527388

CITYWIDE TITLE CORPORATION
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CHICAGO, ILLINOIS 60607

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KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 08/25/2021 11:05 AM PG: 1 OF 10

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_√_ OTHER POA 5/4

REMARKS:

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THIS PAGE ADDED FOR THE PURPOSE OF AFFIXING RECORDING INFORMATION

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Illinois Statutory Short Form Power of Attorney for Health Care

(Notice: The purpose of this Power of Attorney is to give the person you designate (your "agent") broad powers to make health care decisions for you, including power to require, consent to or withdraw any type of personal care or medical treatment for any physical or mental condition and to admit you to or discharge you from any hospital, home or other institution. This form does not impose a duty on your agent to exercise 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, and no health care provider may be named. 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, your right to revoke those powers and the penalties for violating the law are explained more fully in sections 4-5, 4-6, 4-9 and 4-10(b) of the Illinois "Powers of Attorney for Health Care Law" of which this form is a part. That law expressly permits the use of any different form of power of attorney you may desire. If 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 11th day of July, A.D. 2016 (month), XX (year).

1. I, Miguel A. Negron, 7609 Long Ave., Burbank, IL 60459 (insert name and address of principal),

hereby appoint: Angela M. Diaz, same address (insert name and address of agent)

as my attorney-in-fact (my "agent") to act for me and in my name (in any way I could act in person) to make any and all decisions for me concerning my personal care, medical treatment, hospitalization and health care and to require, withhold or withdraw any type of medical treatment or procedure, even though my death may ensue. My agent shall have the same access to my medical records that I have, including the right to disclose the contents to others. My agent shall also have full power to make a disposition of any part or all of my body for medical purposes, authorize an autopsy and direct the disposition of my remains.

(The above grant of powers is intended to be as broad as possible so that your agent will have authority to make any decision you could make to obtain or terminate any type of health care, including withdrawal of food and water and other life-sustaining measures, if your agent believes such action would be consistent with your intent and desires. If you wish to limit the scope of your agent's powers or prescribe special rules or limit the power to make an anatomical gift, authorize autopsy or dispose of remains, you may do so in the following paragraphs.)

2. The powers granted above shall not include the following powers or shall be subject to the following rules or limitations (here you may include any specific limitations you deem appropriate, such as: your own definition of when life-sustaining measures should be withheld; a direction to continue food and fluids or life-sustaining treatment in all events; or instructions to refuse any specific types of treatment that are inconsistent with your religious beliefs or unacceptable to you for any other reason, such as blood transfusion, electro-convulsive therapy, amputation, psychosurgery, voluntary admission to a mental institution, etc.):

_____

_____

_____

_____

(The subject of life-sustaining treatment is of particular importance. For your convenience in dealing with that subject, some general statements concerning the withholding or removal or life-sustaining treatment are set forth below. If you agree with one of these statements, you may initial that statement; but do not initial more than one):

M. A. N. I do not want my life to be prolonged nor do I want life-sustaining treatment to be provided or continued if my agent believes the burdens of the treatment outweigh the expected benefits. I want my agent to consider the relief of suffering, the expense involved and the quality as well as the possible extension of my life in making decisions concerning life-sustaining treatment.

Initialed

_____ I want my life to be prolonged and I want life-sustaining treatment to be provided or continued unless I am in a coma which my attending physician believes to be irreversible, in accordance with reasonable medical standards at the time of reference. If and when I have suffered irreversible coma, I want life-sustaining treatment to be withheld or discontinued.

Initialed

_____ I want my life to be prolonged to the greatest extent possible without regard to my condition, the chances I have for recovery or the cost of the procedures.

Initialed

(This power of attorney may be amended or revoked by you in the manner provided in section 4-6 of the Illinois "Powers of Attorney For Health Care Law". 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, and beyond if anatomical gift, autopsy or disposition of remains is authorized, unless a limitation on the beginning date or duration is made by initialing and completing either or both of the following:)

3. (X) This power of attorney shall become effective on July 12, 2016
Insert a future date or event during your lifetime, such as court determination of your disability, when you want this power to first take effect.

4. (X) This power of attorney shall terminate on my death
Insert a future date or event, such as court determination of your disability, when you want this power to terminate prior to your death.

(If you wish to name successor agents, insert the names and addresses of such successors in the following paragraph.)

5. If any agent named by me shall die, become incompetent, resign, refuse to accept the office of agent or be unavailable, I name the following (each to act alone and successively, in the order named) as successors to such agent:

For purposes of this paragraph 5, 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 health care matters, as certified by a licensed physician.

(If you wish to name your agent as guardian of your person, 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 6 if you do not want your agent to act as guardian.)

6. If a guardian of my person is to be appointed, I nominate the agent acting under this power of attorney as such guardian, to serve without bond or security.

7. 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: Miguel A. Trujillo
principal

The principal has had an opportunity to read the above form and has signed the form or acknowledged his or her signature or mark on the form in my presence.

