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ILLINOIS STATUTORY SHORT FORM
POWER OF ATTORNEY FOR PROPERTY

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(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 AND MANAGE YOUR ECONOMIC AND FINANCIAL AFFAIRS 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 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 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 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 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 PAGES 6 THRU 9). 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 17TH day of APRIL 2001

I, ROSE KYRIAKOPOULOS hereby appoint: CHRIS KYRIAKOPOULOS, as my attorney-in-fact (my "agent") to act for me and in my name (in anyway 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 2 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) Tangible personal property transactions.
- ~~_____~~ (e) Safe deposit box transactions.
- ~~_____~~ (f) Insurance and annuity transactions.

Additions in text are indicated by underline; deletions by ~~strikeouts~~

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- ~~— (g) Retirement plan transactions.~~
- ~~— (h) Social security, employment and military service benefits.~~
- ~~— (i) Tax matters.~~
- ~~— (j) Claims and litigation.~~
- ~~— (k) Commodity and option transactions.~~
- ~~— (l) Business operations.~~
- ~~— (m) 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 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, real estate or special rules on borrowing by the agent):

NONE

3. In addition to the powers granted above, we grant our 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):

To sign all deeds, contracts, agreements, escrow agreements, settlement statements, closing statements, mortgages, notes, riders, affidavits, RESPA statements, occupancy certificates, HUD or FANNIE MAE affidavits, checks, documents, papers, forms, and do all things necessary, including the compromise of disputes, debts and claims in order to effectuate the REFUNDANCE of real estate and effectuate the intent of ROSE KYRIAKOPOULOS with regard to the property located at 4547 DAVIS, SKOKIE, ILLINOIS, by and hereby giving and granting unto CHRIS KYRIAKOPOULOS said ATTORNEY, full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done in and about the premises, as fully, to all intents and purposes, as they might or could do if personally present at the doing hereof with full power of substitution and revocation, hereby ratifying and confirming all that CHRIS KYRIAKOPOULOS said ATTORNEY, or their substitute shall lawfully do or cause to be done by virtue hereof

(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.)

3. 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 our

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agent may select, but such delegation may be amended or revoked by any agent (including any successor) named by us 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

APRIL 17, 2001

(insert a future date or event during your lifetime, such as court determination of your disability, when you want his power to first take effect)

7. () This power of attorney shall terminate on

MAY 31, 2001

(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 us 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:

NO OTHER 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 GUARDIAN(S) IN THE FOLLOWING PARAGRAPHS. THE COURT WILL APPOINT THE PERSON NOMINATED BY YOU IF THE COURT FINDS THAT SUCH APPOINTMENT WILL SERVE YOUR BEST INTEREST AND WELFARE. YOU MAY, BUT ARE NOT REQUIRED TO, NOMINATE AS YOUR GUARDIAN(S) THE SAME PERSON NAMED IN THIS FORM AS YOUR AGENT.)

9. If a guardian of my person(s) is to be appointed, I nominate the following to serve as such guardian:

Additions in text are indicated by underline; deletions by ~~strikeouts~~

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NONE

(insert name and address of nominated guardian of the person)

10. If a guardian of my estate (my property) is to be appointed, I nominate the following to serve as such guardian:

NONE

(insert name and address of nominated guardian of the estate)

11. I am fully informed as to all the contents of this form and understand the full import of this grant of powers to its agent.

Signed Rose Kyriakopoulos
ROSE KYRIAKOPOULOS

SS# 340-38-1207

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 agents
(and successors)

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

(successor agent)

X _____
(principal)

(successor agent)

(principal)

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WITNESS CLAUSE

The undersigned witness certifies that Rose Kyriakopoulos is known to me to be the same person whose name is subscribed to the foregoing power of attorney, appeared before me and the notary public and acknowledged signing and delivering the said instrument as her free and voluntary act for the uses and purposes therein set forth. I believe her to be of sound mind and memory.

Dated April 18, 2001

Barbara Juri 4/18/01

(THIS POWER OF ATTORNEY WILL NOT BE EFFECTIVE UNLESS IT IS NOTARIZED, USING THE FORM BELOW.)

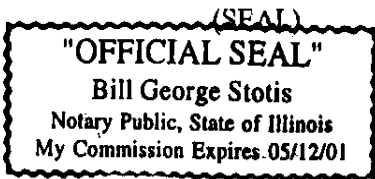
STATE OF ILLINOIS)

)§

COUNTY OF COOK)

The undersigned, a notary public in and for the above county and state, certifies that **ROSE KYRIAKOPOULOS** known to be the same person(s) whose name he subscribed as principal to the foregoing power of attorney, appeared before me in person and acknowledged signing and delivering the instrument as his free and voluntary act of the principal, for the uses and purposes therein set forth (, and certified to the correctness of the signature(s) of the agent(s)).

Dated: 4-18-2001



[Signature]
Notary Public

My commission expires 5-12-2001

(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

Mail to →

Bill George Stotis
200 West Jackson Boulevard
Suite 1050
Chicago, Illinois 60606-6941

W/GERRY/RE/RVRIAPOWATTY

Additions in text are indicated by underline; deletions by ~~strikeouts~~

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UNOFFICIAL COPY 10363826

LEGAL: LOT 4 IN BLOCK 12 IN KRENN AND DATO'S DEVONSHIRE MANOR, BEING A SUBDIVISION
IN THE SOUTH 1/2 OF SECTIN 15, TOWNSHIP 41 NORTH, RANGE 11, EAST OF THE THIRD PRINCIPAL
MERIDIAN, IN COOK COUNTY ILLINOIS

PIN 10--15-312-003

4547 W DAVIS ST SKOKIE ILL 60076

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