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KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 10/28/2022 10:09 AM PG: 1 OF 14

Property of Cook County Clerk's Office

**POWER OF ATTORNEY
950 N MICHIGAN AVE #3401
CHICAGO, IL 60611
PIN # 17-03-207-068-1135**

MAIL TO AND PREPARED BY:
JAY ANDREW
4811 EMERSON AVE #110
PALATINE, IL 60067



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ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

1. I, REGINE E. SLADCIK of 950 NORTH MICHIGAN AVENUE, UNIT #3401, CHICAGO, ILLINOIS 60611 hereby revoke all prior powers of attorney for property executed by me and appoint:

A) my daughter, SUZANN R. SLADCIK presently of 15 PARKWAY NORTH, UNIT #156, DEERFIELD, ILLINOIS 60015, Cell: (224) 305-3321.

(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 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 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.)

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2. The powers granted above shall not include the following powers or shall be modified or limited in the following particulars:

(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.)

My agent shall have the power to take whatever actions are necessary to fund and transfer assets to the REGINE E. SLADCIK Declaration of Living Trust including but not limited to the power to open new financial accounts in the name of the REGINE E. SLADCIK Declaration of Living Trust.

(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.

(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.)

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6. (x) This power of attorney shall become effective when a physician familiar with my condition certifies to my agent in writing that, because of advanced age, mental deterioration or physical incapacity, I am not fully able to manage my person or estate.

(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 when a physician familiar with my condition certifies to my agent in writing that I am again able to fully manage my person or estate.

(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, I name the following (each to act alone and successively, in the order named) as successor(s) to such agent:

A) my friend, JEAN GOLDA presently of 225 BRADWELL ROAD, INVERNESS, ILLINOIS 60010 (847) 980-3163, as successor agent.

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.

Dated: FEBRUARY 10, 2022

Regine E Sladick
Signed

REGINE E. SLADCIK
(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 REGINE E. SLADCIK, 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: FEBRUARY 10, 2022

Melinda Vetter
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 REGINE E. SLADCIK 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; (a) 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: FEBRUARY 10, 2022

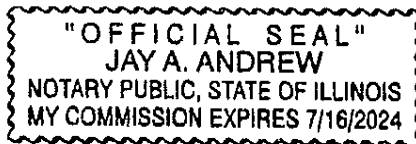
Esther Skillwater
Witness

STATE OF ILLINOIS)
)SS.
COUNTY OF COOK)

The undersigned, a notary public in and for the above county and state, certifies that REGINE E. SLADCIK, known to me to be the same person whose name is the foregoing power of attorney, appeared before me and the witness(es) *Esther Skillwater* (and *Melinda Vetter*) in person and acknowledges 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: FEBRUARY 10, 2022

Jay Andrew
Notary Public




My commission expires:

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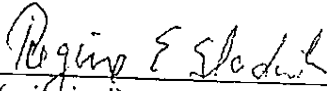
(NOTE: You may, but are not required to, request your agent and successor agents to provide specimen signatures below. If you include specimen signatures in this power of attorney, you must complete the certification opposite the signatures of the agents.)

Specimen signatures of agent (and successors)

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



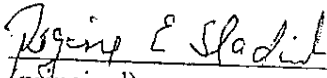
(agent)



(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.)

Name:

Drost, Gilbert, Andrew & Apicella, LLC/Jay A. Andrew

Address:

4811 Emerson Avenue, Suite 110
Palatine, Illinois 60067

Phone:

(847)934-6000

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- (e) 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.

"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:

"REGINE E. SLADCIK (Principal's Name) by SUZANN R. SLADCIK (Your Name) as Agent"

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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.

(Source: P.A. 96-1195, eff. 7-1-11.)

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AGENTS CERTIFICATION AND ACCEPTANCE OF AUTHORITY

I, SUZANN R. SLADCIK (insert name of agent), certify that the attached is a true copy of a power of attorney naming the undersigned as agent or successor agent for REGINE E. SLADCIK (insert name of principal).

I certify that to the best of my knowledge the principal had the capacity to execute the power of attorney, is alive, and has not revoked the power of attorney; that my powers as agent have not been altered or terminated; and that the power of attorney remains in full force and effect.

I accept appointment as agent under this power of attorney.

This certification and acceptance is made under penalty of perjury.*

Dated: _____

(Agent's Signature)

SUZANN R. SLADCIK
(Print Agent's Name)

15 PARKWAY NORTH, UNIT #156
DEERFIELD, ILLINOIS 60015
(Agent's Address)
Cell: (224) 305-3321

*(NOTE: Perjury is defined in Section 32-2 of the Criminal Code of 1961, and is a Class 3 felony.)

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SUCCESSOR AGENTS CERTIFICATION AND ACCEPTANCE OF AUTHORITY

I certify that the attached is a true copy of a power of attorney naming the undersigned as agent or successor agent for REGINE E. SLADCIK (insert name of principal).

I certify that to the best of my knowledge the principal had the capacity to execute the power of attorney, is alive, and has not revoked the power of attorney; that my powers as agent have not been altered or terminated; and that the power of attorney remains in full force and effect.

I certify that to the best of my knowledge SUZANN R. SLADCIK (insert name of unavailable agent) is unavailable due to _____ (specify death, resignation, absence, illness, or other temporary incapacity).

I accept appointment as agent under this power of attorney.

