

UNOFFICIAL COPY

Doc#. 2319340226 Fee: \$107.00
Karen A. Yarbrough
Cook County Clerk
Date: 07/12/2023 02:45 PM Pg: 1 of 10

PT23-93209

1/2

ILLINOIS POWER OF ATTORNEY

Prepared by:

The Meyer Law Firm P.C.
117 Chesterfield Parkway
Chesterfield, MO 63005

Mail to:

Justin B Morgenthaler
1211 S Prairie Ave
Chicago, IL 60605

UNOFFICIAL COPY

STATE OF MISSOURI)
) SS.
COUNTY OF ST. LOUIS)

DURABLE
POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That I, JUSTIN B. MORGENTHALER of the County of St. Louis, State of Missouri, have made, constituted and appointed, and by these presents do make, constitute and appoint, SARAH M. MORGENTHALER of the County of St. Louis, State of Missouri, my true and lawful attorney.

In the event that SARAH M. MORGENTHALER is unavailable, then I make, constitute and appoint DAVID F. BRETZ of Springfield, Illinois, and FREDRICK C. MORGENTHALER of Green Oaks, Illinois (the first named of said individuals is authorized to act alone if available; the second named is authorized to act alone, but only if the first named is unavailable) my true and lawful attorney, provided, however, that with respect to DAVID E. BRETZ and FREDRICK C. MORGENTHALER, this instrument shall become effective ONLY upon my subsequent disability or incapacity, and shall commence upon a certification by one (1) licensed physician that I am incapacitated pursuant to Section 404.825 of the Missouri Revised Statutes. After such certification, this instrument shall remain in effect until I deliver written notice of revocation to my attorney-in-fact.

My attorney-in-fact, for me and in my name, place and stead may do and perform any and all of the following actions:

To ask, demand, sue for, collect and receive all sums of money, dividends, interest, rent, payments on account of debts and legacies, and all property now due or which may hereafter become due and owing to me, and give good and valid receipts and discharges for such payments; to sell, assign and transfer stocks and bonds and securities of all kinds in my name and for my account and at such prices as shall seem good to my said attorney; to sign, execute, acknowledge and deliver in my name all transfers and assignments of securities, to borrow money and to pledge my securities or mortgage my real estate for such loans if in the judgment of

UNOFFICIAL COPY

my said attorney such action should be necessary; to consent in my name to reorganizations and mergers, and to exchange securities for new securities; to take possession of and/or to manage real property, to sell, exchange, convey and mortgage any part or parts of my real estate or personal property (including, but not limited to, any automobiles(s) owned by me) for such consideration and upon such terms as my said attorney may deem adequate and proper and to foreclose mortgages and to take title to real or personal property in my name if my said attorney thinks proper to execute, acknowledge and deliver deeds of real property, promissory notes, deeds of trust, mortgages, releases, satisfactions and other instruments relating to any real or personal property in which I may have an interest which my said attorney considers necessary or in my best interests; to execute and deliver any contracts or other instruments relating to my affairs, including, but not limited to, contracts or other instruments relating to the sale, purchase, encumbrance, partitioning or other dealing with real or personal property and/or relating to carrying out the terms of any contracts previously executed by me or in my behalf; to place and effect insurance, and to modify, amend or cancel same and surrender any policy for such purpose; to make and execute claims under any insurance policy, to execute documents in support thereof, and to give releases in connection therewith; to do business with banks, savings and loan associations, credit unions and similar institutions, and to endorse and negotiate all checks, drafts, bills or notes payable to my order and collect the proceeds; to sign in my name checks on all accounts standing in my name, and to withdraw funds from my account; to have access at any time and from time to time as my deputy to any safe deposit box rented in my name; to open and/or close bank accounts and accounts with savings and loan associations, credit unions and similar institutions, and rent and/or terminate the rental of safe deposit boxes in my name or in the name of my said attorney as my attorney-in-fact; to purchase in my name as an investment of my funds such securities as may be deemed appropriate, including, but not limited to, United States Treasury Bonds which are redeemable at par in payment of United States Estate Tax or Unified Transfer Tax; to make such payments and expenditures out of my funds as may be necessary in connection with any of the foregoing matters or with the administration of my affairs; to employ accountants or other agents or employees on my behalf; to retain counsel and

