

UNOFFICIAL COPY

DURABLE POWER OF ATTORNEY FOR FINANCIAL MANAGEMENT

WARNING TO PERSON EXECUTING THIS DOCUMENT - THE POWERS YOU GRANT BELOW CONTINUE TO BE EFFECTIVE SHOULD YOU BECOME DISABLED OR INCOMPETENT

CAUTION: This is an important legal document and upon proper execution will create a Durable Power of Attorney. This gives the person whom you designate as your attorney-in-fact broad powers to handle your property during your lifetime, which may include powers to mortgage, sell, or otherwise dispose of any real or personal property without advance notice to you or approval by you.

These powers will continue to exist even if you become disabled or incompetent. You do have the right to terminate or revoke the Power of Attorney and any or all powers granted within at any time up to the point of your incapacity.

This document does not authorize anyone to make medical or other health care decisions. You may execute a health care proxy (also known as a health care or medical power of attorney) to do this.

If there is anything about this document that you do not understand, you should ask a lawyer to explain it to you.

THIS DURABLE POWER OF ATTORNEY for financial management is given by me, Stanislaw Rybka (the "Principal"), presently of 10536 S Lori Ln, Palos Hills, IL 60465, USA, on this 10 day of MAY, 2022.

Nature of Power

1. THIS IS A DURABLE POWER OF ATTORNEY and the authority of my Attorney-in-fact shall not terminate if I become disabled or incapacitated.



2218115046

Doc# 2218115046 Fee \$105.00

RHSP FEE:\$9.00 RPRF FEE: \$1.00

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 06/30/2022 02:41 PM PG: 1 OF 10

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Power of Attorney

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Previous Power of Attorney

2. **I REVOKE** any previous durable power of attorney granted by me.

Attorney-in-fact

3. **I APPOINT** Wojciech Rybka-Zabawski, of 10536 S Lori Ln, Palos Hills, IL 60465, USA, to act as my Attorney-in-fact.

Governing Law

4. This document will be governed by the laws of the State of Illinois. Further, my Attorney-in-fact is directed to act in accordance with the laws of the State of Illinois at any time he or she may be acting on my behalf.

Liability of Attorney-in-fact

5. My Attorney-in-fact will not be liable to me, my estate, my heirs, successors or assigns for any action taken or not taken under this document, except for willful misconduct or gross negligence.

Effective Date

6. This Power of Attorney will start immediately and will continue notwithstanding a finding of my mental incapacity or mental infirmity which may occur after my execution of this Power of Attorney.

Powers of Attorney-in-fact

7. My Attorney-in-fact will have the following power(s):

Initials

- a. ☒ **Real Estate Transactions**

To deal with any interest I may have in real property and sign all documents on my behalf concerning my interest, including, but not limited to, real property I may subsequently acquire or receive. These powers include, but are not limited to, the ability to:

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- i. Purchase, sell, exchange, accept as gift, place as security on loans, convey with or without covenants, rent, collect rent, sue for and receive rents, eject and remove tenants or other persons, to pay or contest taxes or assessments, control any legal claim in favor of or against me, partition or consent to partitioning, mortgage, charge, lease, surrender, manage or otherwise deal with real estate and any interest therein; and
- ii. Execute and deliver deeds, transfers, mortgages, charges, leases, assignments, surrenders, releases and other instruments required for any such purpose.

b. ☒ Banking Transactions

To do any act that I can do through an Attorney-in-fact with a bank or other financial institution. This power includes, but is not limited to, the power to:

- i. Open, maintain or close bank accounts (including, but not limited to, checking accounts, savings accounts, and certificates of deposit), brokerage accounts, retirement plan accounts, and other similar accounts with financial institutions;
- ii. Conduct any business with any banking or financial institution with respect to any of my accounts, including, but not limited to, making deposits and withdrawals, negotiating or endorsing any checks or other instruments with respect to any such accounts, obtaining bank statements, passbooks, drafts, money orders, warrants, and certificates or vouchers payable to me by any person, firm, corporation or political entity;
- iii. Borrow money from any banking or financial institution if deemed necessary by my Attorney-in-fact, and to manage all aspects of the loan process, including the placement of security and the negotiation of terms;
- iv. Perform any act necessary to deposit, negotiate, sell or transfer any note, security, or draft of the United States of America, including U.S. Treasury Securities;

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- v. Have access to any safe deposit box that I might own, including its contents; and
- vi. Create and deliver any financial statements necessary to or from any bank or financial institution.

c. ☒ **Tax Matters**

To act for me in all matters that affect my local, state and federal taxes and to prepare, sign, and file documents with any governmental body or agency, including, but not limited to, authority to:

- i. Prepare, sign and file income and other tax returns with federal, state, local and other governmental bodies, and to receive any refund checks; and
- ii. Obtain information or documents from any government or its agencies, and represent me in all tax matters, including the authority to negotiate, compromise, or settle any matter with such government or agency.

d. ☒ **Government Benefits**

To act on my behalf in all matters that affect my right to allowances, compensation and reimbursements properly payable to me by the Government of the United States or any agency or department thereof. This power includes, but is not limited to, the power to prepare, file, claim, defend or settle any claim on my behalf and to receive and manage, as my Attorney-in-fact sees fit, any proceeds of any claim.

e. ☒ **First Additional Power**

To sign on my behalf the mortgage documents pertaining to the CHELOC that I applied for with PNC Bank N.A. on 04/21/2022 in the amount of \$150,000.

