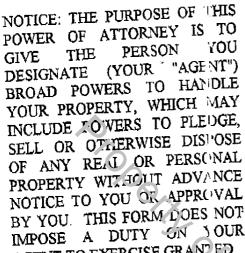
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Cook County Recorder 27.00

#### ILLINOIS STATUTORY SHOUT FORM POWER OF ATTORNI Y FOR PROPERTY





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 UNLESS YOU EXPRESSLY LIMIT THE THIS FORM BUT NOT CO-AGENTS. 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 CIVEN 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, THE BACK OF THE FORM). EXPRESSLY PERMITS THE USE OF ANY DIFFERENT FORM OF POWER OF ATTORNEY YOU MAY DESIDE. 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 8th day of September, 2000.

1. I, Fernard Fortier, hereby appoint: Marc W. Sargis, 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 WALIT 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

**BOX 333-CTI** 

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## MUST DRAW A LINE THROUGH THE TITLE OF THAT CATEGORY.

	(a) Real estate transactions.
_	(b) Financial institution transactions.
	(c) Stock and bond transactions
	(d) Tangible personal property transactions
7	— (e) Safe de 10 it box transaction
	(f) Insurance and annuity transactions.
	(g) Retirement plan it insactions.
	(h) Social Security, employment and military service benefits.
	(i) Tax matters.
	(j) Claims and litigation
	(k) Commodity and option transactions.
	——(1) Business operations
	— (In) Business operations — (In) Borrowing transactions
	— (n) Estate transactions.—-
	(o) 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 readified or limited in the following particulars: The powers granted above shall be limited to

No exceptions.

The execution, of any and all documents relating to the sale and closing of condominium units that I own at 5950 North Remore, Chicago, II 60640.

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

To execute any and all documents relating to sale and closing of 5950 North Kenmore, Unit 207, and Unit 208 Chicago, Illinois 60660.

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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, OTHER WISE IT SHOULD BE STRUCK OUT.

4. 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 INCURDED 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 ensonable 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, ALSUNT 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 BC IV) OF THE FOLLOWING:

- 6. This power of attorney shall be come effective on September 8, 2000.
- 7. This power of attorney shall terminate on October 31, 2000.

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

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:

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 GUARDI \N(S) IN THE FOLLOWING PARAGRAPHS. THE COURT WILL APPOINT THE PERSON NOMINATED BY YOU IF THE COURT FINDS THAT

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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.

.0. If a guardian of my estate (my property) as such guardian:	is to be appointed, I nominate the following to serve
11. I am fully informed as to all the content grant of powers to any agent.	s of this form and understand the full import of this
O <sub>x</sub> C	signed Linand Lorlier Fernard Fortier
YOU MAY, BUT ARE NOT REQUIRED AGENTS TO PROVIDE SPICIMEN SPECIMEN SIGNATURES IN THIS POTHE CERTIFICATION OPPOSITE THE	7.6. REQUEST YOUR AGENT AND SUCCESSOR SIGNATURES BELOW. IF YOU INCLUDE DWELL OF ATTORNEY, YOU MUST COMPLETE SIGNATURES OF THE AGENTS.
Specimen signatures of agent (and successors).	I certify that the signatures of my agent (and successors) are correct.
Marc W. Sargis	Fernard Fortier

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State of Illinois

SS.

County of Cook

The undersigned a notary public in and for the above county and state, certifies that Fernard Fortier, 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 additional witness 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 be correctness of the signature(s) of the agent(s).

TAULINE G. GILLANA My commission expires

Notary Public

The undersigned witness certifie, that Fernard Fortier known to me to be the same person whose name is subscribed as principal to the foregoing power of attorney, appeared before me ans the notary public and acknowledged signing and delivering the instrument as the free and voluntary act of the principal, for the user and pulposes therein act forth. I believe him or her to be of sound mind and memory.

(SE JL)

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

Law Offices of Marc W. Sargis 7366 N Lincoln Ave., Suite 200 Lincolnwood, IL 60712 (847) 763-0980