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Karen A. Yarbrough

Cook County Clerk

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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.

X

Principal's Initials

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ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

1. I, **EARNEST COUSINS** of 17336 Antler Drive, Orland Park, Illinois 60467 hereby revoke all prior powers of attorney for property executed by me and appoint my Wife, **MARYSE COUSINS** of 17336 Antler Drive, Orland Park, Illinois 60467 (*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 prohibition or conditions, on the sale of particular stock or real estate or special rules on borrowing by the agent.)

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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 EXHIBIT "A" ATTACHED HERETO AND INCORPORATED HEREIN

(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. This power of attorney shall become effective upon execution by the Principal.

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(NOTE: Insert a future date or event during your lifetime when you want this Power to first take effect, such as a court determination of your disability or a written determination by your physician that you are incapacitated.)

7. This power of attorney shall terminate upon the death of the Principal.

(NOTE: Insert a future date or event if you want this Power to terminate prior to your death 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.)

(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:

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.)

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

On the 26th day of AUGUST, 2021, EARNEST COUSINS, being physically disabled, the preceding instrument was read and explained to him by his attorney, and after EARNEST COUSINS indicated his approval thereof and declared this instrument, consisting of thirteen (13) typewritten pages to be his ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY, and being unable to sign his name hereto because of physical disability, and in the presence of all of the undersigned witnesses, whereupon EARNEST COUSINS made his mark in the space provided.

X

EARNEST COUSINS

(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 witnesses certify that EARNEST COUSINS, known to me to be the same person who due to physical disability made his mark as principal to the foregoing power of attorney, appeared before me and the notary public and acknowledged that said EARNEST COUSINS made his mark and delivered the instrument as the free and voluntary act of the principal, for the uses and purposes therein set forth. I believe him 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: 8/26/21

Trishore Kennedy

Witness

Address: 5601 County Line Rd
Huntley, IL 60521

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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.)

[Handwritten Signature]
Witness

Address: *State (noting home office)*
606521

(NOTE: This Power of Attorney will not be effective unless it is notarized and signed by at least one (1) witness using the form above.)

STATE OF ILLINOIS)
) SS
COUNTY OF COOK)

The undersigned, a notary public in and for the above county and state, certifies that EARNEST COUSINS, known to me to be the same person who directed his name be subscribed, appeared before me and the witnesses in person and acknowledged directing his name to be subscribed on this instrument as the free and voluntary act of the principal, for the uses and purposes therein set forth.

Dated: *8/26/21*

Notary Public: *[Handwritten Signature]*



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

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

(Agent)

(Principal)

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(Successor Agent)_____
(Principal)_____
(Successor Agent)_____
(Principal)

This instrument prepared by:
 John O'Donnell
 Hiskes, Dillner, O'Donnell, Marovich
 & Lapp, Ltd.
 10759 W. 159th Street, Suite 201
 Orland Park, IL 60467
 708-403-5050

(NOTE: This Notice To Agent shall be supplied to an agent appointed under a Power of Attorney for Property.)

NOTICE TO AGENT

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*

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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:*

- a. *act so as to create a conflict of interest that is inconsistent with the other principles in this Notice to Agent;*
- b. *do any act beyond the authority granted in this power of attorney;*
- c. *commingle the principal's funds with your funds;*
- d. *borrow funds or other property 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 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."

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EXHIBIT "A"

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 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. **Gifts.** The agent may make unlimited gifts or transfers of my assets or any interest in my assets to my spouse and annual exclusion gifts and tuition and medical exclusion gifts to any one or more of my descendants in such amounts as the agent considers appropriate providing that in the event I require extended long-term care such gifting does not compromise the quality of my life or jeopardize my eligibility for Medicaid benefits. The limitation on gifts as set forth above relative to the Annual Exclusion shall not apply if upon the advice and guidance of an Elder Law Attorney if in excess of the specified Amount should be made in planning for qualification for VA and/or Medicaid benefits. Any Annual Exclusion Gifts shall be made in such manner as to qualify for the federal gift tax "annual exclusion" under Code Section 2503(b). Except as set forth above, Annual Exclusion Gifts to each person in any calendar year shall not exceed the then 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. My spouse's name is MARYSE COUSINS. 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;

My agent shall have the right to engage in financial transactions as agent with herself/himself in her/his individual capacity and I waive on behalf of myself and my estate all objections to such transactions. I waive any conflict which may exist or which I may have because my agent (who is a fiduciary when acting pursuant to the authority granted by this instrument) also is a beneficiary of my estate plan and/or may otherwise derive some current or future benefit from such financial transactions.

b. **Power to Disclaim, Renounce, Release or Abandon Property Interests.** To renounce and disclaim any property or interest in property or powers to which for any reason or by any means that I may become entitled, whether by gift or testate or intestate succession; to release or abandon any property or interest in property or powers which I may now or hereafter own, and in exercising such discretion, my agent may take into account such matters as shall include, but shall not be limited to, any reduction in the estate or inheritance taxes on my estate and the effect of such renunciation or disclaimer upon persons interested in my estate and persons who would receive the renounced or disclaimed property.

