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· CERTHOIO PERING INGA, SAR HOR HORING AGREE INGA 1 20년 - 유규모 본 - 최연영 및 및 INGA 1 20년 - FRONES DURABLE POWER OF ATTORNEY

LTIC 97-02608 1914

I, Virginia S. Heft, a resident of Cook County, appoint Alice M. Heft Kelley as my attorney-in-fact with absolute discretionary power for me and in my name, as fully and effectually as I might if I were personally present, to:

(a) receive, sell, assign, pledge, deliver and otherwise deal with any stocks, bonds, notes or other securities and any other personal property in which I have interest; (b) exercise in person or by proxy all voting and other rights I may have with

respect to any securities and hold any securities in the name of a nominee;

(c) receive and collect all monies due me, negotiate, endorse or deposit to any bank account of mine any nicks and other negotiable instruments made payable to me and sign checks on any such account for any purpose;

(d) purchase asses in my name including U.S. Treasury Bonds redeemable at par

(e) manage, maintain, epair, lease, mortgage, sell, contract to sell, convey and in payment of Federal estate taxes; otherwise deal with any real estate in which I have interest;

(f) add any of my assets to any revocable trust I have created;

(g) exercise my rights in policier insuring my life including any right to allow dividends to accumulate or reduce premiur is, use cash values to pay premiums, convert to paid-up insurance or borrow against or surrender any policy;

(h) prepare, sign and file any income, gir or other tax returns required from time to time, and appear before any administrative body of court with respect to the audit of returns

or any other question involving tax liability;

(i) enter appearances, file pleadings and execute and deliver other documents in, or

institute, any judicial or administrative proceedings; (j) enter any safe deposit box rented by me and remove from or add to the contents

(k) employ, with or without discretionary powers, attorneys, accountants, thereof: investment advisors, depositories and agents;

(l) expend sums for my physical well-being including medical, hospital, nursing

home or home care and consent to medical procedures; (m) execute and deliver such other instruments, including agreements and warranties, do such other things with respect to property in which I have an interest and expend such sums of money with respect to my support and well-being as my attorney from time to time may deem appropriate;

(n) disdain or renounce any property I may receive;

(o) appoint, or revoke the appointment of, a substitute attorney-in-fact from time to

time, and the provisions of this instrument shall apply equally to any substitute.

I ratify and confirm every act which my attorney shall lawfully do by virtue of this general power of attorney and direct that it be interpreted liberally. I agree my attorney shall not have responsibilities for any act done or omitted in good faith pursuant to the powers given in this instrument. My attorney shall be fully reimbursed for all proper expenses incurred on my behalf.

NO PERSON DEALING WITH MY ATTORNEY NEED INQUIRE AS TO MY CONTINUED COMPETENCY UNLESS I AM ADJUDGED TO BE A DISABLED

PERSON.

LAWYERS TYPE INSURANCE CORPORATION

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Any person dealing with my attorney may rely on a fascimile copy of this power of
attorney. I have executed this power of attorney on this day of the last 1993.
Signature of attorney In-fact Witness: Dellare
Williass. Martin
STATE OF COUNTY OF LHEREBY CERTIFY THAT Virginia S. Heft, known to me to be the same person whose name appears above, appeared before me on this 2/2/2 day of 2/2/2 to 1993, and acknowledged that she executed the foregoing power of attorney as her free and voluntary act for the purposes therein set forth.
On Such Duna
Notary Public
Prepared by and after recarding Missich Express 5/6/96 mail to:
alie M / Left heller SEAL " SAIL BURNS STATE OF ILLINOIS
Unit 813 Okierags, Il 60610
PIN # 13-12-307-030
Pruperty Address: 50/8 Mozart Chuago, De 60625

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