This certification and acceptance is made under penalty of perjury.*

Dated: _____, 20____

(Agent's Signature)

JEAN GOLDA
(Print Agent's Name)

235 BRADWELL ROAD
INVERNESS, ILLINOIS 60010
(847) 980-3163
(Agent's Address)

*(NOTE: Perjury is defined in Section 32-2 of the Criminal Code of 1961, and is a Class 3 felony.)
(Source: P.A. 96-1195, eff. 7-1-11.)

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CO-AGENTS CERTIFICATION AND ACCEPTANCE OF AUTHORITY

I certify that the attached is a true copy of a power of attorney naming the undersigned as agent or co-agent for _____ (insert name of principal).

I certify that to the best of my knowledge the principal had the capacity to execute the power of attorney, is alive, and has not revoked the power of attorney; that my powers as agent have not been altered or terminated; and that the power of attorney remains in full force and effect.

I certify that to the best of my knowledge _____ (insert name of unavailable agent) is unavailable due to _____ (specify death, resignation, absence, illness, or other temporary incapacity).

I certify that prompt action is required to accomplish the purposes of the power of attorney or to avoid irreparable injury to the principal's interests.

I accept appointment as agent under this power of attorney.

This certification and acceptance is made under penalty of perjury.*

Dated: _____, 20__

(Agent's Signature)

(Print Agent's Name)

(Agents Address)

***(NOTE: Perjury is defined in Section 32-2 of the Criminal Code of 1961, and is a Class 3 felony.)**

(Source: P.A. 96-1195, eff. 7-1-11.)

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LEGAL DESCRIPTION

Parcel 1:

Unit 34-E in One Magnificent Mile Condominium as delineated on a survey of parts of certain lots in Moss Subdivision of part of Lot 10, and parts of certain lots and vacated alley lying South of the South line of certain lots in Lawrence's Subdivision of part of Lot 7, all in the Subdivision of the North 1/2 of Block 8, in Canal Trustee's Subdivision of the South fraction 1/4 of Section 3, Township 39 North, Range 14, East of the third Principal Meridian, in Cook County, Illinois; which survey is attached as exhibit "A" to Declaration of Condominium recorded in the Office of the Recorder of Deeds of Cook County, Illinois as Document Number 26845241 as amended from time to time; together with its undivided percentage interest in the common elements.

Parcel 2:

All those certain easements, privileges, rights of use, and all other benefits described in that certain One Magnificent Mile Declaration of Covenants, Conditions, Restrictions and Easements made and entered into as of November 1, 1983 by the LaSalle National Bank, a National Banking Association, as Trustee under Trust Agreement dated September 14, 1978 and known as Trust Number 100049 and recorded November 1, 1983 as document number 26845239 as amended from time to time to and as created for the benefit of Parcel 1 by a deed from LaSalle National Bank, a National Banking Association, as Trustee under Trust Agreement dated September 14, 1978 and known as Trust Agreement 10049 to LaSalle National Bank, a National Banking Association, as Trustee under Trust Agreement dated April 1, 1981 and known as Trust Number 103875, dated November 1, 1983 as document number 26845240, all in Cook County, Illinois.

PIN(s): 17-03-207-068-1135

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AFFIDAVIT FOR RECORDER'S LABELING OF SIGNATURES AS COPIES

REQUEST TO RECORD PHOTOCOPIED DOCUMENTS PURSUANT TO §55 ILCS 5/3-5013

I JUAN PADILLA, being duly sworn, state that I have access to the copies of the attached
(print name above)

document(s), for which I am listing the type(s) of document(s) below:

POWER OF ATTORNEY

(print document types on the above line)

which were originally executed by the following parties whose names are listed below:

REGINE SLADICK

(print name(s) of executor/grantor)

SUZANN SLADCIK AND HER SUCCESSORS AS SUCCESSOR TRUSTEE UNDER THE REGINE E SLADCIK TRUST

(print name(s) of executor/grantee)

for which my relationship to the document(s) is/are as follows: (example - Title Company, Agent, Attorney, etc.)

AGENT

(print your relationship to the document(s) on the above line)

OATH REGARDING ORIGINAL

I state under oath that the original of this document is now LOST or NOT IN POSSESSION of the party seeking to now record the same. Furthermore, to the best of my knowledge, the original document was NOT INTENTIONALLY destroyed, or in any manner DISPOSED OF for the purpose of introducing this photo to be recorded in place of original version of this document. Finally, I, the Affiant, swear I have personal knowledge that the foregoing oath statement contained therein is both true and accurate.

J. Padilla
Affiant's Signature Above

10/26/22

Date Affidavit Executed/Signed

THE BELOW SECTION IS TO BE COMPLETED BY THE NOTARY THIS AFFIDAVIT WAS SUBSCRIBED AND SWORN TO BEFORE

10/26/22

Date Document Subscribed & Sworn Before Me

[Signature]
Signature of Notary Public

MICHAEL R MANDUJANO
Official Seal
Notary Public - State of Illinois
My Commission Expires Oct 29, 2023

SPECIAL NOTE: This is a courtesy form from the CCRD, and while a similar affidavit is necessary for photocopied documents, you may use your own document so long as it includes substantially the same information as included in the above document. Additionally, any customer seeking to record a facsimile or other photographic or photostatic copy of a signature of parties who had executed such a document has the option to include this Affidavit in the recording, at their own expense if such expense is incurred, as an "EXHIBIT" and NOT the coverpage. However, this affidavit is NOT required to be recorded, only presented to the CCRD as the necessary proof required before the recorder may record such a document. Finally, the recorded document WILL be stamped/labeled as a copy by the CCRD prior to its recording.