55.50

ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY **DURABLE POWER OF ATTORNEY**

(The place above for Recorders use only)

Legal Description: See attached Legal Description

This Power of Attorney is being created for the purpose of refinancing the property located at:

Street Address: 325 N CENTRAL PARK AVE. City CHICAGO, 12 60659

Permanent tax index # 13-02-106-030

(The above can be deleted if real state not subject to the Power of Attorney.)

(NOTICE: THE PURPOSE OF THIS FOWER 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 OP, PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. THIS FORM DOESN'T 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 K'SEI' A RECORD OF RECEIPTS, DISBURSEMENTS AND SIGNIFICANT ACTIONS TAKEN AS A AGENT. A COURT CAN LIKE AWAY THE POWERS OF YOUR AGENT IF IT FINDS THE AGENT NOT ACTING PROPERLY. YOU MAY NAME SUCCESSORAGENTS UNDER THIS FORM BUT NOT AS CO-AGNETS. UNLESS YOU EXPRESSLY LIMIT THE DURALION OF THIS POWER IN THE MANNER PROVIDED BELOW, UNTIL YOU REVOKE THIS POWER OR A COURT ACTING (IN YOUR BEHALF TERMINATES IT, YOUR AGENT MAY EXERCISE THE POWERS GIVEN HERE THROUGHOUT YOUR LIFETIME, EVEN AFTER YOU BECOME DISABLED, THE POWERS YOU GIVE YOUR AGENT ARE EXPLAINED WARE FULLY IN SECTION 3-4 OF THE ILLINOIS "STARUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY AW" OF WHICK 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 ATTORNEY made this (same day as Effective Date) (year) 1. I, RAQUEL A. BRODER (insert name and address of Principal (person needing the POA))

hereby appoint: ELIEZER BRODER

(insert name and address of Agent (person who will be signing on behalf of rancipal))

as my attorney-in-fact (my "agent") to act for me 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 specific powers inserted in paragraph 2 or 3 below:

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(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) — | - Tangible personal property transactions. |
| (e) - | - Safe deposit box transactions. |
| (f) | - Insurance and annuity transactions. |
| (g) | Retirement plan transactions. |
| -(li) | Social Security, employment and military service benefits. |
| <u>-(i)</u> | Av. matters. |
| (i) | — Circims and litigation: |
| (k) — | - Commodity and option transactions. |
| <u>a</u> | Rusiness transactions. |
| (m) | Bon owing transactions. |
| (n) | Estate trans.cions. |
| (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 SPECIFICIALLY 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

| Not Applicable | |
|--|--|
| Not Applicable | |
| | *Ox. |
| | |
| In addition to the newers area | that above I arout my econt the collection noticers (here you may add |
| other delegable powers incl | nted above, I grant my agent the following powers (here you may add uding, without limitation, power to make gifts, exercise powers to beneficiaries or joint tenants or resolve or amend any trust specific |
| other delegable powers incl appointment, name or change | uding, without limitation, power to make gifts, exercise powers |

(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 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 INCURRED IN ACTING UNDER THIS POWER OF ATTORNEY. STRIKE OUT THE SENTENCE IF YOU DO NOT WANT YOUR AGENT TO ALSO BE ENTITLED TO REASONABLE COMPENSATION AS AGENT.)

5. My agent shall be entitled to reasonable compensation for services rendered as agent under this power of attorney.

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(THIS POWER OF ATTORNEY MAY BE AMENDED OR REVOKED BY YOU AT ANY TIME AND IN ANY MANNER. ABSENT AMENDMENT OR REVOKATION, 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 INITIALIZING AND COMPLETING EITHER (OR BOTH) OF THE FOLLOWING:)

| , | | |
|--|---|--|
| 6. | . (XX) This power of attorney shall become effective | ve on |
| | MARCH 6, 2001 | |
| | uture date or event during your lifetime, such as cou irst take effect) | rt determination of your disability, when you want this |
| 7. | . (XX) This power of attorney shall terminate on | |
| | Ark! 6, 2001 | |
| (insert a dat your death) | | sability, when you want this power to terminate prior to |
| (IF YOU WI IN THE FOL | VISH TO NAME SUCCESSOR AGENTS, INSERT THE OLLOWING PARAGRAP.(.) | NAME(S) AND ADDRESS(ES) OF SUCH SUCCESSOR(S) |
| 8. | . If any agent named by me shall die, become inco name the following (each to a x alc ne and success | mpetent, resign or refuse to accept the office of agent, I ively, in the order named) as successor(s) to such agent: |
| | Not Applicable | |
| adjudicated business ma YOUR ESTA REQUIRED THE COURT | ed incompetent or disabled person or the person is matters, as certified by a licensed physician. (IF YOUTH TATE, IN THE EVENT A COURT DECIDED THAT ON D TO, DO SO BY RETAINING THE FOLLOWING PARART FINDS THAT SUCH APPOINTMENT WILL SERVE APH 9 IF YOU DO NOT WANT YOUR AGENT TO ACT | appointed, I numinate the agent acting under this power |
| 10 | O. I am fully informed as to all the contents of the powers to my agent. Signed: XX Rygue Output Signed: XX Rygue Signed: | s form and understand the full import of this grant of Up Dudley (principal) |
| SPECIMEN | AY, BUT ARE NOT REQUIRED TO, REQUEST YON SIGNATURES IN THIS POWER OF ATTORNEY, YOU ATTURES OF THE AGENTS.) | UR AGENT AND SUCCESSOR AGENTS TO PROVIDE OU MUST COMPLETE THE CERTIFICATION OPPOSITE |
| Specimen s | Of Band - | (and successors are correct) (xx |
| XX(si | N/A (successor agent) | XX(principal) |

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| Witness: Signature | |
|--|--|
| Witness: Printed Name | |
| (THIS POWER OF ATTORNEY WILL NOT BE EFFECTIVE USAGE OF Illinois) ss. County of Cook) ss. | INLESS IT IS NOTORIZED, USING THE FORM BELOW.) |
| I, the undersign of a Notary Public in and for the said Cour Ray of By of personally known Principal to the fore oir g Power of Attorney, appeared be acknowledged signing and delivering the instrument as the purposes therein set forth. Dated: OFFICIAL SEAL* MOSHE DAVIS Notary Public, State of Illinois My Commission Expires 07/07/02 | to me to be the same person whose name is subscribed as fore me, and the additional witness, this day in person, and the free and voluntary act of the principal, for the uses and Notary Signature O7/07/02 Commission Expires |
| (Space for Notary Seal above) | |
| Prepared by and when Recorded mail to: Name: | |
| Street Address: | |
| City, St, Zip: | County Clark's Office |
| | Co |

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EXHIBIT "A"

File No.: 142407

Lot 33 in Block 1 in Oliver Salinger and Company's 7th Kimball Boulevard Addition to North Edgewater, being a subdivision of part of the Northeast ¼ of the Northwest 1/4 of Section 2, Township 40 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois.

-02-106-03b 1-92-1106-03b Of County Clark's Office