

UNOFFICIAL COPY

Doc#: 2024720217 Fee: \$98.00
Edward M. Moody
Cook County Recorder of Deeds
Date: 09/03/2020 01:39 PM Pg: 1 of 10

FNT, LLC
OC20020542

ILLINOIS STATUTORY

SHORT FORM

POWER OF ATTORNEY FOR PROPERTY

Prepared by:

Patti Jo O'Malley
8632 Huckins Drive
Frankfort, Illinois 60423

Mail to:

For APN/Parcel ID(s): 18-17-412-009-0000
For Tax Map ID(s): 18-17-412-009-0000

Lot 9 in Don L. Dise's Subdivision being a subdivision in the Southeast quarter of Section 17, Township 38 North, Range 12 East of the Third Principal Meridian, according to the plat thereof recorded November 29, 1951 as Document No. 15226581, in Cook County, Illinois.

UNOFFICIAL COPY

AMERICAN LEGAL FORMS © 1990 Form No. 800A
CHICAGO, IL (312) 332-1922

Illinois Power of Attorney Act Official Statutory Form
755 ILCS 45/4-10(a), Effective July, 2011
Revised June 2011

"NOTICE TO THE INDIVIDUAL SIGNING THE ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY"

"(Sometimes also referred to in this Act as the "statutory property power")"
(Text of Section after amendment by P.A. 96-1195 Eff. 7/1/11) Sec. 3-3.

"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:

 EML (Principal's Initials)"

UNOFFICIAL COPY

AMERICAN LEGAL FORMS © 1990 Form No. 800B
CHICAGO, IL (312) 332-1922

Illinois Power of Attorney Act Official Statutory Form
755 ILCS 45/4-13(a), Effective July 1, 2011
Revised June 2011

ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY AGENT'S CERTIFICATION AND ACCEPTANCE OF AUTHORITY

"(Sometimes also referred to in this Act as the "statutory property power")"
(Text of Section after amendment by P.A. 96-1195 Eff. 7/1/11) Sec. 2-8

Power of Attorney made this 22nd day of March 2012
(month) (year)

"I, Patti Jo O'Malley (insert name of agent)

certify that the attached is a true copy of a power of attorney naming the undersigned as agent or successor agent for

Elenore M. Shubert, 850 W. 63rd Street, LaGrange, IL 60525 (insert name of principal)

I certify that 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; and that the power of attorney remains in full force and effect.

I accept appointment as agent under this power of attorney.

This certification and acceptance is made under penalty of perjury.*

Dated: March 22, 2012

Patti Jo O'Malley
(Agent's Signature)

8632 W. Huckins Drive, Frankfort, IL
(Agent's Address)

Patti Jo O'Malley
(Print Agent's Name)

8632 W. Huckins Ave., Frankfort, IL

(NOTE Perjury is defined in Section 32-2 of the Criminal Code of 1961, and is a Class 3 felony.)

(Text of Section after amendment by P.A. 96-1195 Eff. 7/1/11) Sec. 3-3 11. (e)

"Notice to Agent. The following form may be known as "Notice to Agent" and shall be supplied to an agent appointed under a power of attorney for property.

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.

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:

UNOFFICIAL COPY

AMERICAN LEGAL FORMS © 1990 Form No. 800B
CHICAGO, IL (312) 332-1922

Illinois Power of Attorney Act Official Statutory Form
755 ILCS 45 / 4-10 (a), Effective July, 2011
Revised June 2011

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.)

Property of Cook County Clerk's Office

UNOFFICIAL COPY

AMERICAN LEGAL FORMS © 1990 Form No. 800
CHICAGO, IL (312) 332-1922

Illinois Power of Attorney Act Official Statutory Form
755 ILCS 45/3-3, Effective July, 2011
Revised June 2011

"ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY"

"(Sometimes also referred to in this Act as the "statutory property power")"

(Text of Section after amendment by P.A. 96-1195 Eff. 7/1/11) Sec. 3-3.

