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Durable Power Of Attorney



Doc# 2401715000 Fee \$88.00

RHSP FEE:\$18.00 RPRF FEE: \$1.00

KAREN A. YARBROUGH

COOK COUNTY CLERK

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#### **DURABLE POWER OF ATTORNEY**

#### **FOR**

### CLARA G. DZIUBINSKI

Power of Attorney made this _	11th_day of _	July	2002.	
1. I, CLARA G. PZIUBINSKI, of 5	224 West Newp	ort, 1 <sup>st</sup> Flo	or, City of Chicago	o, Sta

1. I, CLARA G. DZIUBINSKI, of 5224 West Newport, 1st Floor, City of Chicago, State of Illinois, hereby appoint: GENEVIEVE F. BUJAK, of 4319 N. Ozanam, Village of Norridge, State of Illinois, as my attorney-in-fact (my "agent") to act for me 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:

(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.

(g) Retirement plan transactions.

(I) Business operations.

(b) Financial institution transactions.

(h) Social Security. employment and military, service

(m) Borrowing transactions.

(c) Stock and bond transactions.

Benefits

(n) Estate transactions.

(d) Tangible personal property transactions.

(i) Tax matters.

(o) All other property powers

(e) Safe deposit box transactions.

(j) Claims and litigation.

and transactions.

(f) Insurance and annuity transactions.

(k) Commodity and options transactions.

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(LIMITATION 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 (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):
NO I IMITATIONS
3. In addition to the powers granted above, I grant my agent the following powers (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): The power to make any appropriate annual
exclusion gifts authorized by I.R.C. section 2503(b).
NO ADDITIONS

(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 THE NEXT SENTENCE, 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 successor) named by me who is acting under this power of attorney at the time of reference.

(YOUR AGENT WILL BE ENTITLED TO REIMBURSEMENT FOR ALL REASONABLE EXPENSES INCURRED IN ACTING UNDER THIS POWER OF ATTORNEY, STRIKE OUT THE NEXT SENTENCE IF YOU DO NOT WANT YOUR AGENT TO ALSO BE ENTITLED TO REASONABLE COMPENSATIONS FOR SERVICES AS AGENT.)

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5. My agent shall be entitled to reasonable compensation for services rendered as agent under this power of Attorney.

(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 OF THE BEGINNING DATE OR DURATION IS MADE MY INITIALING AND COMPLETING EITHER OR BOTH OF THE FOLLOWING:)

CGD 6. (4) This power of attorney shall be come effective upon my attending physician stating in a written report that it his medical opinion, I am unable to handle my financial affairs.

7. () This power of attorney shall terminate on	
(IF YOU WISH TO NAME SUCCESSOR AGENTS, INSERT THE NAME(S) AND ADDRES	SS(ES)
OF SUCH SUCCESSOR(S) IN THE FOLLOWING PARAGRAPH.)	

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: ELIZABETH A. DZIUBINSKI, 5224 W. New point. Garden Apt., Chicago, IL. 60641.

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

(IF YOU WISH TO NAME YOUR AGENT AS GUARDIAN OF YOUR ESTATE, IN THE EVENT A COURT DECIDES THAT ONE SHOULD BE APPOINTED, YOU MAY, BUT ARE NOT REQUIRED TO DO SO BY RETAINING THE FOLLOWING PARAGRAPH. THE COURT WILL APPOINT YOUR AGENT IF THE COURT FINDS THAT SUCH APPOINTMENT WILL SERVE YOUR BEST INTERESTS AND WELFARE. STRIKE OUT PARAGRAPH 9 IF YOU DO NOT WANT YOUR AGENT TO ACT AS YOUR 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 importance of this grant of powers to my agent.

#### DATE AND SIGNATURE OF PRINCIPAL

_

The undersigned, a Notary Public is and for the above county and state, certifies that CLARA G. DZIUBINSKI, known to me (or proved to me on the basis of satisfactory evidence) to be the same person whose name is subscribed as principal to the loregoing Power of Attorney, appeared before me and the additional 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 signature(s) of the agent(s)).

Dated JULY 11, 2002

My Commission Expires

MOTARY PUBLIC

OFFICIAL SEAL
ROBERT P SABBITT
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 03 19/03

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### STATEMENT OF WITNESSES

The undersigned witnesses certify that CLARA G. DZIUBINSKI known to me to be the same person whose name is subscribed as principal to the foregoing power of attorney, appeared before us 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 set forth. We believe him or her to be of sound mind and memory.

Signature

DANELL GLOMB

Print Name

Date:

Address: 3745 9

CHESTINE

Print Name

Date: 7-11-02

Address: 4930 N Oconto

HARWOOD HTS. III 60704

This Document prepared by:

ROBERT P. BABBITT

Attorney at Law 6121 N. Northwest Hwy. Suite 104 Chicago. Illinois 60631 (773) 775-0151

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# **UNOFFICIAL COPY**

Attached Legal Description

Permanent Index Number(s):13-21-311-026-0000

Property Address: 5224 West Newport, Chicago, Illinois 60641

LOT 9 IN S. BUDZBAN'S RESUBDIVISION OF LOTS 9 TO 16 INCLUSIVE IN BLOCK 3, LOTS 1 TO 8 INCLUSIVE, THE EAST 1/2 OF LOT 11 ALL OF LOTS 12, 13, 14 AND WEST 1/2 OF LOT 15 IN BLOCK 4 IN HEILD AND MARTIN'S SUBDIVISION OF THE EAST 1/2 OF THE NORTHEAST 1/4 OF THE SOUTHWEST 1/4 OF SECTION 21, TOWNSHIP 40 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDAIN IN COOK COUNTY ILLINOIS

Property of Cook County Clerk's Office OUNTY CLERK OFFICE NG DIVISION LARK ST. ROUNT 120 CHICAGO, IL 60602-1387 COUNTY CLENK OFFICE LITICASO, 12 60602-1387 40