

UNOFFICIAL COPY

Doc#: 2214318231 Fee: \$98.00
Karen A. Yarbrough
Cook County Clerk
Date: 05/23/2022 12:38 PM Pg: 1 of 6

Illinois Statutory Short Form Power of Attorney for Property

(Notice: The purpose of this Power of Attorney for Property 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 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.)

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 pages 4-7 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 to you.)

POWER OF ATTORNEY made this 23 day of (month) October (year) 2015

1. I, (insert name of principal) Bruce R. Achilles

(insert address of principal) 2256 Sunnyside Ave, Westchester, IL, hereby

appoint: (insert name of agent) Charles A Achilles

(insert address of agent) 7156 Springside Ave, Downers Grove, IL

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:

(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. | (i) Tax matters. |
| (b) Financial institution transactions. | (j) Claims and litigation. |
| (c) Stock and bond transactions. | (k) Commodity and option transactions. |
| (d) Tangible personal property transactions. | (l) Business operations. |
| (e) Safe deposit box transactions. | (m) Borrowing transactions. |
| (f) Insurance and annuity transactions. | (n) Estate transactions. |
| (g) Retirement plan transactions. | (o) All other property powers and transactions. |
| (h) Social Security, employment and military service benefits. | |

Handwritten signature/initials

UNOFFICIAL COPY

(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: (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)

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)

(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 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 by initialing and completing either (or both) of the following:)

6. () This power of attorney shall become effective on (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) _____

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

UNOFFICIAL COPY

(If you wish to name successor agents, insert the name(s) and address(es) of such successor(s) in the following paragraph.)

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:

Amber L. Achilles - Ritter

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.

(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.

Signed (Principal) Bruce K. Achilles

(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 agent and successors.)

Specimen signatures of agent
(and successors)

(Agent) Charles Achilles

(Successor Agent) _____

(Successor Agent) _____

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

(Principal) Bruce K. Achilles

(Principal) _____

(Principal) _____

UNOFFICIAL COPY

(This power of attorney will not be effective unless it is notarized and signed by at least one additional witness, using the form below. **Note: The requirement of the signature of an additional witness applies only to instruments executed on or after June 9, 2000, the effective date of Public Act 91-790.**)

The undersigned witness certifies that Bruce R. Achilles, 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: 10-23-15 (SEAL)

Witness: [Signature]

State of Illinois)
County of dupage) SS.

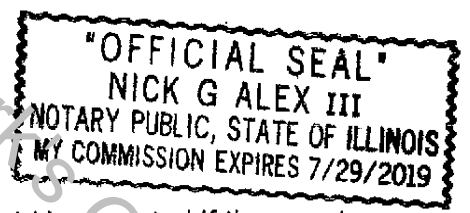
The undersigned, a notary public in and for the above county and state, certifies that

Bruce R. Achilles, 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 (, and certified to the correctness of the signature(s) of the agent(s)).

Dated: 10-23-15 (SEAL)

(Notary Public) Nick G. Alex III

My commission expires 7-29-19



(The name and address of the person preparing this form should be inserted if the agent will have power to convey any interest in real estate.)

This document was prepared by:

(Name) Charles A. Achilles

(Address) 7156 Springside Ave, Downers Grove, IL

UNOFFICIAL COPY

The Illinois Department on Aging provides complimentary copies of the following forms:

- **Living Will,**
- **Power of Attorney for Health Care and**
- **Power of Attorney for Property.**

For copies, contact the Senior HelpLine:

1-800-252-8966

1-888-206-1327 (TTY)

E-mail: ilsenior@aging.state.il.us

Property of Cook County Clerk's Office

State of Illinois
Illinois Department on Aging
421 East Capitol Avenue, #100, Springfield, Illinois 62701-1789
Senior HelpLine: 1-800-252-8966, 1-888-206-1327 (TTY)
www.state.il.us/aging

The Illinois Department on Aging does not discriminate in admission to programs or treatment of employment in programs or activities in compliance with appropriate State and Federal Statutes. If you feel you have been discriminated against, you have a right to file a complaint with the Illinois Department on Aging. For information, call the Senior HelpLine at 1-800-252-8966, 1-888-206-1327 (TTY).

UNOFFICIAL COPY



CHICAGO TITLE
COMPANY

LEGAL DESCRIPTION

Order No.: 22GND715015WC

For APN/Parcel ID(s): 15-29-202-072-0000

ALL OF LOT 8, THE EAST 1/2 OF THE NORTH AND SOUTH VACATED ALLEY WEST OF AND ADJOINING LOT 8, THE NORTH 1/2 OF VACATED 23RD STREET LYING WEST OF THE SOUTHERLY EXTENSION OF THE EAST LINE OF LOT 8, AND THE EAST OF THE SOUTHERLY EXTENSION OF THE CENTER LINE OF VACATED NORTH AND SOUTH ALLEY LYING WEST OF AND ADJOINING SAID LOT 8 IN BALTIS RESUBDIVISION OF LOTS 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143 AND 144 BOTH INCLUSIVE, IN 22ND STREET ADDITION TO WESTCHESTER IN THE NORTHWEST 1/4 OF THE NORTHEAST 1/4 OF SECTION 29, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCODRING TO PLAT THEREOF REGISTERED AS DOCUMENT NUMBER 1371860, IN COOK COUNTY, ILLINOIS.

Property of Cook County Clerk's Office