UNOFFICIAL COPY

attorneys on my behalf; to appear for me in all actions and proceedings to which I may be party in the courts of any state or the United States, or in the courts of any other nation, or in any administrative proceeding, to commence or defend actions and proceedings in my name if necessary, to sign and verify in my name all complaints, petitions, answers and other pleadings of every description; to represent me in all income tax and other tax matters before all offices or officers of the Internal Revenue Service or the Treasury Department or the tax offices, officials or bureaus of any state, county or municipality, or of any other nation, to make, execute, verify and file income tax returns, and all other tax returns of any kind or character, claims for refund, requests for extension of time, waivers and consents in my name; to execute petitions to the Tax Court of the United States and to cause me to be represented in such proceedings; to create and contribute to an IRA or employee benefit plan (including a plan for a self-employed individual) for my benefit; to select any payment option under any IRA or employee benefit plan in which I am a participant (including plans for self-employed individuals), or to change options I have selected; to make and change beneficiary designations; to make voluntary contributions to such plans; to make "roll-overs" of plan benefits into other retirement plans; to borrow money and purchase assets therefrom and sell assets thereto, if authorized by any such plan.

I hereby direct any and all banks, savings and loan associations, credit unions, safe deposit companies, corporations which are issuers or transfer agents of stocks, bonds or other securities, and/or any other firm, person or corporation which may have custody or control of any money, accounts, securities of any type, safe deposit boxes or the contents thereof, or other assets of property of any kind or description which I may own or to which I have right of access or in which I have any interest whatsoever, that any or all of such firms, persons or corporations shall and is hereby directed to grant access and/or control to my said attorney with respect to any of said items herein referred to; and that if such access or control shall be denied, any such firm, person or corporation responsible for such denial shall be as liable for any resulting damage as if I personally had been denied such access or control upon due demand made by me personally.

To make any and all arrangements deemed appropriate and in my best interests for my personal care, support, maintenance, living arrangements, medical, surgical or dental care; to

UNOFFICIAL COPY

authorize, consent, or request for me and in my name that I be admitted or placed as a patient or resident in any type of retirement home or facility, extended care facility, nursing care facility, hospital, or other similar facility; and to give consent for me and in my name to any and all types of medical treatment or procedures, dental treatment or procedures, or surgical procedures; to give consent for me and in my name to the disclosure of any or all confidential or privileged information or communications in the possession of any person or institution and which may have been generated by the rendering of any care to me by any such person or institution of any of the kind or types herein referred to; to sign, execute, acknowledge and deliver for me and in my name any and all instruments or documents of any kind or type whatsoever deemed by my said attorney in the sole discretion of my said attorney to be in my best interests or to be necessary or appropriate in order to carry out any of the authority herein vested in my said attorney; to employ physicians, surgeons, dentists, nurses, paraprofessionals, or other individuals, and to employ any institutions, all as may be deemed necessary or appropriate by my said attorney in order to render to me any of the types of care herein referred to.

