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Doc#: 2007316008 Fee: \$98.00
Edward M. Moody
Cook County Recorder of Deeds
Date: 03/13/2020 10:14 AM Pg: 1 of 14

POA

1047 S 6th Ave Des Plaines, IL
60016

09-19-210-051-0000

Prepared by and mail to:

Kenneth A Piercey, Piercey and Associates LTD

1525 S Grove Ave # 204 Barrington IL 60010

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Statutory Short Form Power of Attorney for Property Eff. 7/1/11

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:

DMS

DJ

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ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

1. I, DOROTHY JAGIELO of 435 W. WOOD ST., UNIT 401, PALATINE, IL 60067 hereby appoint: KATHLEEN JAGIELO of 435 W. WOOD ST., UNIT 401, PALATINE, IL 60067 (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

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prohibition or conditions on the sale of particular stock or real estate or special rules on borrowing by the agent.)

No modifications, deletions, or limitations are intended.

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) To make gifts and distributions from my estate, including the authority to require the trustee of any revocable and irrevocable trust of which I am the grantor (but my agent shall consult an attorney before making any gifts), as follows:

(i) Annual Exclusion Gifts. My agent may 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 my agent considers appropriate. Annual Exclusion Gifts shall be made in such manner as to qualify for the federal gift tax "annual exclusion" under Code Section 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. 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 sections 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.

(ii) Additional Gifts. My agent may make gifts in such amounts as determined by my agent, in my name and on my behalf if my agent believes the gifts will provide tax or financial benefits for me or my estate in any amount; and to charitable organizations in amounts and at times that follow patterns of giving established by me before the date of the gifts made by my agent, or charitable gifts in such circumstance as my agent shall think I would make if I were able.

(iii) Tuition and Medical Exclusion Gifts. My agent may make gifts as may qualify for the federal gift tax exclusion under Internal Revenue Code Section 2503(e) to any one or more of my beneficiaries and their spouses in such amounts as my agent considers appropriate.

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(iv) Qualified State Tuition Program Gifts. My agent may make gifts as defined in Internal Revenue Code Section 529 to any one or more of my beneficiaries and their spouses in such amounts as my agent considers appropriate provided that such Qualified State Tuition Program Gifts to each person in any calendar year shall not exceed the maximum allowable amount of the annual exclusion for an unmarried donor, or twice that amount if I am married at the time of such gift, except that with respect to Qualified State Tuition Program Gifts, excess contributions may be made pursuant to Internal Revenue Code Section 529(c)(2)(B) provided that the donor shall agree to make election under that Section so that the ratable portion of such excess contributions for any calendar year shall not exceed the annual exclusion amount for such beneficiary.

(b) To 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 without reducing compensation in any capacity).

(c) To name or change beneficiaries to any trust of which I am the grantor and/or beneficiary on any investment accounts, bank accounts, certificates of deposits, insurance policies, retirement plans, individual retirement accounts, pensions or profit-sharing plans, and to sever any joint tenancies or tenancies by the entireties, and to transfer any part or all of my assets to the trustee of any revocable or irrevocable trust of which I am the grantor, to be dealt with pursuant to its terms from time to time in effect. My agent shall also have the power to restate or amend such trust; provided, however, that any such restatement, or amendment shall be valid only to the extent it does not have the effect of increasing transfer taxes payable upon my death and that it does not change the share of any beneficiary. My agent shall also have the power to act for me as trustee on all trust matters and to create and capitalize Limited Liability Companies and Limited Partnerships and to create, amend and revoke LLC Operating Agreements, General and Limited Partnership Agreements, Charitable Remainder Trusts, Charitable Lead Trusts, Grantor Retained Annuity Trusts, Qualified Personal Residence Trusts, Irrevocable Life Insurance Trusts, Intentionally Defective Grantor Trusts, Intentionally Defective Beneficiary Trusts, Private Annuities, Donor Advised Funds, Family Foundations, Intergenerational Private Split-Dollar Agreements, Premium Financing Loan Agreements, and any other agreements, revocable and irrevocable trusts, and inter-vivos and testamentary trusts, and to transfer (by sale or gift) Limited Liability Company and General and Limited Partnership interests to any of such entities or trusts; it being my intent to

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preserve assets and eliminate estate taxes which may otherwise be due upon my death to the extent feasible.