James K. Gallagher
witness

Residing at: 3960 W. 26th St., Chicago, IL 60623

(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 signature of agent (and successors).

I certify that the signature of my agent (and successors) are correct.

agent	*principal*
successor agent	*principal*
successor agent	*principal*

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LAST WILL AND TESTAMENT

OF

MIGUEL NEGRON

I, **MIGUEL NEGRON,** divorced, being of sound mind and memory, do hereby make, publish and declare this to be my Last will and Testament hereby revoking all former wills and codicils by me made.

FIRST: I order and direct my Executors hereinafter named, to pay all of the legal obligations of my estate as soon after my death as practicable. I also direct my Executors to pay or make deposits on account of all inheritance and estate taxes (including deficiencies, interest, and penalties, thereof) becoming due by reason of my death, all of which shall be paid out my residuary estate before distribution thereof, if possible, and the same shall be treated as expenses and costs of administering my estate. My Executors shall have no duty or obligation to obtain reimbursements for any such tax paid by it even though no proceeds of insurance or other property not passing under this Will.

SECOND: I give and bequeath all the rest, residue and remainder of my estate, real or personal, or mixed which I may own or have any interest at the time of death, wheresoever situated including any and all property over which I may have a power of appointment by Will or otherwise to my daughter **ANGELA DIAZ.** Further providing that in the event of our simultaneous death or in the event of the death of the survivor, the entire estate shall be distributed in the following manner:

A) To **NANCY LOPEZ**-1/4 of my estate providing that if my she predeceases me then her share will pass to her children, living at the time of my death to share and share alike.

B) To **LINDA NEGRON**-1/4 of my estate providing that if my she predeceases me then her share will pass to her children, living at the time of my death to share and share alike.

C) To **MICHAEL NEGRON**-1/4 of my estate providing that if my he predeceases me then his share will pass to her children, living at the time of my death to share and share alike.

D) To **DAVID NEGRON**-1/4 of my estate providing that if my he predeceases me then his share will pass to his children, living at the time of my death to share and share alike.

THIRD: I hereby nominate and appoint my daughter, **ANGELA DIAZ,** as Executor of my estate under this, my Last Will and Testament. My Executor shall be exempt from giving security or securities on their official bond. In case my Executor is not able or refuses to act, then I appoint **JOSE NEGRON,** as a contingent Executor of my estate. Contingent Executor shall be exempt from giving security or securities on their official bond.

FOURTH: I do hereby authorize and empower my Executors in their discretion and without order of Court, to Sell any or all of my property, real or personal, at either public or private sale, for cash, or partly cash or partly credit, and upon such terms as to them may seem advisable and to the best, interest of my estate, and no purchaser shall be obligated to see to the application of the purchase money, hereby waiving any and all statutory bonds which may be required by the laws of the State of Illinois in connection with such sales. Such power of sale shall be general and shall not

be restricted to purposes related to the administration of my estate and may be exercised at any time after my death. I also give my said Executors full power and authority to settle and compound any and all claims either in favor or against my said estate as to my Executors shall seem best and for the purpose aforesaid to execute and deliver any and all necessary and proper documents and to give full release and discharges.

IN WITNESS THEREOF, I have hereunto set my hand and seal this **14TH day of December 2004.**

Miguel Negron

MIGUEL NEGRON

This instrument consisting of 4 pages was on the date thereof, signed, sealed, published and declared by the Testator and for his Last Will and Testament in our presence, who, at his request and in his presence and in the presence of each of us have subscribed our names hereto as witnesses thereof. And we do hereby certify that at the time of the execution thereof the Testator was of sound and disposing mind and memory.

Dorota Piorkowska-Gagat

Residing at 5319 W. Dakin
Chicago, Illinois 60641

2614 N. SPRINGFIELD

STATE OF ILLINOIS)
) SS.
COUNTY OF COOK)

We, the attesting witnesses to the Will of **MIGUEL NEGRON**, on oath state that each of us were present **on the 14TH day of December 2004** and saw the Testator sign the Will of which this Affidavit is apart, in our presence; that the Will was attested by each of us in the presence of the Testator and that each of us believed the Testator to be of sound mind and memory at the time she signed the Will.

Signed and Sworn to before me

This 14TH day of December 2004.

Notary Public

Official Seal
Mark A Jaszczuk
Notary Public State of Illinois
My Commission Expires 05/05/08

Prepared by
Mark A. Jaszczuk
Attorney at Law
2956 North Milwaukee Ave.
Suite 205-A
Chicago, Illinois 60618
Telephone: 773 252 5477

EXHIBIT "A"

LOT 18 (EXCEPT THE SOUTH 12 FEET THEREOF) AND THE SOUTH 18 1/2 FEET OF LOT 19 IN BLOCK 12 IN KEYSTONE ADDITION TO CHICAGO BEING A SUBDIVISION OF THE EAST HALF OF THE SOUTHWEST QUARTER OF SECTION 28, TOWNSHIP 38 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Mail to: Miguel A Negron
7609 Long Ave, Burbank IL 60459

19-28-308-024-0000