



Office of the Chicago City
Clerk



O2012-4360

Office of the City Clerk

City Council Document Tracking Sheet

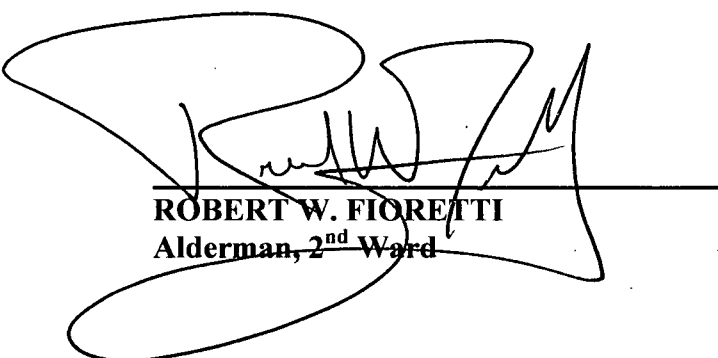
Meeting Date:	6/6/2012
Sponsor(s):	Fioretti, Bob (2)
Type:	Ordinance
Title:	Senior citizen sewer refund(s)
Committee(s) Assignment:	Committee on Finance

(SENIOR CITIZEN SEWER REFUND)

SECTION 1. Pursuant to Section 3-12-050 of the Municipal Code of Chicago the following persons are hereby entitled to a Fifty (\$50.00) Senior Citizens Sewer Charge Refund to be mailed to the premises listed below:

NAME	ADDRESS	APT.	ZIP
Wrightson, Donna M.	40 E. 9 th Street	508	60605
O'Neill, Oscar	40 E.9 th Street	818	60605
Wilcox, Harvey L.	40 E. 9 th Street	1603	60605
Dreiske, John H.	40 E. 9 th Street	1208	60605
Davis, Ronald T.	40 E. 9 th Street	1316	60605
Wu, Michael H.	40 E. 9 th Street	1805	60605
Weintraub, Joseph B.	40 E. 9 th Street	1904	60605
Carroll, Therese K.	910 South Michigan Avenue	506	60605
Tweedle, Dianne B.	3041 South Michigan Avenue	511	60616
Dunn, Joyce	899 S. Plymouth Court	2103	60607
Vincent, Geraldine E.	3100 South King Drive	401	60616

SECTION 2. This ordinance shall take effect upon its passage and publication.



ROBERT W. FIORETTI
Alderman, 2nd Ward

City of Chicago Claim Form

Application For Senior Citizens Sewer Charge Annual Refund

Fill in the fields below and print form.

Sign and take this to your alderman's office.

FOR OFFICIAL USE ONLY

CLAIM# _____
WARD _____
DATE _____
STATUS _____
R _____

Note: *All Fields Must Be Filled In			
1	Claimant Name	Donna M Wrightson	
2	Claimant Address	40 E. 9th St., #508	
3	Claimant City, State & Zip Code	Chicago, IL 60605	
4	Claimant Telephone	Office	Home Cellular 402-689-1509
5	Claimant Birthdate:	12/28/1946	
6	Property Tax Number:	PIN 17 - 15 - 304 - 052 - 1164	
7	Water Account Number:	588460-588460	
8	Building Type:	Condo	Com Units 1 Res Units 279
11	<p>I, <u>Donna M. Wrightson</u> (print your name), the undersigned on oath deposes and states that I am the applicant on this application, that I am the owner of record of said real estate property or that I have a legal or equitable interest therein, that I am 65 years of age or older, and otherwise qualify for a refund under Section 3-12-050 of the Municipal Code of the City of Chicago. that all water taxes, property taxes, and all other fees, penalties or assessments owed to the City of Chicago have been paid and that I understand I am subject to penalties for perjury or falsification herein.</p> <p>OWNER SIGNATURE: <u>Donna M. Wrightson</u></p> <p>DATE: <u>Apr. 20, 2012</u></p>		
<div style="text-align: center;"> <input type="button" value="Edit Form"/> <input type="button" value="Print this claim form"/> </div>			

Please print this and return application to your aldermanic office before July 1

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City of Chicago Claim Form

Application For Senior Citizens Sewer Charge Annual Refund

Fill in the fields below and print form.

