

POWER OF ATTORNEY

I, JOSEPH R. KRYZAN, as principal (the "Principal"), have this day appointed my daughter, JANICE N. LACKEY, of La Grange, Illinois, to serve as my Attorney in Fact (hereinafter referred to as "Attorney in Fact") and to exercise the powers set forth below.

1. NOTWITHSTANDING ANY PROVISION HEREIN TO THE CONTRARY, MY POWER OF ATTORNEY SHALL BECOME EFFECTIVE UPON EXECUTION BY THE PRINCIPAL AND SHALL CONTINUE UNTIL TERMINATED IN WRITING BY THE PRINCIPAL OR BY HIS DEATH.

2. My Attorney in Fact is authorized in my Attorney in Fact's sole and absolute discretion from time to time and at any time with respect to any and all of my property and interest in property, which consists of real and personal property, to act as follows:

To handle and manage my bank accounts, stocks and bonds, or any other assets for my benefit, and to invest and reinvest money held by me in accounts, using the interest and principal thereof for my benefit.21

To sell and convert into cash any real or personal property of which I may be possessed at the time this Power of Attorney becomes effective; this includes the real estate commonly known as : 4612 S. Whipple, Chicago IL, and legally described as:

LOT FORTY THREE (43) IN LITCHFIELD'S RESUBDIVISION OF THE WEST HALF OF BLOCK TWELVE (12) IN STEWART'S SUBDIVISION OF THE SOUTH WEST QUARTER OF SECTION ONE (1), TOWNSHIP THIRTY EIGHT (38) NORTH, RANGE THIRTEEN (13) EAST OF THE THIRD PRINCIPAL MERIDIAN.

P.I.N.:

3. To sell any and every kind of property that I may in the future acquire, upon such terms and conditions as my Attorney in Fact shall deem appropriate;

4. To buy property upon such terms and conditions as my Attorney in Fact shall deem appropriate.

5. To establish, utilize and terminate accounts with securities brokers;

6. To employ, utilize the services of, compensate and terminate the services of real estate brokers/realtors and/or such financial and investment advisors and consultants as my Attorney in Fact shall deem appropriate;

7. To establish accounts of all kinds for me with financial institutions, including but not limited to banks and thrift institutions, to modify, terminate, to make deposits to and write checks on or make withdrawals from and grant

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security interest in all accounts in my name or with respect to which I am an authorized signatory whether or not any such account was established by me or for me by my Attorney in Fact; to negotiate, endorse or transfer any checks or other instruments with respect to any such accounts; to contract for any services rendered by any bank or financial institution; also I direct that my Attorney in Fact shall have access to all safe-deposit boxes in my name.

8. To institute, supervise, prosecute, defend, intervene in, abandon, compromise, arbitrate, settle, dismiss, and appeal from any and all legal, equitable, judicial or administrative hearings, action, suits, proceedings, attachments, arrests or distresses, involving me in any way, including but not limited to claims by or against me arising out of property damages or personal injuries suffered by or caused by me or under such circumstances that the loss resulting therefrom will or may fall on me and otherwise engage in litigation involving me, my property or any interest of mine, including any property or interest of any other or person for which or whom I have or may have any responsibility.

9. To represent me in all tax matters; to prepare, sign and file federal, state and/or local income, gift and other tax returns of all kinds, claims for refunds, requests for extensions of time, and any and all other tax related documents; to pay taxes due, collect and made such disposition of funds as my Attorney in Fact shall deem appropriate, and generally to represent me or obtain professional representation for me in all tax matters and proceedings of all kind and for all periods.

10. My Attorney in Fact is authorized in my Attorney in Fact's sole and absolute discretion from time to time and at any time, with respect to the control and management of my person, as follows:

- A To do all acts necessary for maintaining my customary standard of living, to provide living quarters by purchase, lease or other arrangement, or by payment of the operating costs of my existing living quarters, to provide normal domestic help for the operation of my household, to provide clothing, transportation, medicine, food and incidentals, and if necessary to make all necessary arrangements, contractual or otherwise, for me at any hospital, hospice, nursing home, convalescent home or similar establishment;
- B. If in the judgment of my Attorney in Fact I will never be able to return to my living quarters from a hospital, hospice, nursing home, convalescent home or similar establishment, to store and safeguard or sell for such price and upon such terms, conditions and security, if any, as my Attorney in Fact shall deem appropriate or otherwise dispose of any items of

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tangible personal property remaining in my living quarters which my Attorney in Fact believes I will never need again (and pay all costs thereof);

- C. As an alternative to such storage and safeguarding, to transfer custody and possession for such storage and safekeeping of any such tangible personal property of mine to the person, if any, named in my will as the recipient of such property;
- D. To provide for the presence and involvement of religious clergy or spiritual leaders in my care, provide them access to me at all times, maintain my memberships in religious or spiritual organizations or arrange for membership in such groups, and enhance my opportunities to derive conform and spiritual satisfaction from such activities, including religious books, tapes and other materials;
- E. To provide for such companionship for me as will meet my needs and preferences at a time when I am disabled or otherwise unable to arrange for such companionship myself.