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Attorney-in-fact Compensation

8. My Attorney-in-fact will receive no compensation except for the reimbursement of all out of pocket expenses associated with the carrying out of my wishes.

Co-owning of Assets and Mixing of Funds

9. My Attorney-in-fact may continue to co-own assets and have any funds owned by him or her mixed with my funds to the same extent that the co-owning of assets and mixing of funds existed before operation of this Power of Attorney.

Delegation of Authority

10. My Attorney-in-fact may delegate any authority granted under this document to a person of his or her choosing. Any delegation must be in writing and state the extent of the power delegated and the period of time in which the delegation will be effective.

Attorney-in-fact Restrictions

11. This Power of Attorney is not subject to any conditions or restrictions other than those noted above.

Notice to Third Parties

12. Any third party who receives a valid copy of this Power of Attorney can rely on and act under it. A third party who relies on the reasonable representations of my Attorney-in-fact as to a matter relating to a power granted by this Power of Attorney will not incur any liability to the Principal or to the Principal's heirs, assigns, or estate as a result of permitting the Attorney-in-fact to exercise the authority granted by this Power of Attorney up to the point of revocation of this Power of Attorney. Revocation of this Power of Attorney will not be effective as to a third party until the third party receives notice and has actual knowledge of the revocation.

Severability

13. If any part of any provision of this document is ruled invalid or unenforceable under applicable law, such part will be ineffective to the extent of such invalidity only, without in any way affecting the remaining parts of such provisions or the remaining provisions of this document.

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Acknowledgment

14. I, **Stanislaw Rybka**, being the Principal named in this Durable Power of Attorney hereby acknowledge:

- a. I have read and understand the nature and effect of this Durable Power of Attorney;
- b. I recognize that this document gives my Attorney-in-fact broad powers over my assets, and that these powers will continue past the point of my incapacity;
- c. I am of legal age in the State of Illinois to grant a Durable Power of Attorney; and
- d. I am voluntarily giving this Durable Power of Attorney and recognize that the powers given in this document will become effective as of the date of my incapacity or as specified within.

IN WITNESS WHEREOF I hereunto set my hand and seal at the City of CHICAGO in the State of Illinois, this 10th day of MAY, 2022.

SIGNED, SEALED, AND DELIVERED

in the presence of:

Witness: [Signature] (Sign)Witness Name: KRYSTIAN ADZIOAddress: 10631 S. MICHAEL DR.
PALOS HILLS, IL 60465Witness: [Signature] (Sign)Witness Name: Salwa OzioAddress: 10631 S. Michael Dr.
Palos Hills, IL 60465

[Signature]
Stanislaw Rybka (Donor)

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NOTARY ACKNOWLEDGMENT

STATE OF ILLINOIS

COUNTY OF COOK

I, CHAD SHUMATE, a Notary Public in and for said state, certify that Stanislaw Rybka, known to me (or satisfactorily proven) to be the person whose name is subscribed to the foregoing instrument, personally appeared before me on the 10TH day of MAY, 2022, and acknowledged to me that he/she signed and delivered the same as his/her free and voluntary act, for the uses and purposes therein set forth.



Notary Public

(Notary Seal)

My commission expires: 1-24-24

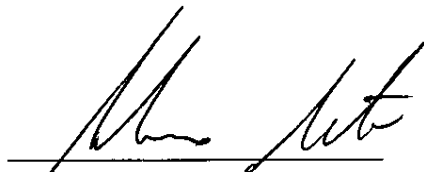
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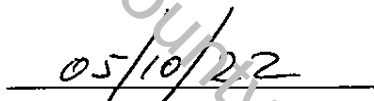
Power of Attorney

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WITNESS CERTIFICATE

The undersigned witness certifies that Stanislaw Rybka, 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.


(Signature of Witness)

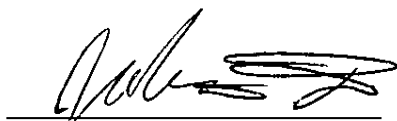

(Date)

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(Signature of Witness)

05/10/22
 (Date)

PREPARED BY: MARY BOKOWSKI
 LEGALCONTRACTS.COM
 5836 S NEEVAH AVE
 CHGO IL 60638

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Office of the Cook County Clerk

Map Department Legal Description Records

P.I.N. Number: 23131100190000

The legal description card(s) below is prepared in a format used for official county record-keeping, and can be used by the Cook County Recorder's Office to access their tract books.

If you need assistance interpreting this description, please obtain a copy of our instruction sheet "How to Read a Legal Description Card", available from the counter clerk or at our website www.cookcountyclerk.com

Please verify the Property Identification Number or P.I.N. (also known as the "Permanent Real Estate Index Number"). If this is not the item you requested, please notify the clerk.

23	13	11	00	19	151	3031
AREA	SUB-AREA	BLOCK	PARCEL	UNIT	WARRANT	CODE

OFFICE OF THE CLERK OF COOK COUNTY, ILLINOIS
 PERMANENT REAL ESTATE INDEX NUMBER AND LEGAL DESCRIPTION

VOLUME
151

TAX CODE
3031

AREA SUB-AREA BLOCK PARCEL UNIT
 23- 13- 110- 019

OAKWOOD HILLS
 SECOND ADD

SEC.	TOWN	RANGE	LOT	SUB-LOT	LOT	BLOCK
13	37	12				133

AREA	SUB-AREA	BLOCK	PARCEL	UNIT	WARRANT	CODE
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