Sign and take this to your alderman's office.

FOR OFFICIAL USE ONLY

CLAIM# _____
 WARD _____
 DATE _____
 STATUS _____
 R _____

		Note: *All Fields Must Be Filled In		
1	Claimant Name	Oscar O'Neill		
2	Claimant Address	40 E 9th St #818		
3	Claimant City, State & Zip Code	Chicago , IL 60605		
4	Claimant Telephone	Office	Home 312-922-4091	Cellular
5	Claimant Birthdate:	09/29/1926		
6	Property Tax Number:	PIN 17 - 15 - 304 - 052 - 1017		
7	Water Account Number:	588460-588460		
8	Building Type:	Condo	Com Units 279	Res Units 1
11	<p>I, _____ (print your name), the undersigned on oath deposes and states that I am the applicant on this application, that I am the owner of record of said real estate property or that I have a legal or equitable interest therein, that I am 65 years of age or older, and otherwise qualify for a refund under Section 3-12-050 of the Municipal Code of the City of Chicago. that all water taxes, property taxes, and all other fees, penalties or assessments owed to the City of Chicago have been paid and that I understand I am subject to penalties for perjury or falsification herein.</p> <p>OWNER SIGNATURE: <u><i>Os O'Neill</i></u></p> <p>DATE: <u>4/20/12</u></p>			
<div style="display: flex; justify-content: space-around; margin-top: 20px;"> <div style="border: 1px solid black; padding: 5px;">Edit Form</div> <div style="border: 1px solid black; padding: 5px;">Print this claim form</div> </div>				

Sutet

City of Chicago Claim Form

Application For Senior Citizens Sewer Charge Annual Refund

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FOR OFFICIAL USE ONLY

CLAIM# _____
WARD _____
DATE _____
STATUS _____
R _____

Note: *All Fields Must Be Filled In

1	Claimant Name	Harvey L Wilcox		
2	Claimant Address	40 E 9TH ST APT 1603		
3	Claimant City, State & Zip Code	CHICAGO, IL 606052150		
4	Claimant Telephone	Office (312) 6634014	Home 3126634014	Cellular
5	Claimant Birthdate:	15/3/1940		
6	Property Tax Number:	PIN 17 - 15 - 304 - 052 - 1256		
7	Water Account Number:	588460-588460		
8	Building Type:	Condo	Com Units 1	Res Units 279

I, _____ (print your name), the undersigned on oath deposes and states that I am the applicant on this application, that I am the owner of record of said real estate property or that I have a legal or equitable interest therein, that I am 65 years of age or older, and otherwise qualify for a refund under Section 3-12-050 of the Municipal Code of the City of Chicago. that all water taxes, property taxes, and all other fees, penalties or assessments owed to the City of Chicago have been paid and that I understand I am subject to penalties for perjury or falsification herein.

OWNER SIGNATURE: Harvey L. Wilcox

DATE: 5/7/2012

Edit Form

Print this claim form

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City of Chicago Claim Form

Application For Senior Citizens Sewer Charge Annual Refund

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Sign and take this to your alderman's office.

