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Karen A. Yarbrough
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ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

Property Address: 909 E. Kenilworth Ave. Condo 205
Palatine, IL 60077

PIN: 02-24-105-024-1029

Prepared by: John C. Haas, Attorney at Law
115 S Emerson Street
Mount Prospect, IL 60056

After recording return to: Chicago Title Company
1701 Golf Road, Twr. 1 Suite 101
Rolling Meadows, IL 60008

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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 5-4 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:

CS
Principal's Initials

UNOFFICIAL COPY**ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY
(755 Illinois Compiled Statutes 45/3-3)**

1. **I, CHARLOTTE A. SHICOTTE, 909 E. Kenilworth Avenue, Unit 205,
Palatine, Illinois 60074**

(insert name and address of principal)

hereby revoke all prior powers of attorney for property executed by me (except for any powers of attorney I may have executed on forms required and/or prescribed by any banking institution or investment company with which I have established accounts and except for any powers of attorney, or similar forms, required by any government agencies including, but not limited to, the Department of Veterans Affairs, the Social Security Administration and the Internal Revenue Service), and appoint:

DIK K. SHICOTTE, 4685 N. 145th Street, Brookfield, Wisconsin 53005

(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 MAY 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:

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(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.)

NO LIMITATIONS

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) Land Trusts. In addition to its powers under paragraph (a) of Section 3-4 of the Illinois Statutory Short Form Power of Attorney for Property law, to enter into any land trust transactions, including the execution of "general directions" to execute documents, "directions to convey" property, assignments of beneficial interest and collateral assignments of beneficial interest.

(b) Governmental Financial Assistance Programs. To represent me and to do all things necessary and proper to secure for me and to qualify me for any and all benefits or payments that may be available to me from any governmental agency or public benefits program including social security, supplemental security income, social security disability, Medicare, Medicaid, public aid or any other public financial assistance programs to which I may be entitled. Benefits may be directed to my agent as my designated representative payee.

(c) Exercising Duties and Powers of Trustee. To exercise and undertake all duties, rights, powers, privileges and discretions of the trustee under any trust agreement of which I am the grantor or settlor and the then-acting trustee.

(d) Powers of Appointment. To exercise any power of appointment I may have under any Will or trust agreement.

(e) Disclaimers. To disclaim any benefit to be received by me from any estate, Will or Trust, as legatee, devisee, named beneficiary, surviving joint tenant, or in any other manner of succession.

(f) Beneficiary or Joint Tenancy Designations or Changes. To name or change beneficiaries or joint tenants on any bank accounts, investment accounts, mutual funds or stock accounts, insurance policies, annuities, retirement plans, individual retirement accounts, pensions or profit sharing plans, or similar non-retirement or retirement accounts, provided that such acts shall not substantially disturb the ultimate distribution of my assets among my beneficiaries under any Will or Trust Agreement I may have signed.

(g) Other Powers under Qualified Retirement Plans or Accounts. To deal directly with any pension, profit sharing, individual retirement account, 401(k), 403(b), annuity or other qualified retirement plan administrator or entity on my behalf and to exercise any and all rights I may have as the owner or participant in any such plan or account, including, but not limited to, the right to authorize distributions from and investments in the plan or account and to undertake all other retirement plan or account transactions.

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- (h) **HIPAA.** To act on my behalf and to make all decisions that I could make and to have all powers and rights that I may have under the Health Insurance Portability and Accountability Act (HIPAA) of 1996, 45 CFR Section 160 through 164 (the Act), including, but not limited to, signing releases and authorizations and acknowledging receipt of any privacy notice regarding the disclosure of my medical and financial records and information, to have communications with and receive telephone calls and letters, and I hereby waive all financial privacy rights and give those rights to my agent. I direct that all covered entities and health care providers accept and treat my agent as my personal representative for all purposes of HIPAA. My agent shall act on my behalf to file complaints and seek enforcement of any civil or criminal penalties for violation of the Act and otherwise do all things that I could do personally. My agent shall be entitled to all information relating to my physical and medical condition in the same manner as if I personally was making the request.
- (i) **Powers of Attorney.** To execute further Powers of Attorney containing such terms, conditions and authorization as is then deemed to be appropriate by my agent, including I.R.S. Form 2848, Power of Attorney and Declaration of Representative.
- (j) **Creation of Trusts.** To create, execute and fund a trust for me, using my assets, including revocable, irrevocable, OBRA or OBRA pooled trusts or accounts. It is my intention that this power may be exercised by my agent in the event of my disability or incapacity to avoid a probate of my estate, maximize potential estate, income or other tax savings or engage in public benefits planning, including Medicaid eligibility planning. Also, to create, execute and fund, using my assets, a special needs trust or supplemental needs trust for me, my spouse, my children and/or my grandchildren.
- (k) **Internet/Electronic Banking Transactions.** To transact all forms of electronic and/or internet banking including, but not limited to, making deposits and withdrawals, transacting online bill paying, transferring funds between accounts, authorizing and initiating electronic funds transfers, establishing and/or closing accounts and accessing all account information, including archival files, passwords, user names and personal identification numbers.
- (l) **Digital Assets.** To require full disclosure to my agent some or all of my digital assets, including the content of electronic communications sent or received by me, all pursuant and within the meaning of the Revised Uniform Fiduciary Access to Digital Assets Act (2015)(755 ILCS 70/1 through 70/21). Without limiting the generality, scope and applicability of the foregoing, to access and obtain full disclosure of all of my digital accounts and computer websites, including, but not limited to, investment and banking accounts, social networking and blogging accounts and forums, to obtain account information and data including archival files, passwords, user names and personal identification numbers; to update passwords and personal identification numbers and to modify in any way or to close or terminate digital accounts; to sell or distribute rights to digital assets and any other intellectual property.
- (m) **Caregivers and Expenses.** To hire a nurse, companion or other caregiver for my care and to execute personal service contracts or contracts to pay for my lifetime care; to pay for my care in my home or for the cost of convalescent or nursing home care outside of my home.

