Doc#. 2308946080 Fee: \$98.00

Karen A. Yarbrough Cook County Clerk

Date: 03/30/2023 10:08 AM Pg: 1 of 6

ILLINGIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY
Includes Amendments Required by Public Act 96-1195
Form Valid July 1, 2011
NOTICE 1C 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 Ulinois Power of Attorney Act. If there is anything about this form that you do not understand, you shoud 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 tispuse 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 to 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 inancial assets and property. Any agent who does act for you has a duty to act in good faith for your beneat 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 throughou 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 revoke this Power of Attorney if you with.

The 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 a torney 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.

Place your initials on the following line indicating that you have read this Notice:

E. M. D.
Principal's Initials

POWER OF ATTORNEY made this 16th day of November 2020

1. I, EASTER M. DELAHOUSSAYE, 6244 South Evans Avenue, Chicago, Illinois 60637, revoke all prior powers of attorney for health-care executed by me and appoints MICHAEL WILLIAMSON, my son, 206 Bayview Court, Steger, Illinois 60475, 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 may not name co-agents using this form.)

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(a) Real estate transactions.

(b) Financial institution transactions.

(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.)

(c)	Stock and bond transactions.			
(d)	Tançible personal property transactions.			
(e)	Safe de jos it box transactions.			
(f)	Insurance and Annity transactions.			
(g)	Retirement plan transactions.			
(h)	Social Security, employment and military service benefits.			
(i)	Tax matters.			
(j)	Tax matters. Claims and litigation. Commodity and option transactions. Business operations. Borrowing transactions. Estate transactions. All other property powers and transactions.			
(k)	Commodity and option transactions.			
(1)	Business operations.			
(m)	Borrowing transactions.			
(n)	Estate transactions.			
(0)	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):				
	· · · · · · · · · · · · · · · · · · ·			
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				
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make gifts, exercise powers of appointment, name or change beneficiaries or joint tenants or revoke or

amend any trust specifically referred to below): Handle all financial arrangement regarding m	y
personal well-being upon a determination of disability or incompetency by a medical doctor.	

(NOTE: Your agent will have authority to employ other person 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 v.i) 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 service, 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 americal 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 paragraphs 6 and 7.)

6. This power of attorney shall become effective immediately upon my person being declared disabled by medical authorities or unable to consent.

(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 incapalitated, when you want this power to first take effect.)

7. This power of attorney shall terminate at such time as I determine or as defined in Jause #6.

(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 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: **EASTER M. WINTERS**

200 NEWWIFEN LAN CALUMET CITY FIL 60409

Phone Number
115-366-5820

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 ray 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 unless he or she is a licensed attorney who is authorize to practice law in Illinois.)

Dated: 16 November 2020

Signed Easter W. Dela Houssage EASTER M. DELAHOUSSAYE (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 being. The notary may not also sign as a witness

The undersigned witness(s) certifies that EASTEX M. DELAHOUSSAYE, known to me to be the same person, whose name is subscribed as principal to the loregoing power of attorney, appeared before me and the notary public and acknowledged signing and ie vering the instrument as the free and voluntarily acts 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, or 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 agen under the foregoing power of attorney.

Witness- TREVA CAMPBELL

Dated- 16 November 2020

Witness-

Dated -

(NOTE: Illinois required 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.

State of ILLINOIS)

) SS.

County of COOK)

The undersigned, a notary public in and for the above county and state, certifies that **TREVA CAMPBELL**, known to me to be the same person(s) whose names are subscribed as witnesses to the foregoing power of attorney, appeared before me and acknowledged the 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: November 16, 2020	Notary Public
	"OFFICIAL SEAL" ANGELA L GREENE Notary Public, State of Illinois My Commission Expires 3/24/2023 d to request your agent and successor agents to provide specimen signatures in this power of attorney, you must
complete the certification opposite the signatu	
Specimen signature: of agent (and successors)	I certify that the signatures of my agent (and successors) are correct.
MICHAEL WILLIAMSON	Easter M. Dela Houssaye EASTER M. DELAHOUSSAYE
(agent)	(principal)
(successor agent)	(principal)
(THIS POWER OF ATTORNEY WILL	L NOT BE EFFECTIVE UNLESS IT IS NOTARIZED
USING THE FORM BELOW.)	
State of ILLINOIS) SS.	74.6
County of COOK)	
williamson and Easter M. Delah names are subscribed as principal to the fo additional witness in person and acknowledge	for the above county and state, certifier that MICHAEL OUSSAYE, known to me to be the same person(s) whose pregoing power of attorney, appeared before ne and the ged signing and delivering the instrument as the free and purposes therein set forth (, and certified to the correctness
Dated: November 16, 2020) QM
My commission expires <u>O 3/24/20</u>	Notary Public Notary Public SEAL "OFFICIAL SEAL" ANGELA L GREENE Notary Public, State of Illinois My Commission Expires 3/24/2023

This document was prepared by: Attorney Michael W. Stuttley, The Stuttley Group, LLC, 18300 Dixie Hwy, 2^{nd} Floor, Homewood, Illinois 60430.

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UNOFFICIAL COPY

EXHIBIT A - LEGAL DESCRIPTION

Tax Id Number(s): 25-27-315-013-0000

Land situated in the County of Cook in the State of IL

The South 1/2 of Lots 16 and all of Lot. 17 in Block 6 in Samuel J. Glover and George N. Blacks Subdivision of Block 1 and that part of Plack 6 lying between Illinois Central Railroad and the Chicago and Western Indiana Railroad in First Addition to Kensington Sections 22 and 27, Township 37 North, Range 14, East of the Third Principal Meridian in Cook County, Illinois.

Commonly known as: 11739 S Indiana Ave, Chicago, IL 60628

THE PROPERTY ADDRESS AND TAX PARCEL IDENTIFICATION NUMBER LISTED ARE PROVIDED SOLELY FOR INFORMATIONAL PURPOSES.