## DURABLE POWER OF ATTORNEY

95154335

POWER OF ATTORNEY made this 8/5T day of NOVEMBEK,

1, I, JUNE ANN RICCIARDI, 9525 Shermer Road, Morton Grove, fillingia 60053, hereby appoint KATHY RICCIARDI, 8342 Springfield, Skokie, fillingia 60076, 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 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 HE GRANTLY 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. DiFI-11 RELOGATION

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(c) Stock and bond transactions.

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- (d) Tangible personal property Gransactions.
- (e) Safe deposit box transactions
- (f) Insurance and annuity transactions
- (g) Retirement plan transactions.
- (h) Social Security, employment and military service benefits.
- (i) Tax matters.
- (j) Claims and litigation.

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- (k) Commodity and option transactions.
- (1) Business operations.
- (m) Borrowing transactions.
- (n) Estate transactions.
- (c) All other property powers and transactions.

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(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 (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 this agent):

#### NO LIMITATIONS

3. It addition to the powers granted above, I grant my agent the following powers, (here you may add any other delegable powers including, without limitation, to make gifts, exercise powers of appointment, name or change beneficiaries or joint tenants or revoke or amend any trust specifically referred to below):

### NO ADDITIONS

(YOUR AGENT WILL HAVE AUTHOPITY TO EMPLOY OTHER PERSONS AS NECESSARY TO ENABLE THE AGENT TO PROPERLY EXERCISE THE POWERS GRANTED IN THIS PORM, BUT YOU'C AGENT WILL HAVE TO MAKE ALL DISCRETIONARY DECISIONS. IF YOU WANT TO GIVE YOUR AGENT THE PIGHT TO DELEGATE DISCRETIONARY DECISION-MAKING POWERS TO OTHERS, YOU SHOULD KEEP THE NEXT SENTENCE, STUFRWISE 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.

(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 COMPENSATION FOR SERVICES AS AGENT.)

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

# 515 8355

# UNOFFICIAL COPY

- 6. (x) This power of attorney shall become effective upon its execution.
- 7. (x) This power of attorney, absent being revoked or amended, shall terminate on my death.

(IF YOU WISH TO NAME SUCCESSOR AGENTS, INSERT THE NAME(S) AND ADDRESS(ES) OF SUCH SUCCESSOR(S) IN THE POLLOWING PAPAGRAPH.)

8. If any agent named by me shall die, become legally disabled, resign or refuse to act. I name the following (each to act alone and successively, in the order name) as successor(s) to such agent.

## MARIANNE RICCIARDI

(IF YOU WISH TO NAME A GUARDIAN OF YOUR PERSON OR A GUARDIAN OF YOUR ESTATE, OR BOTH IN THE EVENT A COURT DECIDES THAT ONE SHOULD BE APPOINTED, YOU MAY, BUT APE NOT REQUIRED TO, DO SO BY INSEPTING THE NAME(S) OF SUCH GUARDIAN(S) IN THE FOLLOWING PARAGRAPHS. THE COURT WILL APPOINT THE PERSON NOMINATED BY YOU IF THE COURT FINDS THAT SUCH APPOINTMENT WILL SERVE YOUR BEST INTEPEST AND WELFARE. YOU MAY, BUT ARE NOT REQUIRED TO, NOMINATE AS YOUR GUARDIAN(S) THE SAME PERSON NAMED IN THIS FORE AS YOUR AGENT.)

9. If a guardian of my person is to be appointed, I nominate the following to serve as such guardian:

### KATHY RICCIARDI

10. If a guardian of my estate (my property) is to be appointed, I nominate the following to serve as such guardian:

## KATHY RICCIARDI

11. 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.

signed

(principal)

# 5254335

# **UNOFFICIAL COPY**

(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 (successors)	I certify that the signatures of my agent (and successors) are correct.
Hulling or in or	(principal)
(Agent)	(principal)
(successor agent)	(principal)
State of Illinois	SS.
County of Cook	<del>-</del>
	ry public in and for the above county NE AND RICCIARDI known to me to be

The undersigned, a notary public in and for the above county and state, certifies that JUNE ANN RICCIARDI known to me to be the same person whose name is surscribed as principal to the foregoing power of attorney, appeared before me 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.

Dated: 11/6

11/01/94 SEAL Mine T. Malla (Notary Public)

OFFICIAL SEAL

DIANE K MALLAK

NO TARY PURCIOL OTATE OF ILUNOIS MY COLLAL CHOILE CONTOUR TONZAME My commission expires

10/24/98

This document was prepared by:

JOSEPH S. HOLTZMAN 111 WEST WASHINGTON STEET CHILAGO, ILLINOIS 60002

Please reform recorded

document to:

Kathy Riccardi
1313 R. Lehie Court #1608

Chicago, IL. 60610

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LOT 16 IN BLOCK "D" IN HARRIS PARK VIST, SUBDIVISION, BEING A SUBDIVISION OF THE NORTH 1/4 OF THE NORTH TAST 1/4 EXCEPT PARTS THEREOF TAKEN FOR HIGHWAY), OF SECTION 13, TOWNSHIP 41 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO PLAT THEREOF REGISTERED IN THE OFFICE OF THE REGISTER OF TITLES OF COOK COUNTY, ILLINOIS, AS DOCUMENT NUMBER 1468085. DUNTS OFFICE

PIN 09-13-2112002