(d) If I become incapacitated and I am currently eligible or I may become eligible for government benefits or charity care, my agent is specifically authorized to transfer my assets to an irrevocable trust for the benefit of the beneficiaries named in my revocable trust or to the beneficiaries directly (except to me), all in proportion to their respective interest as set forth in my estate plan. My agent shall only have the power to transfer assets if both my agent and the then serving President of Piercey & Associates, Ltd. determine that expected benefits to me and my family outweigh the expected costs, and such determination shall be completely discretionary.

(e) To make distributions from my estate for the health, education, maintenance and support in reasonable comfort of any descendant who is dependent upon me, and to direct the trustee of any trust of which I am the Grantor, to make all gifts authorized herein.

(f) To engage in estate and long-term care planning, including taking any action necessary to effectuate my qualification of Social Security Benefits, Supplemental Security Income, Veterans Benefits, Medicaid or any other government bent program. My agent may also convert non-exempt resources into exempt resources, divest me of assets, sign an application for Medical Assistance or any other government benefit program, serve as representative payee, and transfer my residence to a caregiver child (including my agent). My agent also has the unrestricted power to deal with and obtain maximum entitlements and benefits relating to the Social Security Administration, Veterans Administration, Social Services Departments, Social Security Disability Insurance, Supplemental Security Income, Medicaid, Medicare, Worker's Compensation and all other government benefits or entitlements programs, including claims, planning for eligibility, submission of applications and appeals. In this regard, my agent is authorized to execute and deliver any power of attorney or authorization to act form requested or required by a governmental agency. This power shall impose no affirmative duty on my agent to provide information and/or documentation to any government agency.

(g) I hereby express my intention to remain in my home if at all possible, regardless of my physical, emotional or mental condition. If I should be in a hospital, rehabilitation center or nursing home, I hereby express my intention to return home, and my Agent shall take all steps including, but not limited to,

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executing any document, affidavit or Declaration of Intent to Stay/Return Home on my behalf, to effectuate the same.

(h) My agent may exercise all powers that an absolute owner would have and any other powers appropriate to achieve the proper investment, management, and distribution of: (1) any kind of computing digital device of mine; (2) any kind of data storage device or medium of mine; (3) any electronically stored information or digital asset of mine; (4) any user or digital account of mine; and (5) any domain name of mine. My agent may obtain copies of any electronically stored information or digital information of mine from any person or entity that possesses, custodies, or controls that information. I hereby authorize any person or entity that possesses, custodies, or controls any electronically stored or digital information or digital account of mine or that provides to me an electronic communication service or remote computing service, whether public or private, to divulge to my agent: (1) any electronically stored information, digital information or digital account of mine; (2) the contents of any communication that is in electronic storage or digital account by that service or that is carried or maintained on that service; (3) any record or other information pertaining to me with respect to that service. This authorization is to be construed to be my lawful consent under the Electronic Communications Privacy Act of 1986, as amended; the Computer Fraud and Abuse Act of 1986, as amended; and any other applicable federal or state data privacy law or criminal law. My agent may employ any consultants or agents to advise or assist my agent in decrypting any encrypted electronically stored information of mine or in bypassing, resetting, or recovering any password or other kind of authentication or authorization, and I hereby authorize my agent to take any of these actions to access: (1) any kind of computing or digital device of mine; (2) any kind of data storage device or medium of mine; (3) any electronically stored information of mine; and (4) any user account of mine. The terms used in this paragraph are to be construed as broadly as possible, and the term "user account" includes without limitation an established relationship between a user and a computing or digital device or between a user and a provider of Internet or other network access, electronic communication services, or remote computing services, whether public or private. "Digital account" means (inclusive, but not limited to) an electronic system for creating, generating, sending, sharing, communicating, receiving, storing, displaying, or processing information which provides access to a digital asset which currently exists or may exist as technology develops or such comparable items as technology develops, stored on any type of digital device, regardless of the ownership of the digital device upon which the digital asset is stored, including but not in any way limited to, email accounts, social network accounts, social media accounts, file sharing accounts, health

