

NOTICE TO THE INDIVIDUAL SIGNING THE ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

PLEASE READ THIS NOTICE CAREFULLY. The form that you will be signing is a legal document. It is governed by the Illinois Power of Attorney Act. If there is anything about this form that you do not understand, you should ask a lawyer to explain it to you.

The purpose of this Power of Attorney is to give your designated "agent" broad powers to handle your financial affairs, which may include the power to pledge, sell, or dispose of any of your real or personal property, even without your consent or any advance notice to you. When using the Statutory Short Form, you may name successor agents, but you may not name co-agents.

This form does not impose a duty upon your agent to handle your financial affairs, so it is important that you select an agent who will agree to do this for you. It is also important to select an agent whom you trust, since you are giving that agent control over your financial assets and property. Any agent who does act for you has a duty to act in good faith for your benefit and to use due care, competence, and diligence. He or she must also act in accordance with the law and with the directions in this form. Your agent must keep a record of all receipts, disbursements, and significant actions taken as your agent.

Unless you specifically limit the period of time that this Power of Attorney will be in effect, your agent may exercise the powers given to him or her throughout your lifetime, both before and after you become incapacitated. A court, however, can take away the powers of your agent if it finds that the agent is not acting properly. You may also revoke this Power of Attorney if you wish.

This Power of Attorney does not authorize your agent to appear in court for you as an attorney-at-law or otherwise to engage in the practice of law unless he or she is a licensed attorney who is authorized to practice law in Illinois.

The powers you give your agent are explained more fully in Section 3-4 of the Illinois Power of Attorney Act. This form is a part of that law. The "NOTE" paragraphs throughout this form are instructions.

You are not required to sign this Power of Attorney, but it will not take effect without your signature. You should not sign this Power of Attorney if you do not understand everything in it, and what your agent will be able to do if you do sign it.

Please place your initials on the following line indicating that you have read this Notice:

PAT SAMPLE's initials

ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

1. I, PAT SAMPLE, of 1234 Main Street, Anytown, IL 60001-1234, hereby revoke all prior powers of attorney for property executed by me and appoint CHRIS SAMPLE (*NOTE: You may not name co-agents using this form.*) 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:

(NOTE: 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.
- (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) All other property transactions.

(NOTE: 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: (*NOTE: 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.*)

n/a

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

See attached "Exhibit A – Powers of My Agent" which is incorporated by reference and included as part of this form.

(NOTE: 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 paragraph 4, 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 any successor) named by me who is acting under this power of attorney at the time of reference.

(NOTE: Your agent will be entitled to reimbursement for all reasonable expenses incurred in acting under this power of attorney. Strike out paragraph 5 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.

(NOTE: 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 one or both of paragraphs 6 and 7:)

6. This power of attorney shall become effective immediately.

(NOTE: Insert a future date or event during your lifetime, such as a court determination of your disability or a written determination by your physician that you are incapacitated, when you want this power to first take effect.)

7. This power of attorney shall terminate upon my death.

(NOTE: Insert a future date or event, such as a court determination that you are not under a legal disability or a written determination by your physician that you are not incapacitated, if of your disability, when you want this power to terminate prior to your death.)

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 named) as successor to such agent:

SUSAN SAMPLE; then
JOE SAMPLE; then
BILL SAMPLE

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.

(NOTE: If you wish to, you may name your agent as guardian of your estate if a court decides that one should be appointed. To do this, retain paragraph 9, and the court will appoint your agent if the court finds that this appointment will serve your best interests and welfare. Strike out paragraph 9 if you do not want your agent to act as guardian.)

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 import of this grant of powers to my agent.

(NOTE: This form does not authorize your agent to appear in court for you as an attorney-at-law or otherwise to engage in the practice of law unless he or she is a licensed attorney who is authorized to practice law in Illinois.)

11. The Notice to Agent is incorporated by reference and included as part of this form.

Dated: February 15, 2023

SIGNED: _____
PAT SAMPLE

(NOTE: This power of attorney will not be effective unless it is signed by at least one witness and your signature is notarized, using the form below. The notary may not also sign as a witness.)