11. My Attorney in Fact is authorized in my Attorney in Fact's sole and absolute discretion from time to time and at anytime to exercise the authority described below relating to matters involving my health and medical care. In exercising the authority granted to my Attorney in Fact herein, my Attorney in Fact is instructed that my Attorney in Fact try to discuss with me the specifics of any proposed decision regarding my medical care and treatment if I am able to communicate in any manner, even by blinking my eyes. My Attorney in Fact is further instructed that if I am unable to give an informed consent to medical treatment, my Attorney in Fact shall give or withhold such consent for me based upon any treatment choices I would want made under the circumstances, then my Attorney in Fact should make such choices for me based upon what my Attorney in Fact believes to be in my best interests. Accordingly, my Attorney in Fact is authorized as follows:

- A. To request, receive and review any information, verbal or written, regarding my personal affairs or my physical or mental health, including medical and hospital records, and to execute any releases or other documents that may be required in order to obtain such information, and to disclose such information to such persons, organizations, firms or corporations as my Attorney in Fact shall deem appropriate;
- B. To employ and discharge medical personnel including physicians, psychiatrists, dentists, nurses, and therapists as my Attorney in Fact shall deem necessary for my physical, mental and emotional well-being, and to pay them, or any of them, reasonable compensation.

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- C. To give consent to any medical procedures, tests or treatments, including surgery; to arrange for my hospitalization, convalescent care, hospice or home care; to summon paramedics or other emergency medical personnel and seek emergency treatment for me, as my Attorney in Fact shall deem appropriate; and under circumstances in which treatments are no longer of any benefit to me or, based on instructions to revoke, withdraw, modify or change consent to such procedures, tests and treatments, as well as hospitalization, convalescent care, hospice or home care which I or my Attorney in Fact may have previously allowed or consented to. My Attorney in Fact should try to discuss the specifics of any proposed decision regarding any medical care and treatment with me if I am able to communicate in any manner, even by blinking my eyes. If I am unconscious or otherwise unable to communicate with my Attorney in Fact, then my Attorney in Fact's decision should be guided by taking into account (1) the foregoing provisions of this paragraph, (2) any preferences that I may previously have expressed on the subject, (3) what my Attorney in Fact believes I would want done in the circumstances if I were able to express myself, and (4) any information given to my Attorney in Fact by the physicians treating me as to my medical diagnosis and prognosis.
- D. To exercise my right of privacy to make decisions regarding my medical treatment and my right to be left alone even though the exercise of my right might hasten my death or be against conventional medical advice.
- E. To consent to and arrange for the administration of pain-relieving drugs of any kind, or other surgical or medical procedures calculated to relieve my pain even though their use may lead to permanent physical damage, addiction or even hasten the moment to (but not intentionally cause) my death; to authorize, consent to and arrange for unconventional pain relief therapies which my Attorney in Fact believes may be helpful to me.
- F. To grant releases to hospital staff, physicians, nurses and other medical and hospital administrative personnel who act in reliance on instructions given by my Attorney in Fact or who render written opinions to my Attorney in Fact in connection with any matter described in this Article from all liability for damages suffered or to be suffered by me; to sign documents titled or purporting to be a "Refusal to Permit Treatment" and "Leaving Hospital Against Medical Advice" as well as any necessary waivers of or released from liability required by any hospital or physician to implement my wishes regarding medical treatment or non-treatment.

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12. I wish to live and enjoy life as long as possible, but I do not wish to receive futile medical treatment which I define as treatment that will provide no benefit to me and will only prolong an irreversible coma or my inevitable death. I desire that my wishes be carried out through the authority given to my Attorney in Fact by this document despite any contrary feeling, beliefs or opinions or other members of my family, relatives or friends. In exercising the authority given to my Attorney in Fact herein, my Attorney in Fact should try to discuss with me the specifics of any proposed decision regarding my medical care and treatment if I am able to communicate in any manner, even by blinking my eyes. My Attorney in Fact is further instructed that if I am unable to give an informed consent to medical treatment, my Attorney in Fact shall give or withhold such consent for me based upon any treatment choices otherwise. If my Attorney in Fact cannot determine the treatment choice I would want made upon the circumstances, then my Attorney in Fact should make such choice for me based upon what my Attorney in Fact believes to be in my best interests. Accordingly, if:

- A. Two licensed physicians who are familiar with my condition have diagnosed and noted in my medical records that my condition is incurable, terminal and expected to result in my imminent death regardless of what medical treatment I may receive, and they have determined that I am unable to give informed consent to medical treatment; or
- B. Two licensed physicians who are familiar with my condition have diagnosed and noted in my medical records that I have been in a coma and that the coma is irreversible, meaning that there is no reasonable possibility of my ever regaining consciousness.

then my Attorney in Fact is authorized as follows:

- a. To sign on my behalf any documents necessary to carry out the authorization described below, including waivers or releases of liability required by any health care provider,
- b. To give or withhold consent to any medical care or treatment, to revoke or change any consent previously given or implied by law for any medical care or treatment, and to arrange for my placement in or removal from any hospital, convalescent home, hospice or other medical facility, and
- c. To require that medical treatment which will only prolong my inevitable death or irreversible coma not be instituted or, if previously instituted, to require that it be discontinued.

