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Doc#: 2334213094 Fee: \$107.00

Karen A. Yarbrough

Cook County Clerk

Date: 12/08/2023 09:58 AM Pg: 1 of 14

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## POWER OF ATTORNEY

Prepared By:

Eric J Parker

Stotis & Baird Chartered

200 W Jackson Blvd Suite 1050

Chicago IL 60606

Return to:

Catherine Tomaras

3212 N Ravenswood Ave

No2

Chicago IL 60657

Chicago Title

236563191580P

1 of 4

**UNOFFICIAL COPY**POWER OF ATTORNEY FOR PROPERTY  
TON K. TOMARAS**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 5-7 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:

\_\_\_\_\_  
Principal's initials

J.K.T.

**UNOFFICIAL COPY****ILLINOIS STATUTORY SHORT FORM  
POWER OF ATTORNEY FOR PROPERTY**

1. I, **TOM K. TOMARAS**, 901 Austin Avenue, Park Ridge, Illinois 60068, hereby  
revoke all prior powers of attorney for property executed by me and appoint:

**CATHERINE T. TOMARAS**  
3212 North Ravenswood Avenue, #2  
Chicago, Illinois 60657

**(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 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 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.

*T.K.T.*

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(i) Tax matters. My agent is authorized to: sign, verify and file all the principal's federal, state and local income, gift, estate, property and other tax returns, including joint returns and declarations of estimated tax; pay all taxes; claim, sue for and receive all tax refunds; examine and copy all the principal's tax returns and records; represent the principal before any federal, state or local revenue agency or taxing body and sign and deliver all tax powers of attorney on behalf of the principal as required to settle, pay and determine all tax liabilities; and, in general, exercise all powers with respect to tax matters which I could if present and under no disability, for tax years 1980 through 2050.

(j) Claims and litigation.

(k) Commodity and option transactions.

(l) Business operations.

(m) Borrowing transactions.

(n) Estate transactions.

(o) All other property 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.):**

My agent shall not have the authority to waive the right to a jury trial or agree to arbitrate disputes under any contract agreement with any long term care facility, nursing home or medical provider, in advance of any known injury. My agent, however, may agree to arbitrate disputes after the occurrence of an injury or if my agent deems it advisable to do so for that specific known injury.

3. In addition to the powers granted above, I grant my agent the following powers:

*TAKT*

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(NOTE: 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. **Funding Trust.** My agent is authorized to transfer, assign, and convey any property or interest in property which I may own to the Tom K. Tomaras Revocable Living Trust, Dated October 21, 1999, if then in existence, or to any other trust of which I am a beneficiary and under the terms of which I expressly have the power, exercisable alone or with others to amend or revoke such trust, whenever such trust was created before or after the execution of this power of attorney.
- b. **Gifts.** My agent is authorized to request a distribution from the trust estate of such trust to my agent, or to use other assets of mine, in order to accomplish any gift authorized to be made hereunder:
  1. **Exclusion Gifts.** The agent may make Annual Exclusion Gifts and Tuition and Medical Exclusion Gifts to any one or more of my descendants and their spouses in such amounts as the agent considers appropriate. Annual Exclusion Gifts shall be made in such a manner as to qualify for the federal gift tax "annual exclusion" under Code Section 2503(b). Annual Exclusion Gifts to each person in any calendar year shall not exceed the maximum allowable amount of such annual exclusion for an unmarried donor, or twice that amount if I am married at the time of such gift. The "spouse" of any person, other than me, means the individual legally married to, and not legally separated from, such person on the date of the gift then in question or on the date of the prior death of such person. References to sections of the Code refer to the Internal Revenue Code of 1986, as amended from time to time and include corresponding provisions of subsequent federal tax laws;
  2. **Additional Gifts.** The agent may make gifts in such amounts as determined by my agent, in my name and on my behalf if my agent believes the gifts will provide tax or financial benefits for me or my estate or my family, to my spouse or descendants, in any amount; and to charitable organizations in amounts and at times that follow patterns of giving established by me before the date of the gifts made by the attorney. It is my wish that if I require extended long term care in a licensed nursing facility, and there is no reasonable likelihood that I will be able to return to living outside of a licensed nursing facility, that my agent make such gifts as may be possible consistent with my testamentary intent as set forth in my estate plan, to qualify me for medical assistance benefits to cover the

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cost of such nursing care provided that my best interests and welfare are not compromised in any way.

(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 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 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.

(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. TKS This power of attorney shall become effective immediately; OR

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This power of attorney shall become effective upon the receipt by my agent of written certification from a licensed physician that I have become incapacitated to such an extent that I am unable to transact ordinary business prudently. Any person dealing with my agent may rely without liability on a photocopy of such written certification.