FOR OFFICIAL USE ONLY

CLAIM# _____
WARD _____
DATE _____
STATUS _____
R _____

Note: *All Fields Must Be Filled In			
1	Claimant Name	John H Dreiske	
2	Claimant Address	40 East 9th Street #1208	
3	Claimant City, State & Zip Code	Chicago, IL 60605	
4	Claimant Telephone	Office 3124619024	Home 3124619024 Cellular
5	Claimant Birthdate:	03/09/1932	
6	Property Tax Number:	PIN 17 - 15 - 304 - 052 - 1171	
7	Water Account Number:	588460-588460	
8	Building Type:	Condo	Com Units 1 Res Units 279
11	<p>I, _____ (print your name), the undersigned on oath deposes and states that I am the applicant on this application, that I am the owner of record of said real estate property or that I have a legal or equitable interest therein, that I am 65 years of age or older, and otherwise qualify for a refund under Section 3-12-050 of the Municipal Code of the City of Chicago. that all water taxes, property taxes, and all other fees, penalties or assessments owed to the City of Chicago have been paid and that I understand I am subject to penalties for perjury or falsification herein.</p> <p>OWNER SIGNATURE: <u>John Dreiske</u></p> <p>DATE: <u>04/20/2012</u></p>		
<div style="text-align: center;"> <input type="button" value="Edit Form"/> <input type="button" value="Print this claim form"/> </div>			

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City of Chicago Claim Form

Application For Senior Citizens Sewer Charge Annual Refund

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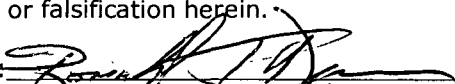
CLAIM# _____

WARD _____

DATE _____

STATUS _____

R _____

		Note: *All Fields Must Be Filled In		
1	Claimant Name	Ronald T Davis		
2	Claimant Address	40 East 9th Street, unit 1316		
3	Claimant City, State & Zip Code	Chicago , IL 60605-2148		
4	Claimant Telephone	Office 312.234.	Home 312.554.0706	Cellular 312.203.2721
5	Claimant Birthdate:	26/08/1946		
6	Property Tax Number:	PIN 17 - 15 - 304 - 052 - 1054		
7	Water Account Number:	588460-58846		
8	Building Type:	Condo	Com Units 1	Res Units 279
11	<p>I, _____ (print your name), the undersigned on oath deposes and states that I am the applicant on this application, that I am the owner of record of said real estate property or that I have a legal or equitable interest therein, that I am 65 years of age or older, and otherwise qualify for a refund under Section 3-12-050 of the Municipal Code of the City of Chicago. that all water taxes, property taxes, and all other fees, penalties or assessments owed to the City of Chicago have been paid and that I understand I am subject to penalties for perjury or falsification herein.</p> <p>OWNER SIGNATURE: <u></u></p> <p>DATE: <u>APRIL 22, 2012</u></p>			
<div style="display: flex; justify-content: space-around; margin-top: 20px;"> <div style="border: 1px solid black; padding: 2px 10px;">Edit Form</div> <div style="border: 1px solid black; padding: 2px 10px;">Print this claim form</div> </div>				

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ALDERMAN FIORETTI
WARD 2
1319 S. STATE STREET
CHICAGO IL 60605

PLEASE PROCESS SEWER REBATE \$50.00

City of Chicago Claim Form

Application For Senior Citizens Sewer Charge Annual Refund

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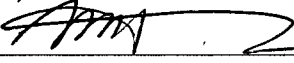


CLAIM# _____

WARD _____

DATE _____

STATUS _____

R _____

		Note: *All Fields Must Be Filled In		
1	Claimant Name	Michael H Wu		
2	Claimant Address	40 E 9th Street (Apt 1805)		
3	Claimant City, State & Zip Code	Chicago , IL 60605		
4	Claimant Telephone	Office 630-747-8137	Home	Cellular
5	Claimant Birthdate:	02/01/1947		
6	Property Tax Number:	PIN 17 - 15 - 304 - 052 - 1226		
7	Water Account Number:	588460-588460		
8	Building Type:	Condo	Com Units 1	Res Units 279
11	<p>I, <u>Michael H Wu</u> (print your name), the undersigned on oath deposes and states that I am the applicant on this application, that I am the owner of record of said real estate property or that I have a legal or equitable interest therein, that I am 65 years of age or older, and otherwise qualify for a refund under Section 3-12-050 of the Municipal Code of the City of Chicago. that all water taxes, property taxes, and all other fees, penalties or assessments owed to the City of Chicago have been paid and that I understand I am subject to penalties for perjury or falsification herein.</p> <p>OWNER SIGNATURE: <u></u></p> <p>DATE: <u>04/21/2012</u></p>			
<div style="text-align: center;">   </div>				

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City of Chicago Claim Form

Application For Senior Citizens Sewer Charge Annual Refund

Fill in the fields below and print form.

