7004/0138 45 001 Page 1 of 2000-10-30 12:25:11

Cook County Recorder



PROFESSIONAL NATIONAL TITLE NETWORK, INC.

> LOT 8 IN KEDZIE GARDENS, A SUBDIVISION OF LOTS 8 OF MCCAFFERY AND MURPHY'S SUBDIVISION OF THE EAST 1/2 OF THE NORTHEAST 1/4 OF SECTION 2, TOWNSHIP 36 NOWTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Commonly known as 4607 5 Sawyer Aug. Chicago II

After Recording Mail to

John Farano 7836 W 103rd Palos Hills, Il 60465

ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

(NOTICE: THE PURPOSE OF THE POWER OF ATTORNEY IS TO GIVE THE PERSON YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOU 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 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 MANNER PROVIDED BELOW, UNTIL YOU REVOKE THIS POWER OR A COURT ACTING ON YOU BEHALF TERMINATES IT, YOUR AGENT MAY EXERCISE 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 THE BACK OF THIS FORM). 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 Attor	ney, made this 16 day of _	September 20	<u> </u>
1.	Virginia	gestautac		
		name and address of principal)		
nereby appoint:	JOHN Farano	PATRICK Dohe	erty, Terrence	WALLACE
–	(Inse	rt name and address of agent)	·	-
as my attorney-in-	fact (my "agent") to act for me and	in my name (in any way I could	d act in person) with respect to t	the following

powers, as defined in Section 3-4 of the "Statutary 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 YHU TATLE OF ANY CATEGORY WILL CAUSE THE POWERS DESCRIBED IN THAT CATEGORY TO BE GRANTED OTHE AGENT, TO STRIKE OUT A CATEGORY YOU MUST DRAW A LINE THROUGH THE TITLE OF THAT CATEGOT.Y.)

- (a) Real Estate Transactions.
- (b) Financial institution transactions.
- (c) Stock and Bond transactions.
- (d) Tangible personal property transactions. (i) Tax matters.
- (e) Safe deposit box transactions.
- (f) Insurance and annuity transactions.
- (g) Retirement plan trar sac ions.
- (h) Social Security, employment and military service
 - benefits.
- (j) Claims and litigation.
- (1) Business operations.
- (m) Borrowing transactions.
- (n) Estate transactions
- (o) All other property powers and transactions.
- (k) Commodity and option transactions.

(LIMITATIONS ON AND ADDITION 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 on 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):
- 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 limitations power to make gifts, exercise powers of appointment, name or change beneficia ies 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.)

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 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 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	
(Insert a future date or event during your lifetime, such as court determination of you take effect.)	our disability, when you want this power to first
) This power of attorney shall terminate on	
(Insert a future de e o event during your lifetime, such as court determination of you take effect.)	our disability, when you want this power to first
(IF YOU WISH TO NAME SUCCESSOR AGENTS, INSERT THE NAME(S) AN IN THE FOLLOWING PARAGLAPHS.)	D ADDRESS(ES) OF SUCH SUCCESSOR(S)
8. If any agent named by me shall die, become incompetent, resign or refollowing (each to act alone and successor(s) to	
For purpose of this paragraph 8, a person shall be considered to be incompetent if a incompetent or disabled person or the person is unable to give prompt and intelligent a licensed physician.	
(IF YOU WISH TO NAME YOUR AGENT AS GUARDIAN OF YOUR ESTATE, ONE SHOULD BE APPOINTED, YOU MAY, BUT ARE NOT REQUIRED TO, I PARAGRAPH. THE COURT WILL APPOINT YOUR AGENT IF THE COURT I SERVE YOUR BEST INTERESTS AND WELFARE. STRIKE OUT ARAGRAITO ACT AS GUARDIAN.)	OO SO BY RETAINING THE FOLLOWING FINDS THAT SUCH APPOINTMENT WILL
 If a guardian of my estate (my property) is to be appointed, I nor ansuch guardian, to serve without bond or security. 	te the agent acting under this power of attorney as
10. I am fully informed as to all the contents of this form and understand	d the full impact of this grant of powers to may
agent.	rgirie Hestaulas
(YOU MAY, BUT ARE NOT REQUIRED TO, REQUEST YOUR AGENT AND S SPECIMEN SIGNATURES BELOW. IF YOU INCLUDE SPECIMEN SIGNATU MUST COMPLETE THE CERTIFICATION OPPOSITE THE SIGNATURES OF	RES IN THIS POWER (F AT TORNEY, YOU THE AGENTS.)
	fy that the signatures of my ager. (cnd) ssops) are correct.
	mairia + Destaulas
(agent)	(Principal)
(successor agent)	(Principal)
(successor agent)	(Principal)
	008 49507
(THIS POWER OF ATTORNEY WILL NOT BE EFFECTIVE UNLESS IT IS NO	TARIZED, USING THE FORM BELOW.)
State of TUINOIS) SS.	5's# 357221286
Page 2	1627 W. 37th Pl. Chicago, IC 60609

County of CO	۸ <i>لا</i>	
-		tary public in and for the above county and state, certifies that
known to me to be person and acknow	the same persoleted	on whose name is subscribed as principal to the foregoing power of attorney, appeared before me in g and delivering the instrument as the free and voluntary act of the principal, for the uses and certified to the correctness of the signature(s) of the agent(s).
	(Seal)	"OFFICIAL SEAL" MARY M. PETRUSHA Notary Public, State of Illinois My Commission Expires: 11/12/2000 My commission expires
		OF THE PERSON PREPARING THIS FORM SHOULD BE INSERTED IF THE AGENT WILL NY INTEREST IN REAL ESTATE.)
This document was	s p evared by:	
		no Jr., 7836 West 103Rd Street, , Palos Hills, ILLINOIS 60465

APPENDIX

NAME:
STREET ADDRESS:
CITY: STATE: ZIP:
OR RECORDER'S OFFICE BOX NO
LEGAL DF SCRIPTION:
STREET ADDRESO:
PERMANENT TAX INDEX YOU'ABER:
THE SPACE ABOVE IS NOT PART OF OFFICIAL STATUTORY FORM. IT IS ONLY FOR THE AGENT'S USE IN RECORDING THIS FORM WHEN NECESSARY FOR REAL ESTATE TRANSACTIONS.
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