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A23-2092 SA

After recording, return to:
Prepared by:

Henry L Jackson
7127 94th Avenue
Kenosha, Wisconsin 53142

Doc#: 2319933361 Fee: \$107.00
Karen A. Yarbrough
Cook County Clerk
Date: 07/18/2023 01:17 PM Pg: 1 of 8

Property address:
10037 South State Street
Chicago, Illinois 60628

Permanent identification number:
25-10-309-002-0000

POWER OF ATTORNEY RECORDING COVER SHEET

LEGAL DESCRIPTION

LOT 31 AND THE NORTH 6 FEET OF LOT 32 IN VAN VUUREN'S ADDITION TO PULLMAN, BEING A SUBDIVISION OF LOT 1 OF THE DIVISION OF THAT PART OF THE SOUTH 1/2 OF THE SOUTH 1/2 OF THE NORTHWEST 1/4 OF THE SOUTHWEST 1/4, LYING WEST OF THE CHICAGO AND THORTON ROAD, (EXCEPTING THE NORTH 33 FEET AND THE SOUTH 66 FEET THEREOF) OF SECTION 10, TOWNSHIP 37 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Address of Real Estate: 10037 South State Street, Chicago, Illinois 60628

Permanent Real Estate Index Number: 25-10-309-002-0000

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POWER OF ATTORNEY FOR FINANCES AND PROPERTY

I, Henry Louis Jackson, residing at 7127 94th Ave., Kenosha, WI 53142, appoint my spouse, Charisse Darlene Jackson, who resides at 7127 94th Ave, Kenosha, WI 53142, as my agent to act for me in any lawful way with respect to the powers granted below. If this person appointed is unable or unwilling to act as my agent, I appoint my Sister, Deidre Showers, who resides at 7837 South May Street, Chicago, IL , to act for me in any lawful way with respect to the powers granted below.

HANDLING MY MONEY AND PROPERTY

1. **PAYMENT OF BILLS:** My agent may make payments that are necessary or appropriate in connection with the administration of my affairs.
2. **BANKING:** My agent may conduct business with financial institutions, including endorsing all checks and drafts made payable to my order and collecting the proceeds; signing in my name checks or orders on all accounts in my name or for my benefit; withdrawing funds from accounts in my name; opening accounts in my name; and entering into and removing articles from my safe deposit box.
3. **INSURANCE:** My agent may obtain insurance of all types, as considered necessary or appropriate, settle and adjust insurance claims and borrow from insurers and third parties using insurance policies as collateral.
4. **ACCOUNTS:** My agent may ask for, collect and receive money, dividends, interest, legacies and property due or that may become due and owing to me and give receipt for those payments.
5. **REAL ESTATE:** My agent may manage real property; sell, convey and mortgage realty for prices and on terms as considered advisable; foreclose mortgages and take title to property in my name; and execute deeds, mortgages, releases, satisfactions and other instruments relating to realty.
6. **BORROWING:** My agent may borrow money and encumber my assets for loans as considered necessary.
7. **SECURITIES:** My agent may buy, sell, pledge and exchange securities of all kinds in my name; sign and deliver in my name transfers and assignments of securities; and consent in my name to reorganizations, mergers or exchange of securities for new securities.
8. **INCOME TAXES:** My agent may make and sign tax returns; represent me in all income tax matters before any federal, state, or local tax collecting agency; and receive confidential information and perform any acts that I may perform, including receiving refund checks and the signing of returns.
9. **TRUSTS:** My agent may transfer at any time any of my property to a living trust that has been established by me before the execution of this document.

PROFESSIONAL AND TECHNICAL ASSISTANCE

10. **LEGAL ACTIONS:** My agent may retain attorneys on my behalf; appear for me in all actions and proceedings to which I may be a party; commence actions and proceedings in my name; and sign in my name all documents or pleadings of every description.

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11. **PROFESSIONAL ASSISTANCE:** My agent may hire accountants, attorneys, clerks, workers and others for the management, preservation and protection of my property and estate.