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(n) **Appointment of Successor Custodian under UGMA/UTMA/529 Accounts.** To appoint a successor custodian under any Uniform Gifts to Minors Act (UGMA) account, Uniform Transfers to Minors Act (UTMA) account or Section 529 account with respect to which I am the custodian and no successor custodian is named on the said UGMA, UTMA or 529 account agreements and to take all necessary steps to effectuate such appointments.

(o) **Pets.** To provide for the immediate care and protection of any pet animal or animals (collectively "my pet") I may own by, among other things, having access to and taking possession of my pet, if necessary, and appointing a custodian to care for my pet; to have such decision-making authority to commit my financial resources for the well-being and care of my pet, all in my agent's discretion.

(p) **Gifts.** To make gifts, including annual exclusion gifts and tuition and medical exclusion gifts and taxable gifts in such amounts as my agent deems appropriate, all to the extent that such gifts are consistent either with estate and tax planning goals appropriate for my estate or with my past gifting practices; to execute and file gift tax returns; and to exhaust my unified credit available to me during my life. Permissible recipients of said gifts shall be my spouse, descendants or any other individuals as well as any charitable organizations for which a charitable income tax deduction is allowable. Gifts may be made either directly to a donee, in trust, or to a custodian under a Uniform Transfers to Minors Act or Section 529 account. If my agent is in the class of permitted gift recipients, my agent shall be permitted to make gifts benefitting the agent, despite acting in a fiduciary capacity and such gifts shall not be considered a conflict of interest, self-dealing or fraudulent. 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. If my agent engages in public benefits planning (including Medicaid eligibility planning), my agent shall consider the objectives of such planning in making gifts even if those gifts do not substantially follow the directions in my estate planning documents, as long as such gifting is made as directed under a plan created by an attorney engaging in public benefits planning.

(q) **Conflict of Interest/Self-Dealing.** I waive any conflict of interest that may exist or arise if my agent is also a beneficiary of my estate plan or otherwise derives some current or future benefit from any transactions my agent undertakes pursuant to the authority granted by this instrument. No state law restraint or prohibition on acts of self-dealing by an agent shall apply to my agent acting hereunder. My agent may enter into transactions on my behalf in which the agent is personally interested as long as the terms of such transaction are fair to me, unless it is proved that the agent was clearly motivated by and acted in its own self-interest, knowing that such action was not in my best interests.

(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.

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(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. (X) This power of attorney shall become effective on the date of its execution.

(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. (X) This power of attorney shall terminate on my death, or upon my written direction prior thereto.

(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, or if the agent is unavailable or reasonable attempts to contact the agent have failed, I name the following (each to act alone and successively, in the order named) as successor(s) to such agent:

DEBORAH L. MAJIC, 444 W. Fullerton Parkway, Unit 1002, Chicago, Illinois 60614
CINDY A. ADANIYA, 1415 E. Central Road, Unit 403A, Arlington Heights, Illinois 60005

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.

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(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.

12. Reproductions, photocopies, electronic or digital copies of the executed original of this Power of Attorney for Property, certified as a true, exact and accurate copy of the original, by my agent in possession of the original or by my attorney, shall be deemed original counterparts of this Power of Attorney.

Dated this 29th day of March, 2019.

Signed


 CHARLOTTE A. SHICOTTE, 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.)

The undersigned witness certifies that CHARLOTTE A. SHICOTTE, 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 this 29th day of March, 2019.


 JOHN C. HAAS, 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 **CHARLOTTE A. SHICOTTE**, 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 this 29th day of March, 2019.

Claudine R. Kastner

CLAUDINE R. KASTNER, Witness

State of Illinois)
) SS.
County of Cook)

The undersigned, a notary public in and for the above county and state, certifies that **CHARLOTTE A. SHICOTTE**, 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 witnesses, **JOHN C. HAAS** and **CLAUDINE R. KASTNER**, 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 this 29th day of March, 2019.



(Notary Seal)

Nancy L. Seils

Notary Public
My commission expires April 26, 2022

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(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)

(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.)

This document was prepared by: John C. Haas, Attorney at Law, 115 S. Emerson Street, Mount Prospect, IL 60056. Telephone: 847-255-5400.

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.

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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"

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.