



II. EFFECTIVE DATE AND TERMINATION

A. This power of attorney shall be effective: (select appropriate provision)

as of the date it is signed

as of the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

upon the determination that I am disabled or incapacitated, or no longer capable of managing my affairs prudently. My disability or incapacity, for this purpose, may be established by the certificate of a qualified physician stating that I am unable to manage my affairs.

B. My disability or incompetence (select appropriate provision): (shall) (shall not) affect or terminate this Power of Attorney.

C. This power of attorney shall terminate: (select appropriate provision)

upon my incapacity

upon the 1st day of December 2015

upon the execution and recordation with the Recorder's Office of the County where the Real Estate is located a written revocation hereof.

III. RATIFICATION AND INDEMNIFICATION

I/We hereby ratify and confirm that all my attorney-in-fact shall be by virtue hereof. Further, I/We agree to indemnify and hold harmless any person who, in good faith, acts under this Power of Attorney or transacts business with my attorney-in-fact in reliance upon this Power, without actual knowledge of its revocation.

IN WITNESS WHEREOF, I/We have hereunto set my/our hand(s) and seal(s) this 3<sup>rd</sup> day of November 2015

Printed: Audra J. Holmes

Printed:

STATE OF INDIANA ~~ILLINOIS~~ } SS.  
COUNTY OF Cook

Before me, a Notary Public in and for said County and State, personally appeared Audra J. Holmes and \_\_\_\_\_ who

acknowledged the execution of the foregoing Power of Attorney; and who, having been duly sworn, stated that any representations therein contained are true.

WITNESS my hand and Notarial seal, this 3<sup>rd</sup> day of November 2015

Printed: Ellen R Stoneking, Notary Public

My Commission Expires: 9.28.19 My County of Residence: Cook, IL

This instrument was prepared by Ryan M. Holmes

I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.