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c. **Government Aid.** My agent may apply for government aid for me, including but not limited to, Supplemental Security Income, Social Security Disability, Medicaid and Medicare and also purchase health insurance for me. My agent is also authorized to create a Supplemental Needs Trust, and OBRA Trust or a Pooled Pay Back Trust (42 USC § 1396p(d)(4)(A) or 42 USC § 1396p(d)(4)(C)) for my benefit.

d. **Personal Service Contract.** My agent is authorized to execute and enter into a Personal Service Contract for the care and sole benefit of the principal.

e. **Other Compensation.** 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).

f. **Trusts.** My agent is authorized to create and fund, with my assets, a Special Needs Trust established for my benefit pursuant to 42 USC § 1396p(d)(4)(A) or 42 USC § 1396p(d)(4)(C) and 89 Ill. Admin. Code tit. 1, § 120.347 (or similar statute), distributable at my death net to reimburse the State of Illinois, or any other state, for any medical assistance or other governmental benefits paid out on my behalf during my lifetime, and then any remaining trust estate distributable to the beneficiaries named under my Last Will, or if no Last Will, to my heirs at law.

My agent is authorized to create and fund, with my assets, an irrevocable trust of which I am not a beneficiary. Permissible beneficiaries may include those individuals who are named beneficiaries or legatees of my estate planning documents, and if my agent is in the class of permitted beneficiaries, my agent may benefit as a beneficiary.

Should I personally establish a Trust, or should my agent establish a Trust on my behalf, my agent shall have the power to change title or the beneficiary of my assets to any such Trust.

My agent has the power to withdraw and/or receive income or principal from any trust in which I have a right of withdrawal or receipt; to request and receive the income or principal of any trust regarding which the trustee has discretionary authority to make distributions to or on my behalf, and to execute any receipt, release, or other document that may be required of me by such trustee.

g. **Power to Apply for and Maintain Governmental and Insurance Benefits.** My agent shall have the right to apply for governmental and insurance benefits on my behalf. My agent shall have the power to take any and all steps necessary, in my agent's judgment, to maintain eligibility for any and all public benefits and entitlement programs, including but not limited to: Social Security, Medicare, Medicaid, and the Community Care Program. My agent shall have the power to apply for governmental benefits and to

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continue working towards my eligibility for benefits, and to file an appeal on my behalf of any benefit program, even after my death may occur.

h. **Professional Services.** To compensate separately any brokers, attorneys, auditors, depositories, real estate managers, investment advisors, and other persons. Should my agent retain the services of a law firm which has previously represented me, my attorneys are permitted to release any and all otherwise privileged or confidential information to my agent, while my agent is acting in a fiduciary capacity under the terms of this instrument.

i. **Funding Trust.** To transfer any part or all of my assets to the Trustee of any Revocable Living Trust or Irrevocable Trust of which I am the grantor and which is for my benefit during my lifetime.

j. **Reverse Mortgage.** To apply for a reverse mortgage, including but not limited to signing the mortgage and note.

k. **Tax Powers.** To sign tax returns and tax powers of attorney; to obtain tax information.

l. **Reproductions.** Reproductions of this executed original, (with reproduced signatures, the certificate of acknowledgment and the witness clause) shall be deemed to be original counterparts of this Power of Attorney.

m. **Joint Tenancy.** My agent shall have the power to sever the joint tenancy and/or remove the principal as a joint tenant.

n. **Insurance.** My agent may cash in any of my insurance policies; use them in a viatical settlement or assign them for purposes of a prepaid funeral.

o. **Preserve Estate Plan.** My agent shall be obligated to preserve my estate plan as set forth in any Last Will of mine.

p. **Pre-Paid Plan.** My agent is authorized to purchase an irrevocable pre-paid plan regarding the disposition of my remains for the purposes of Medicaid eligibility pursuant to 89 Illinois Administrative Code 120.38(b)-(d).

q. **Payment for Care Management.** I consider the task of managing and overseeing care and service providers to be very important to my quality of life. I direct that such services be compensated at the then current market value rate. Should any agent, family member, or friend personally undertake to arrange for and manage my care during any illness which I may suffer, whether that care is provided in a home or in a medical or nursing institution, I authorize advanced lump-sum compensation or hourly

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compensation to that care manager, even if said care manager is my agent appointed hereunder or pursuant to a Durable Power of Attorney for Health Care.

r. **Payment for Care or Assistance in Home.** I prefer to remain in my own home, despite any worsening medical condition. Should I need assistance with day-to-day tasks or direct care, I authorize my agent to use my income and savings to pay for home services or care, whether provided by family members, friends, or others in the business of providing such services. Should any agent, family member, or friend provide care or services for me in my home when I am in need of help, including my agent, then my agent shall compensate that individual at the current fair market rate for the in-home services being provided.

s. **Digital Assets.** My attorney-in-fact shall have (i) the power to access, use and control my digital devices, including but not limited to, desktops, laptops, tablets, peripherals, storage devices, mobile telephones, smartphones, and any similar digital device which currently exists or may exist as technology develops or such comparable items as technology develops for the purpose of accessing, modifying, deleting, controlling or transferring my digital assets, and (ii) the power to access, modify, delete, control and transfer my digital assets, including but not limited to, my emails received, email accounts, digital music, digital photographs, digital videos, software licenses, social network accounts, file sharing accounts, financial accounts, domain registrations, DNS service accounts, web hosting accounts, tax preparation service accounts, online stores, affiliate programs, other online accounts and similar digital items which currently exist or may exist as technology develops or such comparable items as technology develops.

prepared by + mail to
 Burnett Cousins
 18405 Riegel rd
 Homewood, IL 60430

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EXHIBIT A

Order No.: OC21031817

LOT 2 IN POPLAR PARK, A SUBDIVISION IN THE NORTH 1/2 OF THE NORTH WEST 1/4 OF SECTION 5, TOWNSHIP 35 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED IN THE RECORDER S OFFICE OF COOK COUNTY, ILLINOIS ON OCTOBER 24, 1952 AS DOCUMENT NUMBER 15468724, IN COOK COUNTY, ILLINOIS.

Property of Cook County Clerk's Office