I hereby give and grant to my said attorney full power and authority to request, receive, and review and be granted full and unlimited access to, complete unredacted copies of all of my health, medical, and financial information and any information and records as defined in 45 C.F.R. § 164.501 and regulated by the standards for privacy of individually identifiable health information found in 65 Federal Register 82,462 (December 28, 2000), as protected private records or otherwise covered under HIPAA (Health Insurance Portability and Accountability Act of 1996), 42 U.S.C. §§ 1320d *et seq.* I understand that the information contained in my health and medical records may include information relating to sexually transmitted diseases, AIDS (acquired immunodeficiency syndrome), ARC (AIDS-related complex), HIV (human immunodeficiency virus), behavioral or mental health services, and treatment for alcohol or drug abuse and addiction. I further understand that I may have access to and receive an accounting of the information to be used or disclosed as provided in 45 C.F.R. §§ 164.524 *et seq.* I further understand that authorizing the disclosure of this health information is voluntary and that I can refuse to sign this authorization. I further understand that any

UNOFFICIAL COPY

disclosure of this information carries with it the potential for an unauthorized further disclosure of this information by third parties and that further disclosure may not be protected under HIPAA. To induce the disclosing party to disclose this private and protected confidential information, I forever release and hold harmless the disclosing party who relies on this instrument from any liability under confidentiality rules arising under HIPAA as a consequence of the disclosure.

I hereby give and grant to my said attorney full power and authority to take control of, access, conduct, continue or terminate any and all of my accounts on any social networking website, any microblogging or short message service website, or any e-mail service website, and any other of my online accounts, including, but not limited to, Facebook, Pay Pal, Yahoo, Myspace, Twitter, LinkedIn, Amazon.com or other similar service or company, any file stored on my computers or an online backup server, and any of my other intangible Internet assets or websites. My said attorney shall have full access to my passwords and may demand that all such accounts and personal information be deleted from the records of such service or company. My said attorney shall have full authority to deal with any telephone companies and internet service providers with which I have service and to cancel or modify any service agreement that I have with these companies.

I hereby give and grant to my said attorney full power and authority to do and perform all and every act and thing whatsoever necessary to be done in the premises, in order fully to carry out and effectuate the authority herein granted, as fully to all intents and purposes as I might or could do if personally present and personally acting, and I hereby ratify and confirm all that my said attorney may do pursuant to this power.

I hereby further authorize and empower my said attorney to substitute and appoint in the place and stead of my said attorney one or more attorney or attorneys to exercise for me as my attorney or attorneys any or all of the powers and authorities hereby conferred (except as otherwise specifically herein provided); and to revoke such appointment or appointments from time to time, and to substitute or appoint any other or others in the place of such attorney or attorneys as my said attorney herein named shall from time to time think fit.

UNOFFICIAL COPY

All references in this document to "my attorney" or "my said attorney" or "my true and lawful attorney", or similar designations shall refer not only to the person designated by name in this instrument but also to each and every substitute or successor attorney in fact appointed under the terms of this instrument as herein provided.

If it should become necessary for a court to appoint a guardian of my person or a conservator of my estate, then I nominate my attorney-in-fact as the same.

I hereby direct that, to the extent authorized or permitted by applicable law, this power of attorney shall not be affected by my disability or incapacity or any subsequent uncertainty as to whether I am dead or alive. It is my intent that the authority conferred hereby shall be exercisable notwithstanding my disability or incapacity or any subsequent uncertainty as to whether I am dead or alive and that this power of attorney shall, if permitted by applicable law, be what is sometimes referred to as a "durable" power of attorney. In the event applicable law in effect at or any time after the execution of this instrument does not authorize or permit the foregoing direction to be effective, and if at any later date, prior to the revocation of this instrument by a writing executed by me, applicable law changes (whether by amendment, Court decision, or by a change in my legal residence), then I direct that the foregoing provisions shall thereafter become applicable.

