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2000-10-11 11:48:26

Cook County Recorder

4264825(3/4)



Above Space For Recorder's Use Only

ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

(NOTICE: THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON YOU DESIGNATE (YOUR "AGENT") B. OAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO PLEDGE, SELL OR TOHERWISE 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 POWERS ARE EXERCISED, YOUR AGENT WILL HAVE TO USE DUE CARE TO ACT FOR YOUR BENEFIT AND IN ACCORDANCE WITH THIS FORM AND KEEP A RECORD OF RECEIPTS, DISBURSEMENTS AND SIGNIFICANT ACTIONS TAKEN AS AGENT. 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 MANNEWR PROVIDED BELOW, UNTIL YOU REVOKE THIS POWER OF 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 POWWERS 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 THIS FORM). THAT LAW EXPRESSLEY 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 AS A LAWYER TO EXPLAIN IT TO YOU.)

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POWER OF ATTORNEY made this 4th day of Lowlands (month), 2000 (v	vear)
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I, Wolfgang Bensch hereby appoint: H. Ingo Bensch, 459 Presidential Lane, Madison, WI. 53711 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 tot he specified powers inserted in paragraph or below:

(YOU MUST STRIKE OUT ANY ONE OR MORE OF THE FOLLOWING CATEGORIES OF POWRES YOU DO NO WANT YOUR AGENT TO HAVE. FAILURE TO STIKE THE TITLE OF ANY CATEGORY WILL CUASE 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.
- (c) Stock and bond transactions.
- (d) Tangible personal proporty transactions.
- (e) Safe deposit box transactions:
- (f) Insurance and annuity transcettors.
- (g) Retirement plan transactions.
- (h) Social Security, employment and nalitary service benefits.
- (i) Tax matters.
- (i) Claims and litigation.
- (k) Commodity and option transactions.
- (1) Business operations.
- (m) Borrowing transactions.
- (n) Estate transactions.
- JA Clar (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.)

The powers granted above shall not include the following powers or shall be medified 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.):

Only those powers necess	ary to close the	<u>purchase</u>	of 2800 No	orth Pine	Grove, #	PHA.
Chicago, IL 60657	- 					
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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):

Any and all powers	necessary	to close	the purchase	of 2800	North	Pine	Grove	#РН Δ
Chicago, IL 60657					1191	1110	01010,	<i>11111</i> 14

(YOUR AGENT WILL HAVE AUTHOURITY TO EMPLOY OTHER PERSONAS 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 INTITLED TO REMBURSEMENT 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.)

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 LEVOCATION, 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:)

() This power of attorney shall become effective on <u>September 5, 2000</u> 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).

() This power of attorney shall terminate on October 5, 2000 insert a future date or event, such as court determination of your disability, when you want this power to terminate prior to your death).

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If any agent named by me shall die, become incompetent, resign or refuse to accept the office of agent, I name the following (each to act alone and successively, in the order named) as successor(s) to such agent:

	Jacky Jugenheimer, 459 Presidential Lane, Madison WI 53711	
	shall be considered to be incompetent if and while the person is a mincompetent or disabled person or the person is unable to give person to business matters, as certified by a licensed physician.	is paragraph, a person inor or an adjudicated rompt and intelligent
	(IF YOU WISH TO NAME YOUR AGENT AS GUARDIAN OF YOU EVENT A COURT DECIDES THAT ONE SHOULD BE APPOINTE ARE NOT REQUIRED TO, DO SO BY RETAINING THE FOLLOW THE COURT WILL APPOINT YOUR AGENT IF THE COURT IS APPOINTMENT WILL SERVICE YOUR BEST INTERESTS AND WOUT PARAGRAPH IF YOU DO NOT WANT YOUR AGENT TO ACT	D, YOU MAY, BUT WING PARAGRAPH, FINDS THAT SUCH WELFARE STRIKE
>	If a guardian of my estate (127 property) is to be appointed, I nominate this power of attorney as such gurdin, to serve without bond or security as to all the contents of this form and understand the full impact of this	. I am fully informed
	agent.	germen of powers to my
	Signed	
	(Principal)	
	(YOU MAY, BUT ARE NOT REQUIRED TO REQUEST YOUR AGEN' AGENTS TO PROVIDE SPECIMEN SIGNATURES BELOW. SPECIMAN SIGNATURES IN THIS POWER OF ATTOFNEY, YOU THE CERTIFICATION OPPOSITE THE SIGNATURES OF THE AGEN	IF YOU INCLUDE MUST COMPLETE
	Specimen signatures of agent (and successors) I certify that the signatures of agent (and successors) are contained agent (and successors).	
	(agent)	principal)
	(successor agent)	(principal)
	(successor agent)	(principal)
	BL/ PAMURZ HA	

