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9700-135

ILLINOIS STATUTORY POWER OF ATTORNEY FOR PROPERTY AND HEALTH CARE (DURABLE)

(NOTICE: THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO PLEDGE, SELL, OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. THIS ALSO GIVES BROAD POWERS TO YOUR AGENT TO MAKE HEALTH CARE DECISIONS FOR YOU, INCLUDING POWER TO REQUIRE, CONSENT TO OR WITHDRAW ANY TYPE OF PERSONAL CARE OR MEDICAL TREATMENT FOR ANY PHYSICAL OR MENTAL CONDITION AND TO ADMIT YOU TO OR DISCHARGE YOU FROM ANY HOSPITAL, HOME OR OTHER INSTITUTION. THIS FORM DOES NOT IMPOSE A DUTY ON YOUR AGENT TO EXERCISE GRANTED POWERS; BUT WHEN A POWER IS EXERCISED, YOUR AGENT WILL HAVE TO USE DUE CARE TO ACT FOR YOUR BENEFIT AND IN ACCORDANCE WITH THIS FORM. A COURT CAN TAKE AWAY THE POWERS OF YOUR AGENT IF IT FINDS THE AGENT IS NOT ACTING PROPERLY. YOU MAY NAME SUCCESSOR AGENTS UNDER THIS FORM BUT NOT CO-AGENTS. UNLESS YOU EXPRESSLY LIMIT THE DURATION OF THIS POWER IN THE MANNER PROVIDED BELOW, UNTIL YOU REVOKE THIS POWER OR A COURT ACTING ON YOUR BEHALF TERMINATES IT, YOUR AGENT MAY EXERCISE THE POWERS GIVEN HERE THROUGHOUT YOUR LIFETIME, EVEN AFTER YOU BECOME DISABLED. THE POWERS YOU GIVE YOUR AGENT ARE EXPLAINED MORE FULLY IN SECTION 3-4 OF THE ILLINOIS "STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY LAW" AND SECTIONS 4-6, 4-9 AND 4-10(b) OF THE ILLINOIS "POWERS OF ATTORNEY FOR HEALTH CARE LAW" OF WHICH THIS FORM IS A PART. THAT LAW EXPRESSLY PERMITS THE USE OF ANY DIFFERENT FORM OF POWER OF ATTORNEY YOU MAY DESIRE. IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU.)

✓
S1475411B

SAS - A DIVISION OF INTERCOUNTY

POWER OF ATTORNEY made this 4th day of March, 1992.

2550

1. I, STEVEN S. KOSTELNY, here appoint: my brother, JOHN EDWARD KOSTELNY, as my attorney-in-fact (my "agent") to act for me and in my name (in any way I could 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:

- 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.
- i. Tax matters.
- j. Claims and litigation.
- k. Commodity and option transactions.
- l. Business operations.
- m. Borrowing transactions.
- n. Estate transactions.
- o. Every and all other property powers and transactions.

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DEPT-01 RECORDING \$25.50
 T0011 TRAN 4284 01/03/97 09:46:00
 #8378 *KP *--97-004135
 COOK COUNTY RECORDER

2. The powers granted above shall not include the following powers or shall be modified or limited in the following particulars:

NO LIMITATIONS.

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

NO ADDITIONAL POWERS.

4. I appoint my brother, JOHN EDWARD KOSTELNY, as my attorney-in-fact (my "agent") to act for me and in my name (in any way I could act in person) to make any and all decisions for me concerning my personal care, medical treatment, hospitalization and health care and to require, withhold or withdraw any type of medical

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Power of Attorney of STEVEN S. KOSTELNY

LEGAL DESCRIPTION:

THE NORTH 33 AND 1/3 FEET OF LOT 39 IN JOHN J. RUTHERFORD'S SECOND ADDITION TO MONTECLARE IN THE NORTHEAST QUARTER OF SECTION 25, TOWNSHIP 40 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PROPERTY ADDRESS: 2938 N. 71nd Court., Elmwood Park, IL 60635

PPI# 12-25-222-918-0000

COMPLETE ONLY IF THIS DOCUMENT IS TO BE RECORDED

AFFIDAVIT

STATE OF ILLINOIS) SS) COUNTY OF C O O K)

The undersigned Affiant (the attorney-in fact), being first duly sworn on oath says, and also covenants with and warrants the following:

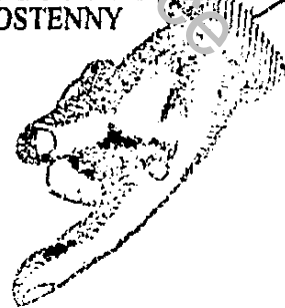
1. That the copy of the attached Power of Attorney is a true copy of the agency, and;
 2. That to the best of Affiant's knowledge, the Principal is alive; and
 3. That the relevant powers of the Affiant (Agent) have not been altered or terminated; and
 4. That this Affidavit is made pursuant to the provisions of the Illinois Power of Attorney Act, for the purposes stated therein, including but not limited to inducing third parties to honor the Affiant's (Agent's) authority.
- Affiant further states naught.

AFFIANT:

John Edward Kostelny
JOHN EDWARD KOSTENNY

Subscribed and sworn to before me
this 16th day of December, 1996.

Mary Lou Zurauski
Notary Public



This instrument was prepared by and should be MAILED TO: MARY LOU ZURAWSKI, Attorney at Law
6121 N. Northwest Highway Suite 102
Chicago, IL 60631
773-792-1885

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