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Karen A. Yarbrough  
Cook County Clerk  
Date: 03/15/2023 09:42 AM Pg: 1 of 8

**ILLINOIS STATUTORY POWER OF ATTORNEY FOR PROPERTY  
FOR  
ERNESTINE ECHOLS**

LOT 21 IN BLOCK 8 IN SECOND ADDITION TO CALUMET GATEWAY IN  
THE NORTHEAST QUARTER OF SECTION 2, TOWNSHIP 37 NORTH, RANGE  
14, EAST OF THE THIRD PRINCIPAL MERIDIAN. IN COOK COUNTY,  
ILLINOIS.

Property Address: 8751 South Dante Avenue, Chicago, IL 60519

Permanent Index Number (PIN): 25-02-206-021-0000

Prepared by: Roberta Cioe Buoscio, Attorney – 12 W. 15<sup>th</sup> St., Chicago Heights, IL 60411

Return to: Scott R. Wheaton & Associates- 3108 Ridge Road, Lansing, IL 60438

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Illinois Statutory Short Form  
**ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY  
 FOR PROPERTY**  
**"STATUTORY PROPERTY POWER"**

POWER OF ATTORNEY made this 15 day of October, 2011.

1. I, ERNESTINE ECHOLS, currently of 8751 S. Dante Avenue, in the City of Chicago, County of Cook, in the State of Illinois, hereby revoke all prior powers of attorney for property executed by me and appoint:

GWENDOLYN J. JOHNSON-TROTTER, my daughter, residing at 20148 Lake Park Drive, Lynwood, Illinois 60411

**(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 transaction;
- (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;

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- (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 powers and 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.)**

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.)**

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3. In addition to the powers granted above, I grant my agent(s) 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 BENEFIDIARIES OR JOINT TENANTS OR REVOKE OR AMEND ANY TRUST SPECIFICALLY REFERRED TO BELOW.)**

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**(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 agents 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 agents 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.)**

6. This power of attorney shall become effective upon my signing.

**(NOTE: INSERT A FUTURE DATE OR EVENT, SUCH AS A COURT DETERMINATION THAT YOU ARE NOT UNDER A LEGAL DISABILITY**

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**OR A WRITTEN DETERMINATION BY YOUR PHYSICIAN THAT YOU ARE NOT INCAPACITATED IF YOU WANT THIS POWER TO TERMINATE PRIOR TO YOUR DEATH.)**

7. This power of attorney shall terminate if it is revoked by me in writing.

**(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:

Junius M. Echols, my son, residing at 20114 Catalpa, Lynwood, Illinois.

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 MAKE 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 APPOINT WILL SERVE YOUR BEST INTEREST AND WELFARE. STRIKE OUR PARAGRAPH 9 IF YOU DO NOT WANT YOUR AGENT TO ACT AS GUARDIAN.)**

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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.

**(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 UNLES 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: This 15 day of October, 2011.

Ernestine Echols  
ERNESTINE ECHOLS

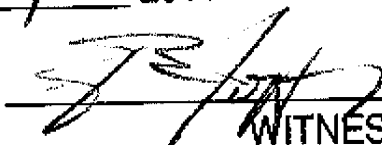
**(NOTE: THIS POWER OF ATTORNEY WILL NOT BE EFFECTIVE UNLESS IT IS SIGNED BY AT LEAST ONE WITNESS AND YOUR SIGNATURE IS NOTARIZED, USING THE FORM BELOW. THE NOTARY MAY NOT ALSO SIGN AS A WITNESS.)**

The Undersigned witness certifies that Ernestine Echols, 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 at of the Principal for the uses and purposed 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 services 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 part, sibling, or descendant of either the Principal or any agent or successor agent under the forgoing poser of

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attorney, whether such relationship is by blood, marriage, or adoption; or (d) an agent or successor agent under the foregoing power of attorney.

DATED: October 15<sup>th</sup>, 2011

SIGNED:   
WITNESS

**(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.)**

The Undersigned witness certifies that \_\_\_\_\_ 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: \_\_\_\_\_, 2011

SIGNED: \_\_\_\_\_  
WITNESS

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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 INCLUDED SPECIMEN SIGNATURES IN THIS POWER OF ATTORNEY, YOU MUST COMPLETE THE CERTIFICATION OPPOSITE THE SIGNATURES OF THE AGENTS.)**

Specimen signatures of agent (and successors)

Guendoly J. Johnson-Rotter  
(agent)

James M. Echols  
(successor agent)

\_\_\_\_\_  
(successor agent)

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

Ernestine Echols  
(principal)

Ernestine Echols  
(principal)

Ernestine Echols  
(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.)**

This document was prepared by:

Roberta Cioe Buoscio  
Attorney at Law  
12 West 15th Street  
Chicago Heights, IL 60411  
(708) 709-0575