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Doc#. 2212904320 Fee: \$98.00

Karen A. Yarbrough Cook County Clerk

Date: 05/09/2022 12:08 PM Pg: 1 of 4

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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 is, ou.

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 coagents.

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 it it do 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 attorneyatlaw or otherwise to engage in the practice of law unless he or she is a licensed attorney who is accordized to practice law in Illinois.

The powers you give your agent are explained more fully in Section 34 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:

Principal's initials

2212904320 Page: 2 of 4 9. If a guardian of my estate (my prope 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 attorneyatlaw or otherwise to engage in the practice of law unless he or she is a licensed attorney who is authorized to practice law in Illinois.) 11. The Notice to Agent is incorporated by reference and included as part of this form. Dated: April 20, 2022 DEBORAH A. ADREANI (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 <u>DEBORAH A. ADREANI</u> , 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; (5) en 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: April 17, 2022 Gheorghita Stanescu - Witness (NOTE: Illinois requires only one witness, but ou... furisdictions may require more than one witness. If you wish to have a second witness, have him or her certify and sign here:) known to me to be the same person whose name is (Second witness) The undersigned witness certifies that subscribed as principal to the foregoing power of attorney, appeared soften 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 any oses 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. (.) the attending physician or mental health service provider or a relative of the physician or provider, (b) arrowner, operator, or relative of arrowner or operator, or relative of arrowner or operator, (c) a parent, sibling, descendant, or any spouse of such parent, sibling, or descendant of ither the principal or any agent or successor agent under the foregoing power of attorney, whether such relationship is by blood, marriage, or ador to the foregoing powerof attorney. Dated: _ State of Illinois) SS. County of Cook The undersigned, a notary public in and for the above county and state, certifies that ____DEBORAH A. ADREAN 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) in person and acknowledged signing and delivering the instrument as the free and vo untary act of the principal, Gheorghita Stanescu for the uses and purposes therein set forth (, and certified to the correctness of the signature(s) of the agent(s)). OFFICIAL SEAL Dated: April 27, 2022 MARY ANN KRZESZOWSKI NOTARY PUBLIC, STATE OF ILLINOIS My commission expires MY COMMISSION EXPIRES: 7/7/2025 (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.

Principal

Principal

Agent

Successor Agent

2212904320 Page: 3 of 4

Principal

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Successor Agent

Dennis J. DaPrato DaPrato & Associates 7507 West Belmont Avenue Chicago, Illinois 60634 (773) 637-6067

"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 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 cleate 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.

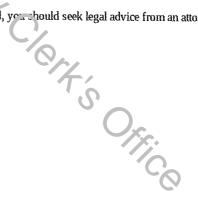
If you have special skills or expertise, you must use those special skills and expertise when acting for the principal. You must disclose your identity as an agent whenever you act for the principal by writing or manifer the name of the principal and signing your own name "as Agent" in the following 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."



2212904320 Page: 4 of 4

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LEGAL DESCRIPTION

Order No.: 22002379NC

For APN/Parcel ID(s): 13-25-408-006

LOT 32 AND THE NORTH 1/2 OF LOT 31 IN BLOCK 2 IN HARRIET FARLIN'S SUBDIVISION IN THE PRINCE CONTRACTOR OF COUNTY CLERK'S OFFICE WEST 1/2 OF THE SOUTHEAST 1/4 OF SECTION 25, TOWNSHIP 40 NORTH, RANGE 13, EAST OF

THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.