Power of Attorney made this 22nd day of March 2012
(month) (year)

"I, Elenore M. Shubert, 850 W. 63rd Street, LaGrange, IL 60525

(insert name and address of principal)

hereby revoke all prior powers of attorney for property executed by me and appoint:

Patricia Jo O'Malley, 8632 W. Huckins Drive, Frankfort, IL 60423

(insert name and address of agent)

(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. | (i) Tax matters. |
| (b) Financial institution transactions. | (j) Claims and litigation. |
| (c) Stock and bond transactions. | (k) Commodity and option transactions. |
| (d) Tangible personal property transactions. | (l) Business operations. |
| (e) Safe deposit box transactions. | (m) Borrowing transactions. |
| (f) Insurance and annuity transactions. | (n) Estate transactions. |
| (g) Retirement plan transactions. | (o) All other property transactions. |
| (h) Social Security, employment and military service benefits. | |

(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.)

See attached rider made to and a part of this power of attorney.

UNOFFICIAL COPY

AMERICAN LEGAL FORMS © 1990 Form No. 800
CHICAGO, IL (312) 332-1922

Illinois Power of Attorney Act Official Statutory Form
755 ILCS 445/3-3, Effective July, 2011
Revised June, 2011

(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.

(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. ~~6.1~~ This power of attorney shall become effective on 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. ~~7.1~~ This power of attorney shall terminate on upon death

(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:

Dale Shubert, 12862 Marian Drive, Lemont, IL 60439

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 "(a separate)" part of this form.

Dated: 3-22-12

Signed Dale Shubert
(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.)

UNOFFICIAL COPY

AMERICAN LEGAL FORMS © 1990 Form No. 800
CHICAGO, IL (312) 332-1922

Illinois Power of Attorney Act Official Statutory Form
795 ILCS 44/5/3-3, Effective July, 2011
Revised June 2011

The undersigned witness certifies that Elenore M. Shubert, 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: March 28, 2012

Signed [Signature]
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 _____, 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.

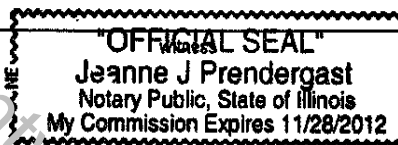
Dated: _____

Signed _____

State of Illinois)

County of Cook)

SS.



The undersigned, a notary public in and for the above county and state, certifies that Elenore G. Shubert, 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) [Signature]

(and _____) 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: 3-22-2012

[Signature]
(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 signatures of my agent (and successors) are genuine.

(agent)

(principal)

(successor agent)

(principal)

(successor agent)

(principal)

UNOFFICIAL COPY

AMERICAN LEGAL FORMS © 1990 Form No. 800
CHICAGO, IL (312) 332-1922

Illinois Power of Attorney Act Official Statutory Form
755 ILCS 444/9-3, Effective July, 2011
Revised June 2011

(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.)

Jeanne J. Prendergast, P.C.

12820 S. Ridgeland, Suite C

Jeanne J. Prendergast

Palos Heights, IL 60463

NAME:

ADDRESS

708-653-3300

PHONE:

(Source: P.A. 96-1195, eff. 7-1-11.)

THE SPACE BELOW IS NOT PART OF THE OFFICIAL STATUTORY FORM. IT IS FOR THE AGENT'S USE IN RECORDING THIS FORM WHEN NECESSARY FOR THE REAL ESTATE TRANSACTIONS.

NAME

STREET
ADDRESS

CITY

STATE

ZIP

OR RECORDER'S OFFICE BOX NO. _____

LEGAL DESCRIPTION

(The Above Space for Recorder's Use Only)

STREET ADDRESS: _____

PERMANENT TAX INDEX NUMBER: _____

UNOFFICIAL COPY

Attached to and made a part of Power of Attorney for Elenore M. Shubert dated March 22, 2012.

