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Cook County Recorder

31,00



LLINOIS 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") BROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO PLEDGE, SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT A.D. ANCE 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 BEN IFIT AND IN ACCORDANCE WITH THIS FORM AND KEEP A RECORD OF RECEIPTS, DISBURSEMENTS AND SIGNIFICAN 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 ACTIN JON YOUR BEHALF TERMINATES IT, YOUR AGENT MAY EXERCISE THE POWERS GIVEN HERE THROUGHOUT YOUR LIFE IT AF, EVEN AFTER YOU BECOME DISABLED. THE POWERS YOU GIVE YOUR AGENT ARE EXPLAINED MORE FULLY IN SECTION 2-4 OF THE ILLINOIS "STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY LAW" OF WHICH THIS FORM IS A PAR". (SI'E Exhibit A attached hereto and made a part hereof). 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 ATTORNEY made this 2⁹ day of November, 2000.

1. I, MARY KARRAS, of Gurnee, Illinois hereby appoint: ELIAS KARRAS, of Northbrook, Illinois, 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 (see Exhibit A), 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 WANT 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 MUST DRAW A LINE THROUGH THE TITLE OF THAT CATEGORY.)



(a)]	Real estate transactions.
(b) :	Financial institution transactions.
(c)	Stock and bond transactions.
(d) '	Fangible personal property transactions.
(e)	Safe deposit box transactions:
f) 	nsurance and annuity transactions.
(g) !	Retirement plan transactions.
(h) 	or in Security, employment and military service benefits.
(i) 	Fax matters.
j) (Claims and litigation.
(k) (Sommodity-and option transactions:
	Business operations.
	Borrowing transactions.
n)	Estate transactions.
. ,	All other property powers and transactions.
	b)

(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 modified 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):

This Power of Attorney is specifically limited to any and all items creets that must be done or performed with regard to the purchase of the real estate commonly known as Unit 208, Building 200, One Milwaukee Place, Wheeling, Illinois 60090

3.	In addition to the powers granted above, I grant my agent the folicwing powers
(here you ma	y add any other delegable powers including, without limitation, power to make
<i>-</i>	powers of appointment, name or change beneficiaries or joint tenants or revoke 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

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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 amended or revoked by any agent (including any successor) named by rie 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 VILL BECOME EFFECTIVE AT THE TIME THIS POWER IS SIGNED AND WILL CONFIGURE UNTIL YOUR DEATH UNLESS A LIMITATION ON THE BEGINNING DATE OR PURATION IS MADE BY INITIALING AND COMPLETING EITHER (OR BOTH) OF THE FOLLOWING:)

6.	() This power of attorney shall become effective on) /\$c.
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(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. () (XXX) This power of attorney shall terminate on upon the completion of the closing of the property commonly known as Unit 208, Building 200, One Milwaukee Place, Wheeling, Illinois 60090

(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 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:

For purposes of this paragraph 8, a person shall be considered to be incompetent if and while the person is a minor or an adjudicated incompetent or disabled person or the person is unable to give prompt and intelligent consideration to business matters, as certified by a licensed physician.

(IF YOU WISH TO NAME YOUR AGENT AS GUARDIAN OF YOUR ESTATE, IN THE EVENT A COURT DECIDES THAT ONE SHOULD BE APPOINTED, YOU MAY, BUT ARE NOT REQUIRED TO, DO SO BY RETAINING THE FOLLOWING PARAGRAPH. THE COURT WILL APPOINT YOUR AGENT IF THE COURT FINDS THAT SUCH APPOINTMENT WILL SERVE YOUR BEST INTERESTS AND WELFARE. STRIKE OUT PARAGRAPH 9 IF YOU DO NOT WANT YOUR AGENT TO ACT AS GUARDIAN.)

- 9. If a guardian of my estate (my property) is to be appointed, I nominate the agent acting under this power of attorney as such guardian, to serve without bond or security.
- 10. I am fully informed as to all the contents of this ferre and understand the full import of this grant of powers to my agent.