GENERAL AUTHORITY

12. **GENERAL:** My agent may do any act or thing that I could do in my own proper person if personally present, including managing or selling tangible assets, disclaiming a probate or nonprobate inheritance and providing support for a minor child or dependent adult. The specifically enumerated powers of the power of attorney for finances and property are not a limitation of this intended broad general power except that my agent may not take any action prohibited by law and my agent under this document may not:
- a. Make medical or health care decisions for me.
 - b. Make, modify or revoke a will for me.
 - c. Other than a burial trust agreement under section 445.125, Wisconsin Statutes, enter into a trust agreement on my behalf or amend or revoke a trust agreement, entered into by me.
 - d. Change any beneficiary designation of any life insurance policy, qualified retirement plan, individual retirement account or payable on death account or the like whether directly or by canceling and replacing the policy or rollover to another plan or account.
 - e. Forgive debts owed to me or disclaim or waive benefits payable to me, except a probate or nonprobate inheritance.
 - f. Appoint a substitute or successor agent for me.
 - g. Make gifts.

COMPENSATION TO AGENT FROM PRINCIPAL'S FUNDS

13. **COMPENSATION:** My agent may receive compensation up to an amount usual for the services to be performed.

ACCOUNTING

14. **ACCOUNTING:** My agent shall render an accounting of such agent's activity, if any, annually to me during my lifetime and a final accounting of such agent's activity, if any, to the personal representative of my estate, if any is appointed, after my death.

NOMINATION OF GUARDIAN

15. **GUARDIAN:** If necessary, I nominate my spouse, Charisse Darlene Jackson, who resides at 7127 94th Ave, Kenosha, WI 53142, as guardian of my person, and I nominate my spouse, Charisse Darlene Jackson, who resides at 7127 94th Ave, Kenosha, WI 53142, as guardian of my estate.

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EFFECTIVE DATE

This power of attorney for finances and property becomes effective only when both of the following apply:

- a. I have signed it; and
- b. I become disabled or incapacitated.

I agree that any third party who receives a copy of this document may act under it. Revocation of this power of attorney is not effective as to a third party until the third party learns of the revocation. I agree to reimburse the third party for any loss resulting from claims that arise against the third party because of reliance on this power of attorney.

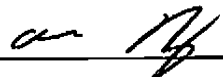
Signed Henry Louis Jackson.

Signature: 

By signing as a witness, I am acknowledging the signature of the principal who signed in my presence and the presence of the other witness, and the fact that the principal has stated that this power of attorney reflects the principal's wishes and is being executed voluntarily. I believe the principal to be of sound mind and capable of creating this power of attorney. I am not related to the principal by blood, marriage or adoption and, to the best of my knowledge, I am not entitled to any portion of the principal's estate under the principal's will.

Witness

Dated: June 24, 2017

Signature: 

Print Name: OSCAR RODRIGUEZ

Address: KENOSHA WI

Witness

Dated: June 24, 2017

Signature: 

Print Name: JENNIFER L BLASI

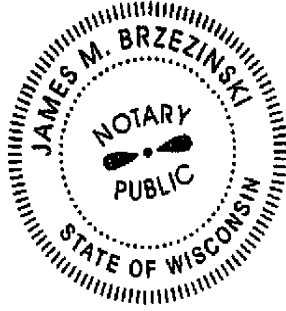
Address: KENOSHA WI

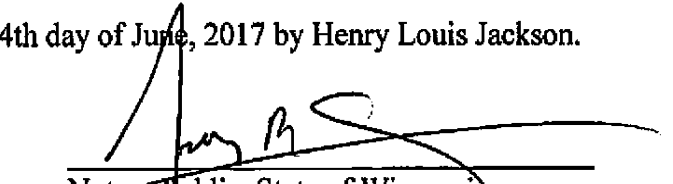
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State of Wisconsin
County of Kenosha

This document was acknowledged before me on this 24th day of June, 2017 by Henry Louis Jackson.