Sign and take this to your alderman's office.

FOR OFFICIAL USE ONLY

CLAIM# _____

WARD _____

DATE _____

STATUS _____

R _____

Note: *All Fields Must Be Filled In			
1	Claimant Name	Joseph B Weintraub	
2	Claimant Address	40 E. 9th Street, Apt. 1904	
3	Claimant City, State & Zip Code	Chicago, IL ILL	
4	Claimant Telephone	Office 312-731-3206	Home 312-731-3206 Cellular
5	Claimant Birthdate:	12/02/1945	
6	Property Tax Number:	PIN 17 - 15 - 304 - 052 - 1009	
7	Water Account Number:	588460-588460	
8	Building Type:	Condo	Com Units # 1 Res Units 279
11	<p>I, <u>JOSEPH B. WEINTRAUB</u> (print your name), the undersigned on oath deposes and states that I am the applicant on this application, that I am the owner of record of said real estate property or that I have a legal or equitable interest therein, that I am 65 years of age or older, and otherwise qualify for a refund under Section 3-12-050 of the Municipal Code of the City of Chicago. that all water taxes, property taxes, and all other fees, penalties or assessments owed to the City of Chicago have been paid and that I understand I am subject to penalties for perjury or falsification herein.</p> <p>OWNER SIGNATURE: <u>Joseph B. Weintraub</u></p> <p>DATE: <u>5/15/12</u></p>		
<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 5px 10px;">Edit Form</div> <div style="border: 1px solid black; padding: 5px 10px;">Print this claim form</div> </div>			

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City of Chicago Claim Form

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Sign and take this to your alderman's office.

FOR OFFICIAL USE ONLY

CLAIM# _____

WARD _____

DATE _____

STATUS _____

R _____

Note: *All Fields Must Be Filled In			
1	Claimant Name	THERESE K Carroll	
2	Claimant Address	910 SOUTH MICHIGAN AVE - #506	
3	Claimant City, State & Zip Code	CHICAGO , IL 60605	
4	Claimant Telephone	Office 3124081535	Home 3124081535 Cellular 3124081535
5	Claimant Birthdate:	02/18/1939	
6	Property Tax Number:	PIN 17 - 15 - 307 - 036 - 1025	
7	Water Account Number:	588726-588726	
8	Building Type:	Condo	Com Units 1 Res Units 263
11	<p>I, <u>THERESE K. CARROLL</u> (print your name), the undersigned on oath deposes and states that I am the applicant on this application, that I am the owner of record of said real estate property or that I have a legal or equitable interest therein, that I am 65 years of age or older, and otherwise qualify for a refund under Section 3-12-050 of the Municipal Code of the City of Chicago. that all water taxes, property taxes, and all other fees, penalties or assessments owed to the City of Chicago have been paid and that I understand I am subject to penalties for perjury or falsification herein.</p> <p>OWNER SIGNATURE: <u>Theresa K. Carroll</u></p> <p>DATE: <u>4-11-2012</u></p>		
<div style="text-align: center;"> <div>Edit Form</div> <div>Print this claim form</div> </div>			

Please print this and return application to your aldermanic office before July 1



City of Chicago
Department of Revenue-Water Division
P.O. Box 6330
Chicago, Illinois 60680-6330

Customer Service: 312-744-4426

E-mail: waterbill@cityofchicago.org

Always include your name, account number, and a call back number.

Web: www.cityofchicago.org/revenue

METERED ACCOUNT

Little leaks cause big bills.

Check for and repair leaks.

You must pay for all metered water.