13. I CERTIFY THAT I HAVE READ THE PROVISION OF PARAGRAPH 12 AUTHORIZING MY ATTORNEY IN FACT TO REFUSE MEDICAL TREATMENT FOR ME UNDER THE CIRCUMSTANCES SPECIFIED IN THIS ARTICLE, THAT SUCH PROVISIONS HAVE BEEN EXPLAINED TO ME TO MY SATISFACTION, THAT I UNDERSTAND SUCH PROVISIONS, AND THAT SUCH PROVISIONS STATE MY WISHES AND DESIRES UNDER THE CIRCUMSTANCES DESCRIBED.

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14. In connection with the exercise of the powers herein described, my Attorney in Fact is fully authorized and empowered to perform any acts and to execute and deliver any documents, instruments and papers necessary, or appropriate to carry out such powers.

15. To execute, endorse, seal, acknowledge, deliver and file or record agreements, instruments to transfer real or personal property, instruments granting and perfecting mortgages, deeds of trust, or security instruments and obligations, orders for the payment of money, receipts, releases, waivers, elections, vouchers, consents, satisfactions and certificates;

16. For the purpose of inducing all persons, organizations, corporations and entities including but not limited to any physicians, hospital, bank, broker, custodian, insurer, lender, taxing authority, governmental agency, or party to act in accordance with the instructions of my Attorney in Fact given this instrument, I hereby represent, warrant and agree that;

- A. The powers conferred on my Attorney in Fact by this instrument may be exercised by my Attorney in Fact alone and my Attorney in Fact's signature or act under the authority granted in this instrument may be accepted by Persons as fully authorized by me and with the same force and effect as if I were personally present, competent, and acting on my own behalf. Consequently, all acts lawfully done by my Attorney in Fact hereunder are done with my consent and shall have the same validity and effect as if I were personally present and personally exercised the powers myself, and shall inure to the benefit of and bind me and my heirs, assigns and personal representatives.
- B. No person who acts in reliance upon any representations my Attorney in Fact may make as to (a) the fact that my Attorney in Fact's power are then in effect, (b) the scope of my Attorney in Fact's authority granted under this instrument, (c) my competency at the time this instrument is executed, (d) the fact that this instrument has not been revoked, or (e) the fact that my Attorney in Fact continues to serve as my Attorney in Fact shall incur any liability to me, my estate, my heirs or assigns for permitting my Attorney in Fact to exercise any such authority, nor shall any Person who deals with my Attorney in Fact be responsible to determine or insure the proper application of fund or property.
- C. All Persons from whom my Attorney in Fact may request information regarding me, my personal or

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financial affairs or any information which I am entitled to receive are hereby to provide such information to my Attorney in Fact without limitations, and are released from any legal liability whatsoever to me, my estate, my heirs and assigns for complying with my Attorney in Fact's request.

- D. I hereby authorize all physicians and psychiatrists who have treated me, and all other providers of health care, including hospitals, to release to my Attorney in Fact all information or photocopies of any records which my Attorney in Fact all information or an incompetent at the time my Attorney in Fact may request. If I am incompetent at the time my Attorney in Fact shall request such information by my Attorney in Fact as the request of my legal representative and to honor such requests on that basis. I hereby waive all privileges which may be applicable to such information and records and to any communications pertaining to me and made in the course of any confidential relationship recognized by law. My Attorney in Fact may also disclose such information to such person as my Attorney in Fact shall deem appropriate.

17. By executing this instrument upon the advice of legal counsel, I have carefully and deliberately created the means and manner by which I desire that my person and property be cared for, managed and protected in the event I shall become unable to execute such responsibilities for myself. Accordingly, it is my intention and my desire that I herewith express in the strongest possible terms, that no Guardian or Conservator be appointed for me so long as there is an Attorney in Fact named in this instrument who is willing and able to act and serve under this instrument.

18. If any part of any provision of this instrument shall be invalid or unenforceable under applicable law, such part shall be ineffective to the extent of such invalidity only, without in any way affecting the remaining parts of such provision or the remaining provisions of this instrument.

19. This instrument shall be governed by the laws of the STATE OF ILLINOIS in all respects, including its validity, construction, interpretation and termination.

20. This instrument may be amended or revoked by me, and my Attorney in Fact and any alternate Attorney in Fact may be removed by me at any time by the execution by me of a written instrument of revocation, amendment, or removal delivered to by Attorney in Fact and to all alternate agents. If this instrument has been recorded in the public records, then the instrument of revocation, ammendment or removal shall be

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