POWER OF ATTORNEY

4064/0119 20 001 Page 1 of 2000-06-16 12:28:27 Cook County Recorder

POWER OF ATTORNEY made this 30 day of MAY

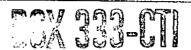
Cathorine langes hereby appoint of the porce fau act of the porce fau act of the porce of the po 1. person) with respect to the following powers, as defined in Section 3-4 of the "Statutory Short Form Power of Attorney for Property Law" (including all amendments", but subject to any limitations on or addition to the specified powers inserted in faragraph 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 TO BE CRANTED TO THE AGENT. TO STRIKE OUT A CATEGORY TOU MUST DRAW A LINE THROUGH THE TITLE OF THAT CATEGORY

- Real estate transactions
- b. Financial in the transactions
- Stock and bond transactions
- Tangible personal property transactions
- Safe deposit box transactions
- f. Insurance and annuity transactions
- g. Retirement plan transactions
- Social security, employment and military service benefits
- i. Tax matters
- Claims and litigation ij.
- k. Commodity and option transactions
- Business operations l.
- Borrowing transactions
- Estate transactions
- All other property powers and transaction ο.
- p.

LIMITATIONS ON AND ADDITIONS TO THE AGENT'S POWERS MAY BE INCLUDED IN THIS POWER OF ATTORNEY AS THEY ARE SPECIFICALLY DESCRIBED BELOW:

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 of conditions on the sale of particular stock or real estate or special rules on borrowing by the agent:



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:

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.

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.

YOUR AGENT WILL BE ENTITLED TO REIMBURSEMENT FOR ALL REASONABLE EXPENSES INCURRED IN ACTING UNDER THIS POWER OF ATTORNEY. STRIKE OUT THE NEXT SENDENCE IF YOU DO NOT WANT YOUR AGENT TO ALSO BE ENTITLED TO REASONABLE COMPENSATION FOR SERVICES AS AGENT.

My agent shall be entitled to reasonable 5. 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

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DURATION IS MADE BY INITIALING AND COMPLETING EITHER (OR BOTH) OF THE FOLLOWING:

- 6. () This power of attorney shall become effective on _____. (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 . (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:

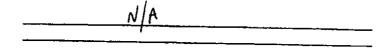
8. If any agent named by me shall die, become legally disabled, resign or refuse to act, I name the following (each to act alone and successively, in the order names as successor(s) to such agent:

NIF.	
TG	

9. If a guardian of my person is to be appointed, I nominate the following to serve as such guardian:

N/A	74,
	10

10. If a guardian of my estate (my property) is to be appointed, I nominate the following to serve as such guardian:



11. I am fully informed as to all the contents of this form and understand the full importance of this grant of powers to my agent.

X Catherine Variages

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STATE OF) ss

The undersigned, a notary public in and for the above county and state, certifies that ANDER NAMES 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 delivery the instrument as the free and voluntary act of the principal, for the uses and purposes therein set forth, and certifies to the correctness of the signature(s) of the agent(s).

Dated:

Notary Public Nayew.

My commission expire DIANE M. MAYERS-JONES
06/04/03 Notary Public, State of Illinois

"OFFICIAL SEAL"
DIANE M. MAYERS-JONES
Notary Public, State of Illinois
My Commission Expires 06/04/03

The name and address of the person preparing this form should interest in real estate.

THIS DOCUMENT WAS PREPARED BY:

STEPHEN M. CAIK
President Chicop Bancopp.

when recorded muil to:
Chicago Bancorp
1640 North Wells St., STE. 105
Chicago, IL 60614
attn: Post Closing Dept.