

- (X) This power of attorney shall become effective on DATE OF SIGNING.
- 7. (X) This power of attorney shall terminate on June 1, 2019.

(IF YOU WISH TO NAME SUCCESSOR AGENTS, INSERT THE NAME(S) AND ADDRESS(ES) OF SUCH SUCCESSOR(S) IN THE FOLLOWING PARAGRAPH.)

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:

NA

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 catified by a licensed physician.

(IF YOU WISH TO NAME YOUR AGENT AS GUARDIAN OF YOUR ESTATE, IN THE EVENT A COURT DECIDES THAT ONE SHOULD BE APPOINTED, YOU MAY, BUT ARE NOT REQUIRED TO, DO SO BY RETAINING THE FOLLOWING PARAGRAPH. THE COURT WILL APPOINT YOUR AGENT IF THE COURT FINDS THAT SUCH 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.

Signed

Many Salzer, as Trustee of the Jacqueline H. Pavelich Trust, dated April 26, 1990

Oatul apul 26, 1990

I certify that the signatures of my agent (and successors) are correct.
(principal)
(principal)
(principal)
THE EFFECTIVE UNLESS IT IS NOTARIZED ONAL WITNESS, USING THE FORM BELOW.)  the above county and state, certifies that Nancy velich Trust, dated April 26, 1990 is known to
phosibed as principal to the foregoing power of witness in person and acknowledged signing and tary act of the principal, for the uses and purposes s of the signature(s) of the agent(s)).  PETER T. DRUGAS DEFICIAL SEAL Motan Public, State of Illinois Mr. Commission Expires 2002, 2019

The undersigned witness certifies that Nancy Salzer, 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.

Dated: 2 28 10 (SEAL)

Witness
This document was prepared by:

This document was prepared by: Shawn H. Heffernan

15127 S 73<sup>rd</sup> Ave-Ste H2 Orland Park, IL 60462

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#### LEGAL DESCRIPTION

Legal Description: PARCEL 1: UNIT 11555-3A, IN THE PRESERVE AT MARLEY CREEK PHASE II CONDOMINIUM, AS DELINEATED ON THE SURVEY OF THE FOLLOWING DESCRIBED REAL ESTATE: CERTAIN LOTS OR PARTS OF LOTS IN THE PRESERVE AT MARLEY CREEK, PHASE 5, A PLANNED UNIT DEVELOPMENT BEING A SUBDIVISION IN PART OF THE SOUTHWEST 1/4 AND PART OF THE SOUTHEAST 1/4 OF SECTION 31, TOWNSHIP 36 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS; WHICH SURVEY IS ATTACHED AS EXHIBIT A TO THE DECLARATION OF CONDOMINIUM RECORDED DECEMBER 17, 2002 AS DOCUMENT 0021401505, AS AMENDED FROM TIME TO TIME, TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS.

PARCEL 2: THE EXCLUSIVE RIGHT TO THE USE OF GARAGE UNIT G116, A LIMITED COMMON ELEMENT AS DELINEATED ON THE SURVEY ATTACHED TO THE DECLARATION AFORESAID RECORDED AS DOCUMENT NO. 0021401505, AS AMENDED FROM TIME TO TIME.

Permanent Index #'s: 27-31-404-021-1021 (VOL. 147)

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Of Coot County Clent's Office

Office Property Address: 11555 Settlers Pond Way Unit 3A, Orland Park, Illinois 60467