MA NO

[**MML**]

Marquis Title TM 7834/642

A205-10 R205-04

GENERAL POWER OF ATTORNEY

(With Durable Provision)

NOTICE: THIS IS AN IMPORTANT DOCUMENT. BEFORE SIGNING THIS DOCUMENT, YOU SHOULD KNOW THESE IMPORTANT FACTS. THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON WHOM 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 PROP-ERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. YOU MAY SPECIFY THAT THESE POWERS WILL EXIST EVEN AFTER YOU BECOME DIS-ABLED, INCAPACITATED OR INCOMPETENT. THIS DOCUMENT DOES NOT AUTHO-RIZE ANYONE TO MAKE MEDICAL OR OTHER HEALTH CARE DECISIONS FOR YOU. IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDER-STAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

TO ALL PERSONS, be it known that I, MARGARITA of 1100 WARWICK CIRCLE HORITA, HOFFMAN ESTATES 14, 60194 the undersigned Grantor, do hereby make and grant a feneral power of attorney to WALDEMAR TOMPOROWSKIOF 4451 N. BELMONT CHICAGO IL, 60641 and do thereupon constitute and appoint said individual as my attorney-in-fact.

My attorney-in-fact shall act in my name, place and sterd in any way which I myself could do, if I were personally present, with respect to the following matters, to the extent that I am permitted by law to act through an agent:

(NOTICE: The grantor must write his or her initials in the corresponding blank space of a box below with respect to each of the subdivisions (A) through (O) below for which the Grantor vants to give the agent authority. If the blank space within a box for any particular subdivision is NOT initialed, NO AUTHOLITY WILL BE GRANTED for matters that are included in that subdivision. Cross out each power withheld.) OH'S

| (NIVE) | (A) | Real estate transactions |
|--------|-----|----------------------------|
| MAR] | (B) | Tangible personal property |

(C) Bond, share and commodity transactions

ELMAZ] (D) Banking transactions

(E) Business operating transactions **(F)** Insurance transactions

t *ann* . 1 Gifts to charities and individuals other than Attorney-in-Fact

(If trust distributions are involved or tax consequences are anticipated, consult an atomey.) [(MM] (H) Claims and litigation [MINC]

Personal relationships and affairs (I) **(J)** Benefits from military service

[(M2) Records, reports and statements APAA Rev. 4/99

If your state requires 8 1/2" x 11" forms, cut off the bottom of this page at the dotted line.



| M | \mathcal{L}_{1} |
|---|-------------------|
|---|-------------------|

(L) Full and unqualified authority to my attorney-in-fact to delegate any or all of the foregoing powers to any person or persons whom my attorney-in-fact shall select

r*M* 22. 1

(M) Access to safe deposit box(es)

I ML I

(N) All other matters **Durable Provision:**

1 Me 1

(O) If the blank space in the block to the left is initialed by the Grantor, this power of attorney shall not be affected by the subsequent disability or incompetence of the Grantor.

Other Terms:

THE POWERS GRANTED HEREIN TO MY AGENT ARE LIMITED TO ACTS WITH RESPECT TO OR EFFECTING THE REAL ESTATE LEGALLY DESCRIBED AS:

see Exhibit "A" attached hereto and incorporated herein by reference

This Power of Attorney shall become effective on the 2d day of August, 2000, and it shall terminate on the 2d day of September, 2000.

My attorney-ip fact hereby accepts this appointment subject to its terms and agrees to act and perform in said ficuciary capacity consistent with my best interests as he/she in his/her best discretion deems advisable, and I affirm and ratify all acts so undertaken.

TO INDUCE ANY THIRD PARTY TO ACT HEREUNDER, I HEREBY AGREE THAT ANY THIRD PARTY RECEIVING A DULY EXECUTED COPY OR FACSIMILE OF THIS INSTRUMENT MAY ACT HEREUNDER, AND THAT REVOCATION OR TERMINATION HEREOF SHALL BE INEFFECTIVE AS TO SUCH THIRD PARTY UNLESS AND UNTIL ACTUAL NOTICE OR KNOWLEDGE OF SUCH REVOCATION OR TERMINATION

| SHALL HAVE BEEN RECEIVED BY SUCH THIRD PARTY, AND I FOR MYSELF AND |
|--------------------------------------------------------------------------------------------------------------------------|
| FOR MY HEIRS, EXECUTORS, LEGAL REPRESENTATIVES AND ASSIGNS, HEREBY |
| AGREE TO INDEMNIFY AND HOLF HARMLESS ANY SUCH THIRD PARTY FROM AND |
| AGAINST ANY AND ALL CLAIMS THAT MAY ARISE AGAINST SUCH THIRD PARTY |
| BY REASON OF SUCH THIRD PARTY HAVING RELIED ON THE PROVISIONS OF THIS |
| INSTRUMENT |
| |
| Signed under seal this 2 NO day of AUCUST , 2000 (year). |
| Signed in the presence of: |
| Menna Lastando Mayorde Do Riena |
| Witness |
| When at a da Witaussont |
| Wirtess Attorney-in-Fact |
| |
| State of FLORIDA |
| County of BROWARD Defore me, Phillagno do , appeared , appeared |
| On 8(2(2000 before me, Phillanno Oco personally known |
| to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) starts subscribed to |
| the within instrument and acknowledged to me that he/she/they executed the same in his/her/the c puthorized capac- |
| ity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon be and of which the |
| person(s) acted, executed the instrument. |
| WITNESS my hand and official seal. |
| (/207/10 |
| Signature Will Variable |
| ACC . VV Produced ID |

(Seal)

PHIL VARNADOE MY COMMISSION \$ 00 684761 EXPIRES, September 96, 2

Type of ID

If your state requires 8 1/2" x 11" forms, cut off the bottom of this page at the dotted line.

ALTA COMMITMENT
Schedule A - Legal Description
File Number: TM7834
Assoc. File No: 642

UNGFFWCHALIGOPY

GUARANTY COMPANY

HEREIN CALLED THE COMPANY

COMMITMENT - LEGAL DESCRIPTION

Lot 9 in Block 1 in the Ure Addition to Hoffman Estates, being a subdivision of the Southwest Quarter of the Northwest Quarter of Section 16 and the Southeast Quarter of the Northeast Quarter of Section 17, Township 41 North, Range 10, East of the Third Principal Meridian, in Cook County, Illinois.

#07-16-102 -012

WHEN RECORDED MAY, 10:

Stanley Czaja (121 n Morthwest Hay

Coop County Clerk's Office