The undersigned witness certifies that PAT SAMPLE, known to me to be the same person whose name is subscribed as principal to the foregoing power of attorney, appeared before me 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 therein set forth. I believe him or her to be of sound mind and memory. The undersigned witness also certifies that the witness is not: (a) the attending physician or mental health service provider or a relative of the physician or provider; (b) an owner, operator, or relative of an owner or operator of a health care facility in which the principal is a patient or resident; (c) a parent, sibling, descendant, or any spouse of such parent, sibling, or descendant of either the principal or any agent or successor agent under the foregoing power of attorney, whether such relationship is by blood, marriage, or adoption; or (d) an agent or successor agent under the foregoing power of attorney.

Dated: February 15, 2023

Witness #1 Signature

Witness #1 Print Name: _____

(NOTE: Illinois requires only one witness, but other jurisdictions may require more than one witness. If you wish to have a second witness, have him or her certify and sign here:)

The undersigned witness certifies that PAT SAMPLE, known to me to be the same person whose name is subscribed as principal to the foregoing power of attorney, appeared before me 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 therein set forth. I believe him or her to be of sound mind and memory. The undersigned witness also certifies that the witness is not: (a) the attending physician or mental health service provider or a relative of the physician or provider; (b) an owner, operator, or relative of an owner or operator of a health care facility in which the principal is a patient or resident; (c) a parent, sibling, descendant, or any spouse of such parent, sibling, or descendant of either the principal or any agent or successor agent under the foregoing power of attorney, whether such relationship is by blood, marriage, or adoption; or (d) an agent or successor agent under the foregoing power of attorney.

Dated: February 15, 2023

Witness #2 Signature

Witness #2 Print Name: _____

State of Illinois)
) ss.
County of Cook)

The undersigned, a notary public in and for the above county and state, certifies that PAT SAMPLE known to me to be the same person whose name is subscribed as principal to the foregoing power of attorney, appeared before me and the witness(es) _____ (print name) and _____ (print name) 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: February 15, 2023

Notary Public

My commission expires _____.

(NOTE: 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 (and successors)

I certify that the signatures of my agent
(and successors) are correct.

Agent

Principal

Successor Agent

Principal

Successor Agent

Principal

(NOTE: The name, address, and phone number of the person preparing this form or who assisted the principal in completing this form should be inserted below.)

Theodore D. Kuczek, Attorney at Law, P.O. Box 208, Deerfield, IL 60015, 847-940-7780.

"Exhibit A – Powers of My Agent"

Authority to Fund Trust. My agent is authorized to transfer, and convey any property or interest in property which I may own to any trust of which I am a beneficiary and under the terms of which I expressly have the power, exercisable alone or with others, to amend or revoke such trust, whether such trust was created before or after the execution of this power of attorney.

Authority to Make Gifts. My agent is authorized to pay my pledges to and make such gifts as I have regularly made to charitable organizations described in §170(c) of the Internal Revenue Code or corresponding provisions of any subsequent federal tax laws. My agent is also authorized to make gifts to charitable organizations as to which I may claim a charitable deduction under §§170(c) and 2055(a) of the Internal Revenue Code and which my agent believes, in his or her discretion, are in the best interests of my estate and which I would have made had I been competent so to do. My agent is also authorized to make gifts to my descendants (if any) and their spouses (if any), including the agent acting under this Power of Attorney, as to which I may claim a gift tax annual exclusion under §2503(b) of the Internal Revenue Code or a tuition or medical exclusion under §2503(e) of the Internal Revenue Code, or corresponding provisions of any subsequent federal tax laws.

Authority to Engage in Financial Transactions. My agent is authorized to engage in financial transactions as agent with himself/herself in his/her individual capacity and I waive on behalf of myself and my estate all objections to any such transactions. I waive any conflict which may exist or which I have because my agent (who is a fiduciary when acting pursuant to the authority granted by this instrument) also is a beneficiary of my estate and/or otherwise derives some current or future benefit from such financial transactions.

Authority to Renounce and Disclaim. My agent is authorized to renounce and disclaim any property or interest in property or powers to which for any reason and by any means I may become entitled, whether by gift or by testate or intestate succession; my agent is further authorized to release or abandon any property or interest in property or powers which I may now have or hereafter acquire and, in exercising such discretion, my agent may consider, without limitation, such matters as

- the effect of such renunciation or disclaimer upon my estate's liability for estate, inheritance or other death taxes;
- the effect of such renunciation or disclaimer upon persons interested in my estate; and
- the effect of such renunciation or disclaimer upon persons who would receive the renounced or disclaimed property.

