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Karen A. Yarbrough
Cook County Clerk
Date: 02/06/2023 09:55 AM Pg: 1 of 7

**This Instrument Prepared By
and Upon Recording Return To:**

Gina S. Murillo, Esq.
Patzik, Frank & Samotny Ltd.
200 South Wacker Drive
Suite 2700
Chicago, Illinois 60606

RECORDING OF

ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

This instrument affects that certain Illinois Statutory Short Form Power of Attorney for Property dated February 16, 2022 made by STEVEN T. BARTLEBAUGH as Principal and HELENE SHAPIRO as Agent.

This instrument applies to the property legally described as follows:

THE WEST 40 FEET OF LOT 78 IN MCGUIRE AND ORR'S OAKWOOD AVENUE SUBDIVISION, A SUBDIVISION, A SUBDIVISION OF LOTS 14, 15, 16, 17, 18 AND 19 (EXCEPT RAILROAD) OF BAXTERS SUBDIVISION OF THE SOUTH SECTION OF QUILMETTE RESERVATION IN TOWNSHIP 42 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PERMANENT INDEX NUMBER: 05-34-302-035-0000

COMMON ADDRESS OF PROPERTY: 1024 Isabella Street, Wilmette, Illinois 60091

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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 to you.

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 co-agents.

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 finds 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 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.

The powers you give your agent are explained more fully in section 3-4 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:

_____  (Steven's initials)

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ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

1. I, STEVEN T. BARTLEBAUGH, of 1024 Isabella Street, Wilmette, Illinois 60091, hereby revoke all prior statutory powers of attorney for property executed by me and appoint: my wife, HELENE SHAPIRO, 1024 Isabella Street, Wilmette, Illinois 60091, (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:

(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.

(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.):


None.

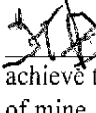
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3. In addition to the powers granted above, I grant my agent the following powers (here you may add any other delegable powers including, without limitation, power to make gifts, exercise powers of appointment, name or change beneficiaries or joint tenants or revoke or amend any trust specifically referred to below.):

- (a) for any qualified or non-qualified retirement plan, life insurance policy or any other asset for which a beneficiary may be designated, to change such beneficiary designation so as to name the same individuals, or trusts for the same individuals, who would receive such assets under my Will or under the laws of intestacy of the State of Illinois if I do not have a Will;
- (b) to exercise any power of appointment, general or limited or special, which I may have over any property whatsoever, so that the assets subject to any such power pass in the same manner as the assets which will pass under my Will or under the laws of intestacy of the State of Illinois if I do not have a Will;
- (c) to disclaim all or any right, title and interest in and to any property, real or personal, in which I may have an interest;
- (d) such powers as I have initialed below:

 to make, unconditionally or upon such terms and conditions as my agent shall think fit, such donations or contributions to qualified charitable entities under present Internal Revenue Code Section 170 or any equivalent statute;

 to make, unconditionally or upon such terms and conditions as my agent shall think fit, such gifts to or for the benefit of any one or more of my spouse and my descendants, in my agent's sole discretion and for any reason my agent determines (notwithstanding the foregoing, the total of all annual gifts to any one person shall not exceed the annual exclusion from gift taxes under present Internal Revenue Code Section 2503(b) or any equivalent statute). In addition, the aggregate value of any such gifts to my spouse or a descendant of mine who is acting as agent hereunder, in any one calendar year, may not exceed five percent (5%) of the value of my assets on the last day of the calendar year when a distribution is made; and

 to exercise all powers that an absolute owner would have and any other powers appropriate to achieve the proper investment, management, access to and distribution of: (i) any kind of computing device of mine, (ii) any kind of data storage device or medium of mine, (iii) any electronically stored information of mine, (iv) any "user account" of mine, which term shall include, without limitation, an established relationship between a user and a computing device or between a user and a provider of Internet or other network access, electronic communication services, or remote computing services, whether public or private, and (v) any domain name of mine. My agent may obtain copies of any electronically stored information of mine from any individual or entity that possesses, custodies, or controls that information. Any individual or entity that possesses, custodies, or controls any electronically stored information of mine or that provides or provided to me an electronic communication service or remote computing service, whether public or private, is hereby authorized to divulge to my agent: (i) any electronically stored information of mine, (ii) the contents of any communication that is in electronic storage by that service or that is carried or maintained on that service, and (iii) any record or other information pertaining to me with respect to that service. This authorization shall be construed to be my lawful consent under the Illinois Revised Uniform Fiduciary Access to Digital Assets Act, the Electronic Communications Privacy Act of 1986, as amended, the Computer Fraud and Abuse Act of 1986, as amended, and any other applicable federal or state data privacy law or criminal law.

(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.)

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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 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.

(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.)

6. (*JSB*) This power of attorney shall become effective on signature.

(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. (*JSB*) This power of attorney shall terminate on death.

(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.)

(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 brother-in-law, JOEL G. SHAPIRO, of 2417 Maple Avenue, Northbrook, Illinois 60062; and then
(b) my brother-in-law, MARK SHAPIRO, of 9260 Fairway Drive, Bayside, Wisconsin 53217.

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, 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.

(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.)

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11. The Notice to Agent, as set out below, is incorporated by reference and included as part of this form.

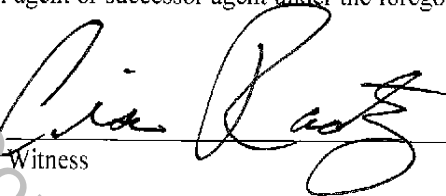
Dated: 2/10/22

Signed: 
Steven T. Bartlebaugh, Principal

(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 Steven T. Bartlebaugh, 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.

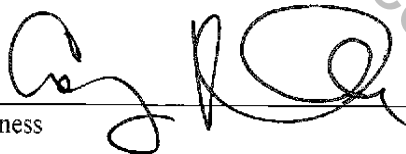
Dated: 2-10-2022

Signed: 
Witness

(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.)

The undersigned witness certifies that Steven T. Bartlebaugh, 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: 2-10-2022

Signed: 
Witness

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State of Illinois)
) SS.
County of Cook)

The undersigned, a notary public in and for the above county and state, certifies that Steven T. Bartlebaugh, 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) Caryn Percehaid and Lisa Raatz 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: 2/10/22



(SEAL)

Notary Public Deborah Wyman Maguire

(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.)

This document was prepared by:

Joel G Shapiro
Patzik, Frank & Samotny Ltd.
200 South Wacker Drive
Suite 2700
Chicago, Illinois
(312) 551-8300

Cook County Clerk's Office