PAY ONLINE: Pay your bill online from the convenience of your home or office: <http://www.cityofchicago.org/revenue>

CUSTOMER NAME	ACCOUNT NUMBER	BILL DATE	DUE DATE
---------------	----------------	-----------	----------

Attn: 910 MICHIGAN AVE LOFT ASSN

588725-588725

Mar-14-2012

Apr-04-2012

Service Address: 900 12 S MICHIGAN AVE CHICAGO IL 60605-2201

Summary of Charges for Feb-03-2012 thru Mar-08-2012

Total Current Water	\$	1205.64
Total Current Sewer	\$	1073.02
Penalty	\$	0.00
Total Current Charges	\$	2278.66
Previous Balance	\$	1890.21
Adjustments	\$	0.00
Payments	\$	1890.21
Total Due	\$	2278.66

Penalties accrue at a rate of 1.25% per month on late balances.

The Department of Revenue's Water Division offers a variety of flexible payment plans for water bills including a special circumstances/hardship plan for those who qualify. Avoid Water shut off or have your service restored by entering a plan. Visit us on-line or call us for more information.

Meter Reading Details

1000 Cubic Feet = 7480 Gallons

METERED UNITS IN THOUSANDS	READINGS PREVIOUS CURRENT	USAGE IN THOUSANDS Cubic Feet = Gallons	ACTUAL or ESTIMATED
-------------------------------	--------------------------------	--	------------------------

Gallons

5507

5988

64.3

= 481

A

04042012 0005887250588725 5 0000227866 0000227866 6

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT. ALLOW 5 DAYS FOR PAYMENT BY MAIL.



MAKE CHECK OR MONEY ORDER PAYABLE TO:

City of Chicago
Department of Revenue-Water Division
P.O. Box 6330
Chicago, Illinois 60680-6330

Service Address: 900 12 S MICHIGAN AVE CHICAGO IL 60605-2201

ACCOUNT NUMBER	DUE DATE	TOTAL DUE
----------------	----------	-----------

588725-588725

Apr-04-2012

\$2278.66

1.3.128 72363D11.p01



Attn: 910 MICHIGAN AVE LOFT ASSN

C/O JAMIE MANAGER

910 S MICHIGAN AVE

CHICAGO IL 60605-2356

Amount Paid: \$ _____

04042012 0005887250588725 5 0000227866 0000227866 6



2/13/2012

City of Chicago

Alderman Edward M. Burke
Chairman

Committee on Finance
City Hall • Room 302 • 60602
www.committeefinance.org

Telephone
312-744-3380

February 10, 2012

003973



017*002*****3-DIGIT 606
TWEEDLE, DIANNE B
3041 S MICHIGAN AVE APT 511
CHICAGO, IL 60616-3249

For Official Use Only:

Ward: _____

Intro. Date: _____

Status: _____

Reason: _____

Claim Number: 1123813

Index Number: 1727310093 1398

Water Account Number: 527768527768

2012 SENIOR CITIZENS SEWER REFUND RENEWAL

Dear Senior Citizen:

Your 2011 application for the Senior Citizen's Sewer Rebate was presented to the City Council
by: ROBERT FIORETTI of Ward 02.

To determine whether your condo/co-op/townhouse qualifies for a \$50.00 rebate under the Senior Citizens Rebate Ordinance, the Committee on Finance must verify that you occupied this property as your principal residence on the first day of January, 2012. If the property meets these requirements, you must sign and date this application and return it to your ward office before July 1, 2012.

I DIANNE B. TWEEDLE the undersigned, on oath,
Please Print Name

depose and state that I am the applicant in the application, that this is my principal place of residence as of January 1, 2012, that I am the owner of record of said real estate property or that I have a legal or equitable interest therein, that I am 65 years of age or older, and otherwise qualify for a refund under Section 3-12-050 of the Municipal Code of the City of Chicago, that all water taxes, property taxes, and all other fees, penalties or assessments owed to the City of Chicago have been paid and that I understand I am subject to penalties for perjury of falsification herein.

OWNER SIGNATURE Dianne B. Tweedle DATE 04-18-2012

Very Truly Yours,

Edward M. Burke

MAIL 1 SIGNED AND DATED COPY DIRECTLY TO YOUR WARD OFFICE AT:

Alderman ROBERT FIORETTI
Attn: ANDY
1319 S. STATE STREET
SUITE A
Chicago, IL 60605

Please do not send it to the Committee on Finance; your alderman will introduce it on your behalf.