**HIPAA Release Provision.** When in the process of determining my incapacity, all of my individually identifiable health information or other medical records may be released to any person who is nominated to act as the agent. The information that may be released pursuant to the terms of this provision shall include any written opinion relating to my incapacity that the person so acting or so nominated may have requested. This release authority applies to any information governed by the Health Insurance Portability and Accountability Act of 1996, 42 U.S.C. § 1320d and 45 C.F.R. pts. 160-164, and applies even if that person has not yet accepted the office of agent.

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

7. *TRT* This power of attorney shall terminate on Death.

(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:

**CHRISTINA TOMARAS HANSEN**  
4205 Oakwood Lane  
West Des Moines, Iowa 50265

*T.R.T*

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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 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 unless 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: 09-04-2020

Signed: *Tom K. Tomaras*  
TOM K. TOMARAS

SSN: \_\_\_\_\_



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**(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 TOM K. TOMARAS, 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 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: 9/11/21

Witness

Eric Pate

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(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)

(Second witness) The undersigned witness certifies that TOM K. TOMARAS, 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 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: 9-4-20

Witness

*Carolina Lopez*

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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 TOM K. TOMARAS, 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) 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 signatures of the agents (if such signatures were obtained)

Dated: 9/4/2020



*Sarah Allen*  
Notary Public

My Commission expires: 12/06/2023

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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 include specimen signatures in this power of attorney, you must complete the certification opposite the signatures of the agents.)

Specimen signatures of  
Agent (and Successors)

I certify that the signatures of my  
Agent (and Successors) are correct.

\_\_\_\_\_  
CATHERINE T. TOMARAS

\_\_\_\_\_  
TOM K. TOMARAS

\_\_\_\_\_  
CHRISTINA TOMARAS HANSEN

\_\_\_\_\_  
TOM K. TOMARAS

(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.)

Eric J. Parker  
Stotis & Baird Chartered  
200 W. Jackson Blvd. Suite 1050  
Chicago, Illinois 60606  
312-461-1000

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## NOTICE TO AGENT

When you accept the authority granted under this power of attorney a special legal relationship, known as agency, is created between you and the principal. Agency imposes upon you duties that continue until you resign or the power of attorney is terminated or revoked.

As agent you must:

- (1) do what you know the principal reasonably expects you to do with the principal's property;
- (2) act in good faith for the best interest of the principal, using due care, competence, and diligence;
- (3) keep a complete and detailed record of all receipts, disbursements, and significant actions conducted for the principal;
- (4) attempt to preserve the principal's estate plan, to the extent actually known by the agent, if preserving the plan is consistent with the principal's best interest; and
- (5) cooperate with a person who has authority to make health care decisions for the principal to carry out the principal's reasonable expectations to the extent actually in the principal's best interest.

As agent you must not do any of the following:

- (1) act so as to create a conflict of interest that is inconsistent with the other principles in this Notice to Agent;
- (2) do any act beyond the authority granted in this power of attorney;
- (3) commingle the principal's funds with your funds;
- (4) borrow funds or other property from the principal, unless otherwise authorized;
- (5) continue acting on behalf of the principal if you learn of any event that terminates this power of attorney or your authority under this power of attorney, such as the death of the principal, your legal separation from the principal, or the dissolution of your marriage to the principal.

If you have special skills or expertise, you must use those special skills and expertise when acting for the principal. You must disclose your identity as an agent whenever you act for the principal by writing or printing the name of the principal and signing your own name "as Agent" in the following manner:  
 "(Principal's Name) by (Your Name) as Agent"

The meaning of the powers granted to you is contained in Section 3-4 of the Illinois Power of Attorney Act, which is incorporated by reference into the body of the power of attorney for property document.

If you violate your duties as agent or act outside the authority granted to you, you may be liable for any damages, including attorney's fees and costs, caused by your violation. If there is anything about this document or your duties that you do not understand, you should seek legal advice from an attorney.

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CHICAGO TITLE  
COMPANY

## LEGAL DESCRIPTION

Order No.: 23GSC319158OP

For APN/Parcel ID(s): 23-24-208-020-0000, 23-24-208-024-0000, 23-24-208-021-0000,  
23-24-208-022-0000 and 23-24-208-023-0000

PARCEL 1: LOTS 92, 93, 94, 95 AND 96, IN ARTHUR DUNAS' HARLEM AVENUE ADDITION, BEING A SUBDIVISION IN THE NORTHEAST 1/4 OF SECTION 24, TOWNSHIP 37 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Property of Cook County Clerk's Office