Signed Masy Karras (principal)

(YOU MAY, BUT ARE NOT REQUIRED TO, REQUEST YOUR AGENT AND SUCCESSOR AGENTS TO PROVIDE SPECIMEN SIGNATURES BELOW. IF YOU INCLUDE SPECIMEN SIGNATURES IN THIS POWER OF ATTORNEY, YOU MUST COMPLETE THE CERTIFICATION OPPOSITE THE SIGNATURES OF THE AGENTS.)

Specimen signatures of agent (and successors)

I certify that the signatures of my agent (and successors) are correct.

(agent)	(principal) (principal)
(successor agent)	(principal)
(successor agent)	(principal)
RIZED, USING THE FORM BELOW State of Illinois	LL NOT BE EFFECTIVE UNLESS IT IS NOTA-
County of Cook) ss.	24
	n and for the above county and state, certifies that MARY
foregoing power of attorney, appeared delivering the instrument as the free and	before me in person and acknowledged signing and voluntary act of the principal, for the uses and purposes ectness of the signature(s) of the agent(s)).
Dated: 1/2/00 Notary Public	OFFICIAL SEAL JENNETT R KLASKY NOTARY ?! BLIC STATE OF ILLINOIS MY COMMISSION EXP. FEB. 23,2002
The undersigned witness certifies	that MARY KARRAS known to me to be the same person
the notary public and acknowledged signing	the foregoing power of attorney, appeared before me and and and delivering the instrument as the free and voluntary ses therein set forth. I believe the principal to be of sound
Dated	ness:

This document was prepared by:

BENNETT R KLASKY & ASSOCIATES 555 Skokie Plyd., Suite 500 Northbrook, Illings 60062 Telephone: 847/48(-1)20

PARCEL 1:

PROPOSED UNIT NUMBER 2-208 IN THE ONE MILWAUKEE PLACE CONDOMINIUM, AS DELINEATED ON A SURVEY OF THE FOLLOWING DESCRIPED TRACT OF LAND:

LOTS 2 AND 7 (EXCEPT THAT PART OF SAID LOT 7 BOUNDED AND DESCRIBED AS FOLLOWS: COMMENCING AT THE MOST WESTERLY NORTHWEST CORNER OF SAID LOT 7; THENCE SOUTH 21 DEGREES, 38 MINUTES, 56 SECONDS EAST ALONG THE WESTERLY LINE OF SAID LOT 7, A DISTANCE OF 170.37 FEET TO A POINT; THENCE NORTH 68 DEGREES, 21 MINUTES, 04 SECONDS EAST, 69.50 FEET TO THE POINT OF BEGINNING; THENCE CONTINUING NORTH 68 DEGREES, 21 MINUTES, 04 SECONDS EAST, 83.70 FEET; PIENCE SOUTH 21 DEGREES, 38 MINUTES, 56 SECONDS EAST, 206.0 FEET; THENCE SOUTH 68 DEGREES, 21 MINUTES, 04 SECONDS WEST. 83.70 FEET TO THE WESTERLY LINE OF SAID LOT 7; THENCE NORTH 21 DEGREES, 38 MINUTES, 56 SECONDS ~ ALONG THE WESTERLY LINE OF SAID LOT 7, A DISTANCE OF 206.0 FEET TO THE POINT OF BEGINNING), ALL IN ONE MILWAUKEE PLACE SUBDIVISION BEING A SUBDIVISION OF THAT PART OF THE EAST 1/2 DF THE SOUTHEAST 1/4 OF SECTION 2, TOWNSHIP 42 NORTH, RANGE 11 EAST OF THE THIRD IRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

WHICH SURVEY IS ATTACHED AS EXHIBIT "A" TO THE DECLARATION OF CONDOMINIUM RECORDED AS DOCUMENT NUMBER 00660793, AS AMENDED FROM TIME TO TIME TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS.

PARCEL 2:

THE EXCLUSIVE RIGHT TO THE USE OF PARKING SPACE P-42, A LIMITED COMMON ELEMENT AS DELINEATED ON THE SURVEY ATTACHED TO THE DECLARATION AFORESAID RECORDED AS DOCUMENT 00660793.

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