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Karen A. Yarbrough

Cook County Clerk

Date: 05/18/2022 02:06 PM Pg: 1 of 4

POWER OF ATTORNEY

4808 N OVERHILL

NORRIDGE, IL 60706

12-12-325-050-0000

**AFTER RECORDING MAIL TO:
JOHN G WOLF
ATTORNEY AT LAW
124 CLINTON ST
PARK RIDGE, IL 60068**

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ILLINOIS STATUTORY POWER OF ATTORNEY FOR PROPERTY

(NOTICE: THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON YOU DESIGNATE (YOUR 'AGENT') BROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO PLEDGE, SELL, OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. THIS FORM DOES NOT IMPOSE A DUTY ON YOUR AGENT TO EXERCISE GRANTED POWERS; BUT WHEN A POWER IS 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. 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 ARE EXPLAINED MORE FULLY IN SECTION 3-4 OF THE ILLINOIS 'STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY LAW' OF WHICH THIS FORM IS A PART (See the back of this form). 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.)

POWER OF ATTORNEY MADE THIS 8th DAY OF SEPTEMBER, 2007.

I, **TOM P. JAGUSCH**, here appoint: **my wife, CAROL I. JAGUSCH**, as my attorney-in-fact (my "agent") to act for me and in my name (in any way I could 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 or additions to the specified powers inserted in paragraph 2 or 3 below: (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 & military benefits
- i. Tax matters.
- j. Claims and litigation.
- k. Commodity and option transactions.
- l. Business operations.
- m. Borrowing transactions
- n. Estate transactions.
- o. Every and all other property powers and transactions.

2. The powers granted above shall not include the following powers or shall be modified or limited in the following particulars: (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): **NO LIMITATIONS.**

3. In addition to the powers granted above, I grant my agent the following powers: (here add any other delegable powers including, without limitation, power to make gifts, exercise powers of appointment, amend or change beneficiaries or joint tenants or revoke or amend any trust specifically referred to below): **[xx] My agent shall have the right to revoke or amend joint tenants and/or any trust accounts. Specifically, but not limited to the following accounts**

Name of institution: _____	Account No. _____	Your initials: _____
Name of institution: _____	Account No. _____	Your initials: _____
Name of institution: _____	Account No. _____	Your initials: _____

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(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 POWER TO OTHERS, YOU SHOULD KEEP THE NEXT SENTENCE, 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.

(YOUR AGENT WILL BE ENTITLED TO REIMBURSEMENT FOR ALL REASONABLE EXPENSES INCURRED IN ACTING UNDER THIS POWER OF ATTORNEY. STRIKE OUT THE NEXT SENTENCE 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.

(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.)

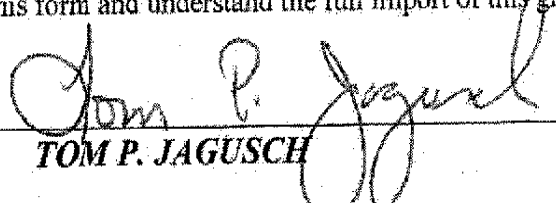
6. This power of attorney shall become effective immediately.
7. This power of attorney shall terminate upon my death.

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: **my daughter, CORY L. SCHULTZ; or then my brother, JON C. JAGUSCH.**
For purposes of this paragraph 8, a person shall be considered to be incompetent if and while the person is a minor or 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.

(IF YOU WISH TO NAME YOUR AGENT AS GUARDIAN OF YOUR ESTATE, 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 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.



TOM P. JAGUSCH

STATE OF ILLINOIS) SS

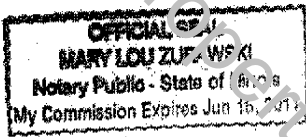
COUNTY OF COOK)

The undersigned, a notary public in and for the above county and state, certifies that

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TOM P. JAGUSCH, 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 additional witness 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.

Subscribed and sworn to before me this 8th day of **SEPTEMBER, 2007**



Mary Lou ZuraWSki

NOTARY PUBLIC

The undersigned witness certifies that TOM P. JAGUSCH, 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.

Dated: **SEPTEMBER 8, 2007**

Witness: *Mary Lou ZuraWSki*

This document was prepared by:
MARY LOU ZURAWSKI Attorney at Law
6121 N. Northwest Highway Suite 102
Chicago, Illinois 60631 (773) 792-1885

Cook County Clerk's Office