An original counterpart of this instrument may be lodged with THE MEYER LAW FIRM, P.C., Attorneys at Law, St. Louis County, Missouri (said Law Firm and/or its successor(s) hereinafter referred to herein as the "Law Firm"), and this instrument shall remain in full force and effect until I notify said Law Firm in writing of my revocation thereof. All persons dealing with my said attorneys shall be protected in relying upon a copy of this instrument certified by said Law Firm to be a true copy hereof and shall be protected in relying upon the written certificate of said Law Firm that said Law Firm has not at such time received a written revocation of this instrument from me, and/or as to the identity and authority of any substitute or successor appointed pursuant to the terms hereof, and/or as to whether any of the persons authorized to act hereunder is unavailable so to act, so to authorize some other person to act hereunder, and I hereby declare that as against me and all persons claiming under me everything

UNOFFICIAL COPY

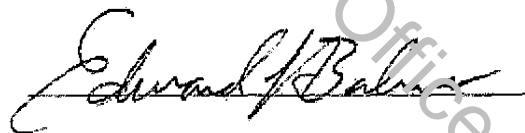
which my attorney shall do or cause to be done pursuant hereto shall be valid and effectual in favor of any person claiming the benefit thereof who at the time of doing thereof shall have relied upon any such certification made by such Law Firm. In the event that applicable law required that a power of attorney, in order to be legally classified as "durable," be filed in the office of the Recorder of Deeds or any other public or governmental office, then I direct that an executed counterpart of this power of attorney shall be so filed for record. I authorize the attorney in fact (or either or any of them) herein designated to make such filing. I also authorize said Law Firm to make such filing; and I further direct that if such filing has not been made by any attorney in fact hereunder within a reasonable time after the execution hereof, then said Law Firm shall promptly make such filing. In the event that said Law Firm shall hereafter receive from me a written revocation or modification of this instrument, then I hereby direct said Law Firm to file an executed counterpart of such written instrument in the same office in which shall have been filed this original instrument.

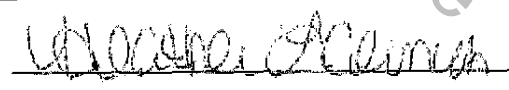
This instrument may be executed in any number of counterparts, and all of said counterparts shall constitute but one and the same instrument.

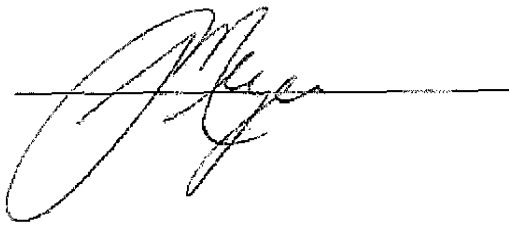
IN WITNESS WHEREOF, I have hereunto set my hand and seal this 27th day of August, 2013.


 JUSTIN B. MORGENTHALER

Signed and witnessed in the presence of:





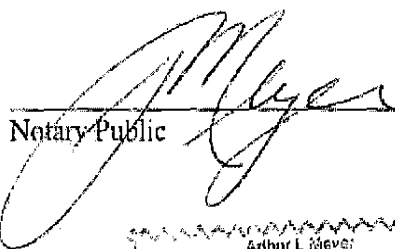


UNOFFICIAL COPY

STATE OF MISSOURI)
) SS.
COUNTY OF ST. LOUIS)

On this 27th day of August, 2013, before me personally appeared JUSTIN B. MORGENTHALER to me known to be the person described in and who executed the foregoing instrument and acknowledged that he executed the same as his free act and deed.

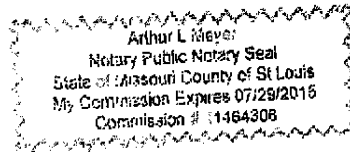
IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal at my office in St. Louis County, Missouri, the day and year first above written.



Notary Public

My Commission Expires:

July 29 2015



Property of Cook County Clerk's Office

UNOFFICIAL COPY

EXHIBIT "A" / LEGAL DESCRIPTION

PARCEL A:

UNIT B-703 AND PARKING SPACE P-70 IN THE STATE PLACE CONDOMINIUM, AS DELINEATED ON A SURVEY OF PART OF THE FOLLOWING DESCRIBED REAL ESTATE:

PARCEL 1:

SUBLOTS 1 AND 2 OF LOT 2, SUBLOTS 1 AND 2 OF LOT 3, SUBLOTS 1 AND 2 OF LOT 6, SUBLOTS 1 AND 2 OF LOT 7 AND SUBLOTS 1 AND 2 OF LOT 10, ALL IN BLOCK 22 IN CANAL TRUSTEES' SUBDIVISION OF FRACTIONAL SECTION 15 ADDITION TO CHICAGO, ACCORDING TO THE PLAT THEREOF FILED SEPTEMBER 1, 1848 AS DOCUMENT NUMBER 20751 AND RE-RECORDED SEPTEMBER 24, 1877 AS DOCUMENT NUMBER 151610 (EXCEPT THE WEST 27 FEET OF SAID SUBLOTS TAKEN FOR WIDENING STATE STREET); AND ALSO, LOTS 1, 2, 3, 4, 5, 6, 7 AND 8 IN JACKSON'S SUBDIVISION OF LOTS 11 AND 14 IN BLOCK 22 IN FRACTIONAL SECTION 15 ADDITION TO CHICAGO, ACCORDING TO THE PLAT THEREOF FILED FOR RECORD MAY 5, 1877 AS DOCUMENT NUMBER 133390 (EXCEPT THE WEST 27 FEET OF SAID LOTS 1 THROUGH 7 TAKEN FOR WIDENING STATE STREET), ALL IN SECTION 15, TOWNSHIP 39 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PARCEL 2:

THAT PART OF VACATED SOUTH STATE STREET LYING WEST OF THE EAST LINE OF THE WEST 27.0 FEET OF LOTS 2, 3, 6, 7 AND 10 IN BLOCK 22 IN CANAL TRUSTEE'S SUBDIVISION, AFORESAID, AND LYING WEST OF LOTS 1 THROUGH 7, BOTH INCLUSIVE, IN JACKSON'S SUBDIVISION, AFORESAID, AND LYING EAST OF A LINE 1.50 FEET WEST OF AND PARALLEL WITH THE EAST LINE OF THE WEST 27.0 FEET OF LOTS 2, 3, 6, 7 AND 10 IN CANAL TRUSTEE'S SUBDIVISION, AFORESAID, AS EXTENDED SOUTHERLY TO THE NORTH LINE OF E. ROOSEVELT ROAD, LYING SOUTHERLY OF THE SOUTH LINE OF E. 11TH STREET AND NORTH OF THE NORTH LINE OF E. ROOSEVELT ROAD, PURSUANT TO THAT CERTAIN VACATION ORDINANCE RECORDED AUGUST 29, 2003 AS DOCUMENT NUMBER 0324119133.

WHICH SURVEY IS ATTACHED AS EXHIBIT B TO THE DECLARATION OF CONDOMINIUM RECORDED DECEMBER 9, 2004 AS DOCUMENT NUMBER 0434410057, AS AMENDED FROM TIME TO TIME, TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS, IN COOK COUNTY, ILLINOIS.

PARCEL B:

EASEMENTS FOR THE BENEFIT OF PARCEL A AS CREATED BY DECLARATION OF COVENANTS, CONDITIONS, RESTRICTIONS AND EASEMENT RECORDED DECEMBER 9, 2004 AS DOCUMENT NUMBER 0434410056 MADE BY STATE STREET ASSOCIATES, LLC, AN ILLINOIS LIMITED LIABILITY COMPANY, AS DECLARANT, FOR INGRESS AND EGRESS, STRUCTURAL SUPPORT, MAINTENANCE, ENCROACHMENTS AND USE OF COMMON WALL, CEILINGS AND FLOORS, OVER AND ACROSS THE RETAIL PROPERTY AS MORE FULLY DESCRIBED THEREIN AND ACCORDING TO THE TERMS SET FORTH THEREIN.

Parcel ID(s): 17-15-308-039-1259 (Affects Unit B-703), 17-15-308-039-1318 (Affects P-70)

Property Address: 1133 S. State Street, Unit 703, Chicago, IL 60605