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insurance accounts, health care accounts, financial management accounts, domain registration accounts, domain name service accounts, web hosting accounts, tax preparation service accounts, online store accounts and affiliate programs thereto, and other online accounts which currently exist or may exist as technology develops or such comparable items as technology develops. "Digital asset" means (inclusive, but not limited to) data, text, emails, documents, audio, video, images, sounds, social media content, social networking content, codes, health care records, health insurance records, computer source codes, computer programs, software, software licenses, databases, or the like, including the usernames and passwords, created, generated, sent, communicated, shared, received, or stored by electronic means on a digital device. "Digital device" means (inclusive, but not limited to) an electronic device that can create, generate, send, share, communicate, receive, store, display, or process information, and such electronic devices shall include, but not limited to, desktops, laptops, tablets, peripherals, servers, mobile telephones, smartphones, and any similar storage device which currently exists or may exist as technology develops or such comparable items as technology develops. "Electronic" means (inclusive, but not limited to) relating to technology having electrical, digital, magnetic, wireless, optical, electromagnetic, or similar capabilities.

(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.

(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 must be reimbursed promptly for any costs incurred in defending or settling any claim brought against it in its

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capacity as agent unless it is conclusively established that the act or omission to act was motivated by an actual intent to harm the beneficiaries of my estate.

(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 my death or earlier revocation.

(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) PATRICIA JAGIELO of 455 W. Wood St., Unit 403, Palatine, IL 60067
- b) LEONARD JAGIELO of 455 W. Wood St., Unit 403, Palatine, IL 60067

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.

(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: 11-25-2019, 2019

Signed Dorothy M. Jagielo
DOROTHY JAGIELO, principal, individually,

(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 DOROTHY JAGIELO, known to me to be the same person whose name is subscribed as principal, individually 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: 11-25, 2019

[Signature]
Witness

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(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 DOROTHY JAGIELO known to me to be the same person whose name is subscribed as principal, individually 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: 11-25, 2019

[Handwritten Signature]

Witness

State of Illinois)
County of Cook) SS

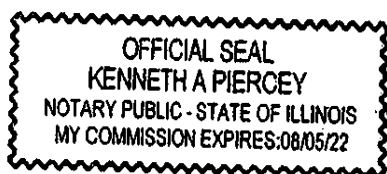
The undersigned, a notary public in and for the above county and state, certifies that DOROTHY JAGIELO, known to me to be the same person whose name is subscribed as principal, individually to the foregoing power of attorney, appeared before me and the witnesses John Schreyer and Paradley Comer in person and acknowledged signing and delivering the instrument as the free and voluntary act of the principal, for the uses and purposes therein set forth.

Dated: 11-25, 2019

[Handwritten Signature]

Notary Public

My commission expires _____



This document was prepared by Kenneth A. Piercey, Piercey & Associates, Ltd., 1525 S. Grove Avenue, Suite 204, Barrington, Illinois 60010, (224) 848-4646.

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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"

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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 (the 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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CHICAGO TITLE
INSURANCE COMPANY

EXHIBIT A

Order No.: 19GNW712179RM

For APN/Parcel ID(s): 09-19-210-051-0000

LOT 40 AND THE SOUTH 12 FEET OF LOT 41 IN BLOCK 18 OF THE HOMERICAN VILLAS, BEING A SUBDIVISION OF THE WEST 1/2 OF THE NORTHWEST 1/4 OF SECTION 20 (EXCEPT THE EASTERLY 503 FEET MEASURED AT RIGHT ANGLES TO THE EAST LINES THEREOF); ALSO THE EAST 1/2 OF THE NORTHEAST 1/4 OF SECTION 19 (EXCEPT THE WEST 173 FEET THEREOF) ALL IN TOWNSHIP 41 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED NOVEMBER 10, 1927 AS DOCUMENT 8938446.

PUBLIC
Cook County Clerk's Office