Authority to Compensate Third Party Agents. My agent is authorized to compensate separately any brokers, attorneys, auditors, depositories, real estate managers, investment advisors and other persons reasonably necessary for my agent under this Power of Attorney to exercise his or her powers.

Authority to Change Accounts. My agent is authorized to change any of my accounts, joint or otherwise, by renaming such accounts, removing my name from such accounts or otherwise dealing with any savings, checking or other banking or securities accounts with any financial institution or brokerage firm, whether said accounts are in my name alone or in joint tenancy with any other person.

Trusts. I authorize my agent to create, fund, amend, modify, or terminate revocable or irrevocable inter vivos trusts; accept transfers or distributions from any trustee of any trust; and add property to an existing or subsequently created trust.

Estate Transactions. My agent is authorized to engage in estate transactions, including Receipt, Release and Refunding Agreements and Waivers and Consents.

Authority to establish, contribute to, roll over, or change beneficiary of retirement plan. My agent is authorized to create or to contribute to a Roth IRA, Traditional IRA or Nondeductible IRA or any available employee benefit plan on my behalf or, when appropriate, to create or contribute to a plan for a self-employed individual; to select any payment distribution or option under any individual retirement account or employee benefit plan in which I am a participant (including plans for self-employed individuals) or to change options I have selected, so long as such decisions do not result in a change of beneficiary; to make ongoing compulsory or voluntary

contributions to such plan; to make “rollovers” of selected plan benefits into other retirement plans; and to make any and all available elections or beneficiary designations on my behalf.

If I am married, in the event my spouse dies, my agent is authorized to roll over IRA or qualified plan amounts to an IRA or Roth IRA in my name. Furthermore, my Agent shall have the authority to execute a beneficiary designation form naming beneficiaries (individuals or trusts) as consistent with the dispositive bequest plan as set forth in any will or revocable trust executed by me and then in effect. My Agent may change the names of beneficiaries of any IRA or qualified plan if a previously-named beneficiary is deceased. My agent shall only make changes that are consistent with my bequest plan as set forth in any will or revocable trust executed by me and then in effect. My Agent may not name himself/herself, his/her estate, or the creditors of either as such new or alternate beneficiary, except to the extent this is consistent with my bequest plan.

My Agent shall have the authority to make any gift, income, estate, or excise election with regard to my qualified plans, IRAs or Roth IRAs including, but not limited to, elections under Sections 401, 402, 408, 408A and 4980A of the Internal Revenue Code of 1986. My agent shall also have the authority to revoke or modify a TEFRA Section 242(b) election.

Authority to Elect Roth Conversion. My Agent is authorized to convert all or any portion of my qualified plan and/or IRA to a Roth IRA, as defined in IRC Section 408A.

My Agent shall have the authority to execute a beneficiary designation form naming beneficiaries (individuals or trusts) as consistent with the dispositive bequest plan as set forth in any will or revocable trust executed by me and then in effect. My Agent may change the names of beneficiaries of any IRA or qualified plan if a previously named beneficiary is deceased. My Agent shall only make changes that are consistent with my bequest plan as set forth in any will or revocable trust executed by me and then in effect. My Agent may not name himself/herself, his/her estate, or the creditors of either as such new or alternate beneficiary, except to the extent this is consistent with my bequest plan.

Beneficiary Designations. I authorize my agent to select or change the ownership or beneficiary designations on any and all of my accounts, insurance policies, any qualified or non-qualified plans and/or annuities. My agent shall only make changes that are consistent with my bequest plan as set forth in any will or revocable trust executed by me and then in effect.

Statutory Elections. My agent is authorized to make statutory elections and renounce or disclaim any interest in property by testate or intestate succession or by inter vivos transfer consistent with the laws of the State of Illinois.

Exercise of Power of Appointment. I authorize my agent to exercise in whole or in part, or decline to exercise, my rights under any special or general powers of appointment or any rights retained by me in trusts or otherwise, whether or not any such trusts or other instruments were created by me or others.

Safe Deposit Box. My agent is authorized to enter any safe deposit box or other place of safekeeping standing in my name alone or jointly with another and to remove the contents and to make additions.

Enforcement Proceedings. I authorize my agent to commence enforcement proceedings, at my expense, against any bank, savings and loan association, credit union, financial institution, brokerage firm, stock transfer agent, insurance company, title insurance company, or other person or entity that fails or refuses to honor this durable power of attorney.