RETAIN 1 COPY FOR YOUR RECORDS

City of Chicago Claim Form

Application For Senior Citizens Sewer Charge Annual Refund

Fill in the fields below and print form.
Sign and take this to your alderman's office.

FOR OFFICIAL USE ONLY

CLAIM# _____
WARD _____
DATE _____
STATUS _____
R _____

Note: *All Fields Must Be Filled In			
1	Claimant Name	Joyce Dunn	
2	Claimant Address	899 S. Plymouth Ct Apt # 2103	
3	Claimant City, State & Zip Code	Chicago, IL 60605	
4	Claimant Telephone	Office 636-227-2914	Home Cellular
5	Claimant Birthdate:	12/07/1924	
6	Property Tax Number:	PIN 17 - 16 - 419 - 004 - 1203	
7	Water Account Number:	119988452	
8	Building Type:	Cooperative	Com Units Res Units
11	<p>I, <u>CARRIE FREY FOR JOYCE A DUNN</u> (print your name), the undersigned on oath deposes and states that I am the applicant on this application, that I am the owner of record of said real estate property or that I have a legal or equitable interest therein, that I am 65 years of age or older, and otherwise qualify for a refund under Section 3-12-050 of the Municipal Code of the City of Chicago. that all water taxes, property taxes, and all other fees, penalties or assessments owed to the City of Chicago have been paid and that I understand I am subject to penalties for perjury or falsification herein.</p> <p>OWNER SIGNATURE: <u>CARRIE FREY FOR JOYCE A DUNN</u></p> <p>DATE: <u>4/15/12</u></p>		
<div style="text-align: center;"> <input type="button" value="Edit Form"/> <input type="button" value="Print this claim form"/> </div>			

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**ILLINOIS STATUTORY SHORT FORM OF
POWER OF ATTORNEY FOR PROPERTY**

(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 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" OF WHICH THIS FORM IS A PART (SEE ATTACHMENT). 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.)

POWER OF ATTORNEY made this 21st day of July, 1997.

1. I, JOYCE DUNN, of Chicago, Illinois, hereby appoint: CARRIE FREY, of Newburgh, Indiana, 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:

(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.

This is a copy of a document;
The original is in the vault of Steven B. Wolf
and Associates, Ltd., Chicago, Illinois.

- (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) Commodity and option transactions.
- (k) Business operations.
- (l) Borrowing transactions.
- (m) Estate transactions.
- (n) All other property powers and transactions.

(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 (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):

NO LIMITS.

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

ALL POWERS NAMED ABOVE; POWER TO REVOKE ALTER AMEND PRINCIPAL'S REVOCABLE TRUST OF EVEN DATE HERewith, AS MAY BE AMENDED FROM TIME TO TIME.

(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 THE NEXT SENTENCE, OTHERWISE IT SHOULD BE STRUCK OUT.)

4. My agent shall have the right by written instrument to delegate any or all of the powers involving discretionary decision-making to any person or persons whom my agent select, but such delegation may be amended or revoked by any agent (including any successor) by me who is acting under this power of attorney at the time of reference.

YOUR AGENT WILL BE ENTITLED TO REIMBURSEMENT FOR ALL REASONABLE EXPENSES INCURRED IN ACTING UNDER THIS POWER OF ATTORNEY. STRIKE OUT THE NEXT SENTENCE 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.

(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 EITHER (OR BOTH) OF THE FOLLOWING:)

6. This power of attorney shall become effective on THE DATE HEREOF. (insert a future date or event during your lifetime, such as court determination of your disability, when you want this power to first take effect).

7. This power of attorney shall terminate on THE DATE OF MY DEATH. (insert a future date or event, such as court determination of your disability, when you want this power to terminate prior to your death).

(IF YOU WISH TO NAME SUCCESSOR AGENTS, INSERT THE NAME(S) AND ADDRESS(ES) OF SUCH SUCCESSOR(S) IN THE FOLLOWING PARAGRAPH.)