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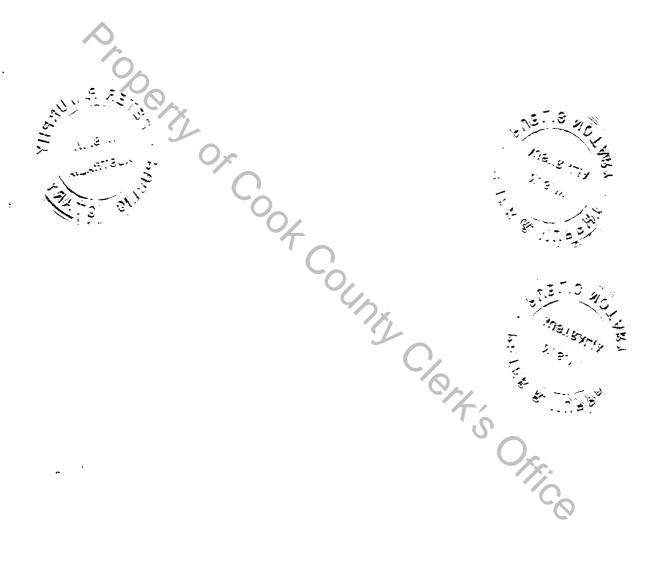
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(THIS POWER OF ATTORNEY WILL NOT BE EFFECTIVE UNLESS IT IS NOTARIZED AND SIGNED BY AT LEAST ONE ADDITIONAL WITNESS, USING THE FORM BELOW.)

State of <u>NEW SOUTH</u> WALESS.	•
WALESS.	
County of) AUS VALLA	
The undersigned, a notary public in and for	the above county and state continue the
WULFCANC BEVSCH	known to mo to be the same
name is subscribed as principal to the foregoing p	ower of attorney appeared before mound the
additional withess in person and acknowledged sig	ening and delivering the instrument as the free
and voluntary act of the principal, for the uses	and numoses therein set forth (and to the
correctness of the signature(s) of the agent(s)).	
	P.R. MUNZHU
Dated : Deploner 2000 (SEAL)	Notary Public
	My commission expires furth dy of
A CASE OF	No. 17 The second second
	Deflerta 2000
The undersigned witness certifies that _ WOLFC	ANC BEUSCH, known to me to be
the same person whose name is subscribed as p	rincinal to the foregoing power of attorney
appeared before me and the notary public and	acknowledged signing and delivering the
instrument as the free and voluntary act of the pri	incipal, for the uses and nurnoses therein set
norm. It believe film of her to be of sound mind at d	nemory.
200	Yh ann
Dated: Let Deble 2000 (SEAL)	Witness
THE MAKE AND ADDRESS OF	KICLISTERED LECAL DO NOTIT
(THE NAME AND ADDRESS OF THE PERSON	N PREPAIGING THIS FORM SHOULD BE
INSERTED IF THE AGENT WILL HAVE POWE	R TO CONVEY ANY INTEREST IN REAL
ESTATE:)	74,
This document was a second 11	0,0
This document was prepared by:	
Cherie F. Thompson, Thompson & Thompson, 10 G	
Cherie E. Thompson, Thompson & Thompson, 19 S	5. LaSalle St., Suite 801, Chicago, IL 60603
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STREET ADDRESS: 2800 NORTH PINE GROVE PENTHOUSE A

CITY: CHICAGO ZIP CODE: 60657 COUNTY: COOK

TAX NUMBER: 14-28-123-016-1089

LEGAL DESCRIPTION:

PENTHOUSE A TOGETHER WITH ITS UND. V. D.ED PERCENTAGE INTEREST IN THE COMMON ELEMENTS IN BREWSTER CONDOMINIUM AS D. LINEATED AND DEFINED IN THE DECLARATION RECORDED AS DOCUMENT NO. 25209737, IN THE NORTHWEST 1/4 OF SECTION 28, TOWNSHIP 40 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.