

ILLINOIS POWER OF ATTORNEY FORM

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 (755 ILCS 45/). 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 form does not impose a duty on your agent to exercise granted powers; but when powers are exercised, your agent will have to use due care to act for your benefit and in accordance with this form and keep a record of receipts, disbursements and significant actions taken as agent. A court can take away the powers of your agent if it finds that 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 Power of Attorney Act.

This power of attorney does not authorize the agent to appear in court for the principal as an attorney-at-law or to prepare legal documents for the principal or the principal's companies.

If there is anything about this form that you do not understand, you should ask a lawyer for help.

I. DESIGNATION OF AGENT

I, the undersigned Principal, hereby revoke all prior powers of attorney for property executed by me and appoint the following individual as my attorney-in-fact (my "Agent") to act for me and in my name and for my use and benefit:

Principal Name: _____

Principal Address: _____

Agent Name: _____

Agent Address: _____

II. ASSETS AND POWERS

(NOTE: You can grant all of the following powers by checking the box "All of the following powers." If you wish to grant only specific powers, you may strike out any power you do not wish to grant, but it is recommended to simply check the specific boxes below or the "All" box.)

I grant the following powers to my Agent:

- ☐ (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.

☐ **ALL OF THE POWERS LISTED ABOVE.**

III. LIMITATIONS ON POWERS AND SPECIAL INSTRUCTIONS

(NOTE: You may list any limitations on the powers granted to your agent, or any special instructions for your agent, in the space below. If you have no limitations or special instructions, write "None".)

Limitations and Special Instructions:

IV. EFFECTIVE DATE

(NOTE: Check the box that applies. If no box is checked, this power of attorney shall become effective on the date you sign this form.)

☐ This Power of Attorney shall be effective on the date of my signature below.

☐ This Power of Attorney shall be effective only if and when I become incapacitated or disabled as determined by a written statement from my attending physician.

V. SUCCESSOR AGENT

(NOTE: You may name a successor agent(s) who will act if your primary agent dies, resigns, or is unable to act. If you do not wish to name a successor agent, leave this section blank.)

If the Agent named in Section I dies, becomes incompetent, resigns or refuses to accept the office of agent, I name the following as successor to such agent:

Successor Agent Name: _____

Address: _____

VI. GUARDIANSHIP

If a court decides that it is necessary to appoint a guardian of my estate or person, I nominate the Agent designated in this form to serve as such guardian.

VII. RELIANCE BY THIRD PARTIES

Any person, including my agent, may rely upon the validity of this power of attorney or a copy

of it unless that person knows it has terminated or is invalid.

VIII. SIGNATURE AND ACKNOWLEDGMENT

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.

Signature: _____

Date: _____ day of _____, 20____

Print Name: _____

IX. WITNESS REQUIREMENT

(NOTE: The Illinois Power of Attorney Act requires at least one witness. The witness cannot be the Agent or the Notary Public.)

The undersigned witness certifies that _____ (Principal), 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.

Signature: _____

Date: _____ day of _____, 20____

Print Name: _____

Address: _____

X. NOTARY ACKNOWLEDGMENT

State of Illinois

County of _____

The undersigned, a Notary Public in and for the above county and state, certifies that _____ (Principal), known to me to be the same person whose name is subscribed 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 (and certified to the correctness of the signature(s) of the agent(s)).

Given under my hand and official seal this _____ day of _____, 20____.

Signature: _____

Date: _____ day of _____, 20____

Print Name: _____

(Seal)

XI. NOTICE TO AGENT

(The following notice is required by the Illinois Power of Attorney Act, Section 3-3.6)

When you accept the authority granted under this power of attorney, a special legal relationship is created between you and the principal. This relationship imposes upon you legal duties that continue until you resign or the power of attorney is terminated or revoked. You must:

1. Do what you know the principal reasonably expects you to do with the principal's property or, if you do not know the principal's expectations, act in the principal's best interest.
2. Act in good faith.
3. Do nothing beyond the authority granted in this power of attorney.
4. Keep a record of receipts, disbursements, and significant actions taken as agent.

5. Disclose your identity as an agent whenever you act for the principal by writing or printing the name of the principal and signing your own name as "agent" in the following manner:
"(Principal's Name) by (Your Name) as Agent".

Unless the limitations and special instructions in the power of attorney state otherwise, you must also:

1. Act loyally for the principal's benefit.
2. Avoid conflicts that would impair your ability to act in the principal's best interest.
3. Act with care, competence, and diligence.
4. Cooperate with any other agent or person with authority to make health care decisions for the principal.

AGENT'S CERTIFICATION AND ACCEPTANCE OF AUTHORITY

I, _____ (Agent Name), have read the attached power of attorney and am the person identified as the agent for the principal. I hereby acknowledge that when I act as agent:

I shall act in accordance with the principal's reasonable expectations to the extent actually known by me and, otherwise, in the principal's best interest; act in good faith; and act only within the scope of authority granted in the power of attorney.

Signature: _____

Date: _____ day of _____, 20____

Print Name: _____