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(s) to such agent: HOPE TAYLOR, of Santa Barbara, California.

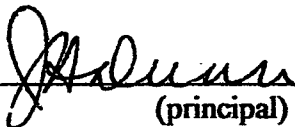
(IF YOU WISH TO NAME A GUARDIAN OF YOUR PERSON OR A GUARDIAN OF YOUR ESTATE, OR BOTH, IN THE EVENT A COURT DECIDES THAT ONE SHOULD BE

APPOINTED, YOU MAY, BUT ARE NOT REQUIRED TO, DO SO BY INSERTING THE NAME(S) OF SUCH GUARDIAN(S) IN THE FOLLOWING PARAGRAPHS. THE COURT WILL APPOINT THE PERSON NOMINATED BY YOU IF THE COURT FINDS THAT SUCH APPOINTMENT WILL SERVE YOUR BEST INTERESTS AND WELFARE. YOU MAY, BUT ARE NOT REQUIRED TO, NOMINATE AS YOUR GUARDIAN(S) THE SAME PERSON NAMED IN THIS FORM AS YOUR AGENT.)

9. If a guardian of my person is to be appointed, I nominate the following to serve as such guardian: CARRIE FREY, of Newburgh, Indiana, and if she is unwilling or unable to serve as guardian then HOPE TAYLOR, of Santa Barbara, California.

10. If a guardian of my estate (my property) is to be appointed, I nominate the following to serve as such guardian: CARRIE FREY, of Newburgh, Indiana, and if she is unwilling or unable to serve as guardian then HOPE TAYLOR, of Santa Barbara, California.

11. 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.

signed 
(principal)

(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)

(THIS POWER OF ATTORNEY WILL NOT BE EFFECTIVE UNLESS IT IS NOTARIZED,
USING THE FORM BELOW.)


State of Illinois)
) SS.
County of Cook)

The undersigned, a notary public in and for the above county and state, certifies that JOYCE DUNN is 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)).

Dated: July 21, 1997.

(SEAL)





Notary Public
My commission expires 10/13/99

(THE NAME AND ADDRESS OF THE PERSON PREPARING THIS FORM SHOULD BE
INSERTED IF THE AGENT WILL HAVE POWER TO CONVEY ANY INTEREST IN REAL
ESTATE.)

This document was prepared by:

STEVEN B. WOLF, 205 West Wacker, Suite 1600, Chicago, Illinois 60606-1213

City of Chicago Claim Form

Application For Senior Citizens Sewer Charge Annual Refund

Fill in the fields below and print form.

Sign and take this to your alderman's office.

FOR OFFICIAL USE ONLY

CLAIM# 04 6291

WARD 02

DATE _____

STATUS _____

R _____

Note: *All Fields Must Be Filled In	
1	Claimant Name <u>GERALDINE E. VINCENT</u>
2	Claimant Address <u>3100 South King Dr #401</u>
3	Claimant City, State & Zip Code <u>IL CHICAGO 60616</u>
4	Claimant Telephone <u>Office Home 312-225-9341</u> Home _____ Cellular _____
5	Claimant Birthdate: <u>3-26-1926</u>
6	Property Tax Number: <u>PIN - - - - 17-34-106-032 - 1011</u>
7	Water Account Number: <u>300420 - 711505</u>
8	Building Type: _____

11 I, GERALDINE E. VINCENT (print your name), the undersigned on oath deposes and states that I am the applicant on this application, that I am the owner of record of said real estate property or that I have a legal or equitable interest therein, that I am 65 years of age or older, and otherwise qualify for a refund under Section 3-12-050 of the Municipal Code of the City of Chicago. that all water taxes, property taxes, and all other fees, penalties or assessments owed to the City of Chicago have been paid and that I understand I am subject to penalties for perjury or falsification herein.

OWNER SIGNATURE: X Geraldine E. Vincent

DATE: 4-22-12

Edit Form

Print this claim form