- (a) *Gifts.* My agent is specifically authorized under any of the statutory categories 755 ILCS 45/3-4 (a) through (o) to make gifts, including annual exclusion gifts, gifts to pay tuition and medical expenses, and taxable gifts; to file and execute gift tax returns; and to use up my unified credit during life. Permissible recipients of said gifts shall include my relatives, friends, and charities for which a charitable income tax deduction is allowable. Gifts can be made either directly, in trust, or to a custodian under the Uniform Transfers to Minors Act. If my agent is in the class of permitted gift recipients, my agent shall be permitted to make gifts benefiting the agent even though acting in a fiduciary capacity and such gifts shall not be considered fraudulent or voidable. To the extent possible (and except as set forth in the next sentence), my agent shall consider my estate planning objectives as disclosed by my estate planning documents in making gifts. In addition, if my agent engages in public benefits planning (including Medicaid planning), my agent shall consider the objectives of such planning in making gifts (even if those gifts do not follow the directions in my estate planning documents) as long as such gifting is made as directed under a plan created by an Elder Law Attorney engaging in public benefits planning. 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.
- (b) *Other Compensation.* My agent may compensate separately any brokers, attorneys, auditors, depositories, real estate managers, investment advisors, health care managers, and other persons.
- (c) *Creating, Funding, and Terminating Trusts.* My agent shall have the power and authority to create, execute, and revoke in my name a trust agreement with such trustee or trustees as my agent shall select (including my agent as trustee) which trust shall provide that all income and *principal* shall be paid to me, or for my benefit, as I or my agent shall request, or as the trustee shall determine and at my death to provide for the continuation of said trust for the benefit of my friends and relatives (including my agent) as my agent decides. 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 potential beneficiaries. It is my intention that this power may be exercised in the event of my disability or incapacity as my agent desires 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 make distributions of principal and interest from said trust. 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.
- (d) *Amending Trusts.* My agent shall have the power and authority to amend in my name a trust agreement with such trustee or trustees as my agent shall select (including my agent as trustee) which trust shall provide that all income and *principal* shall be paid to me, or for my benefit, as I or my agent shall request, or as the trustee shall determine and at my death to provide for the continuation of said trust for the benefit of my friends and relatives (including my agent) as my agent decides. It is my intention that this power may be exercised in the event of my disability or incapacity as my agent desires to

UNOFFICIAL COPY

avoid the probate of my estate, maximize potential estate tax savings, or to engage in public benefits planning (including Medicaid).

- (e) *Changing Beneficiaries and Powers under IRA Accounts.* My agent shall have the power and authority to change any beneficiary I have previously designated to receive benefits under any life insurance policy, annuity, qualified or non-qualified retirement plan, IRA, or any other contractual arrangement over which I have the authority to direct benefits and select beneficiaries. In addition, my agent shall have the power and authority that I do to authorize distributions from and investments in any IRA or IRA type of account that I am the owner of.
- (f) *Powers under IRA and other retirement accounts.* My agent shall have the power and authority that I do to authorize distributions from and investments in any IRA, IRA type of account or any other retirement account that I am the owner of under which I participate.
- (g) *Further Instructions Regarding Real Property.* My agent shall have the power and authority to change the tenancy on any real or personal property in which I have an interest and to do all actions authorized under Section (a) of Section 3-4 of The Illinois Power of Attorney Act with respect to real property that I currently own or any real property that I acquire in the future. In addition my agent shall have the authority to execute a transfer on death instrument for any residential property.
- (h) *Exercising Power of Appointment.* My agent shall have the power and authority to exercise any power of appointment that I may have except that my agent may not exercise such power in favor of my agent or my agent's estate.
- (i) *Public Benefits Planning.* My agent shall have the power and authority to take all actions he or she deems necessary and prudent to permit me to qualify for certain public benefits. These actions include, but are not limited to representing me in a divorce from my spouse (if I am married) and agreeing to a property settlement agreement or other Court order under which I would receive a smaller share of the marital estate than I am entitled to under applicable law (or no share at all).
- (j) *Representation before the Internal Revenue Service.* My agent is authorized to sign Internal Revenue Service Form 2848 (or its successor) on my behalf.