(Notarial Seal)





Notary Public, State of Wisconsin
My commission is permanent

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NOTICE: THIS IS AN IMPORTANT DOCUMENT. BEFORE SIGNING THIS DOCUMENT, YOU SHOULD KNOW THESE IMPORTANT FACTS. BY SIGNING THIS DOCUMENT, YOU ARE NOT GIVING UP ANY POWERS OR RIGHTS TO CONTROL YOUR FINANCES AND PROPERTY YOURSELF. IN ADDITION TO YOUR OWN POWERS AND RIGHTS, YOU ARE GIVING ANOTHER PERSON, YOUR AGENT, BROAD POWERS TO HANDLE YOUR FINANCES AND PROPERTY. THIS POWER OF ATTORNEY FOR FINANCES AND PROPERTY MAY GIVE THE PERSON WHOM YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR FINANCES AND PROPERTY, INCLUDING POWERS TO ENCUMBER, SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. THE POWERS WILL EXIST AFTER YOU BECOME DISABLED OR INCAPACITATED. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL OR OTHER HEALTH CARE DECISIONS FOR YOU. IF YOU OWN COMPLEX OR SPECIAL ASSETS SUCH AS A BUSINESS, OR IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN THIS FORM TO YOU BEFORE YOU SIGN IT.

IF YOU WISH TO CHANGE YOUR POWER OF ATTORNEY FOR FINANCES AND PROPERTY AFTER SIGNING IT, YOU MUST COMPLETE A NEW DOCUMENT AND REVOKE THIS ONE. YOU MAY REVOKE THIS DOCUMENT AT ANY TIME BY DESTROYING IT, BY DIRECTING ANOTHER PERSON TO DESTROY IT IN YOUR PRESENCE OR BY SIGNING A WRITTEN AND DATED STATEMENT EXPRESSING YOUR INTENT TO REVOKE THIS DOCUMENT. IF YOU REVOKE THIS DOCUMENT, YOU SHOULD NOTIFY YOUR AGENT AND ANY OTHER PERSON TO WHOM YOU HAVE GIVEN A COPY OF THE FORM. YOU ALSO SHOULD NOTIFY ALL PARTIES HAVING CUSTODY OF YOUR ASSETS. THESE PARTIES HAVE NO RESPONSIBILITY TO YOU UNLESS YOU ACTUALLY NOTIFY THEM OF THE REVOCATION. IF YOUR AGENT IS YOUR SPOUSE AND YOUR MARRIAGE IS ANNULLED, OR YOU ARE DIVORCED AFTER SIGNING THIS DOCUMENT, THIS DOCUMENT IS INVALID.

SINCE SOME THIRD PARTIES OR SOME TRANSACTIONS MAY NOT PERMIT USE OF THIS DOCUMENT, IT IS ADVISABLE TO CHECK IN ADVANCE, IF POSSIBLE, FOR ANY SPECIAL REQUIREMENTS THAT MAY BE IMPOSED.

YOU SHOULD SIGN THIS FORM ONLY IF THE AGENT YOU NAME IS RELIABLE, TRUSTWORTHY AND COMPETENT TO MANAGE YOUR AFFAIRS.

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AGENT'S CERTIFICATION AND ACCEPTANCE OF AUTHORITY

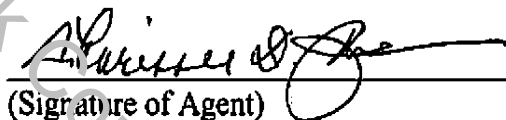
I, Charisse Darlene Jackson ("Agent"), certify that the attached is a true copy of a power of attorney naming the undersigned as agent for HENRY L. JACKSON ("Principal").

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: July 11, 2023


(Signature of Agent)

Charisse Darlene Jackson
(Print Name)

7127 94th Ave Kenosha WI 53142
(Agent's Address)

262-227-2909
Telephone Number

* (NOTE: Perjury is defined in Section 32 -2 of the Criminal Code of 2012, and is a Class 3 felony.)

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