Estate and Long Term Care Planning. My agent is authorized:

1. To engage in estate and long term care planning in furtherance of achieving asset preservation based on all relevant factors, including:

- a. The value and nature of my property;
- b. My foreseeable obligations and need for maintenance;
- c. Minimization of taxes, including income, estate, inheritance, generation skipping transfer, and gift taxes;
- d. Eligibility for a benefit, a program, or assistance under a statute or government regulation.

Property transfers made pursuant to the authority granted herein shall, for all purposes, be deemed to have been “in my best interest” if: (1) made in accordance with the provisions of this section; and (2) made in the context of estate planning, financial planning, Medicaid planning, long term care planning and/or asset preservation planning pursuant to the recommendations of an attorney-at-law experienced in such matters.

2. My agent shall take any action necessary to effectuate the foregoing, including qualifying me for Social Security Benefits, Supplemental Security Income, Veterans Benefits, Medicaid or any other government benefit program. Such actions may include but shall not be limited to the following:
- a. Convert non-exempt resources into exempt resources;
 - b. Divest me of assets;
 - c. If my agent is my spouse (if applicable), I authorize my spouse to protect our assets, whether owned by me alone, my spouse alone, or by us together, so that my spouse's impoverishment because of my health care costs can be avoided, by whatever lawful methods that might be available;
 - d. Sign a Spousal Refusal;
 - e. Sign an Assignment of Support;
 - f. Sign an application for Medical Assistance or any other government benefit program;
 - g. Serve as representative payee;
 - h. Make home improvements and additions to my family residence;
 - i. Pay off, partly or in full, any encumbrance on my family residence;
 - j. Purchase a family residence, if I do not own a family residence;
 - k. Purchase a more expensive family residence;
 - l. Transfer the family residence to a spouse (if applicable) who does not need long-term health or nursing care;
 - m. Divide community property assets equally or unequally between my spouse and me (if applicable); and
 - n. Attend and represent me at Fair Hearings.

Domicile. My agent is authorized to change or maintain the domicile and/or residency of the principal for any and all purposes and to take any and all actions to effectuate the foregoing.

Nomination of Guardian. I intend hereby to render unnecessary any future proceeding for a court appointed guardian or conservator for me and/or my property in the event I become temporarily or permanently incapacitated or incompetent. Accordingly, I request in the strongest possible terms that any court which may receive or act upon a petition for the appointment of a guardian or conservator of my estate should deny such petition so long as my agent is acting under this Power of Attorney. I direct that if a guardian or conservator of my person and/or property is ever appointed for me in spite of this request that my agent be named as my guardian or conservator. If my agent is unable or unwilling to serve as my guardian or conservator, I nominate the successor agent named in this instrument as my guardian or conservator.

Reimbursement of Health Care Agent. Reimburse my agent under any health care directive, including but not limited to a Durable Power of Attorney for Health Care, even if such health care agent is my agent, for any costs (including legal fees) reasonably incurred in or as a result of acting pursuant to such Durable Power of Attorney for Health Care.

Appointment of a Special or Ancillary Agent. My agent may appoint, in writing, a corporate fiduciary or an individual to serve as Special Agent to exercise any power under this power of attorney. My agent may revoke any such appointment at will.

If my agent determines that it is necessary or desirable to appoint an Ancillary Agent to act under this power of attorney in a jurisdiction other than this one, my agent may do so. In making an appointment, my agent may sign, execute, deliver, acknowledge and make declarations in any documents that may be necessary, desirable, convenient or proper in order to carry out the appointment.

A Special or Ancillary Agent may exercise all powers granted by this power of attorney unless expressly limited elsewhere in this power of attorney or by the instrument appointing the Special or Ancillary Agent. A Special or Ancillary Agent may resign at any time by delivering written notice of resignation to my agent. Notice of resignation shall be effective in accordance with the terms of the notice.

Authority to Purchase Health Insurance. My agent is authorized to apply for and to purchase health insurance for me and on my behalf.

Insurance Transactions. I authorize my agent to engage in insurance transactions, including applying for, maintaining, canceling, paying premiums on, increasing or decreasing, coverage, collecting, borrowing from, transferring ownership, surrendering and/or purchasing insurance policies.

