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A205-10 R205-04

## **GENERAL POWER OF ATTORNEY**

(With Durable Provision)

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Rev. 6/98

NOTICE: THIS IS AN IMPORTANT DOCUMENT. BEFORE SIGNING THIS DOCUMENT, YOU SHOULD KNOW THESE IMPORTANT FACTS. THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON WHOM 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 ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. YOU MAY SPECIFY THAT THESE POWERS WILL EXIST EVEN AFTER YOU BECOME DISABLED, INCAPACITATED OR INCOMPETENT. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL OR OTHER HEALTH CARE DECISIONS FOR YOU. IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXTAIN IT TO YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

TO ALL PERSONS, be it known that I, ORLANDO CABACCAN
of 3920 HOOLETE STREET, LIHUE, KAUAI, HAWAII, 96766
the undersigned Grantor, do hereby make and grant a general power of attorney to LOLITA CABACCAN
, of 5964 N RICHMOND, CHICAED, IL 60659
and do thereupon constitute and appoint said individual as my attorney-in-fact.

My attorney-in-fact shall act in my name, place and stead in any way which I mysel could do, if I were personally present, with respect to the following matters, to the extent that I am permitted by law to act brough an agent:

(NOTICE: The grantor must write his or her initials in the corresponding blank space of a box below with respect to each of the subdivisions (A) through (O) below for which the Grantor wants to give the agent authority. If the blank space within a box for any particular subdivision is NOT initialed, NO AUTHORITY WILL BE GRANTID for matters that are included in that subdivision. Cross out each power withheld.)

Jane)	(A) Real estate transactions RE: 5964 N RICHMOND, CHICAGO, IL 60659
(me)	(B) Tangible personal property transactions
_ <del></del>	——————————————————————————————————————
<del>[</del>	(D) Banking transactions
[———	—— (E) Business operating transactions
<del></del>	(F)Insurance transactions.
	— (G)—Gifts to charities und individuals other than Atterney in Fact.  (If trust distributions are involved or tax consequences are anticipated, consult an attorney).
	The to charities and marviagans outer main thomby in Fact
	(If trust distributions are involved or tex consequences are anticipated, consult an attorney)
	(H) Claims and litigation



<del></del>	-}	(L) Full and unqualified authority to my attorney in fact to delegate any or all of the foregoing 2 of
		-powers to any person or persons whom my attorney in fact shall select
[	_}	- (M) Access to safe deposit box(es)
<del></del>		(N) All other matters
		Durable Provision.
{	<del> </del>	(O) If the blank space in the block to the left is initialed by the Grantor, this power of attorney shall not be affected by the subsequent disability or incompetence of the Grantor.
		Other Tormes

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My attorney-in-fact hereby accepts this appointment subject to its terms and agrees to act and perform in said fiduciary capacity consistent with my best interests as he/she in his/her best discretion deems advisable, and I aftirm and ratify all acts so undertaken.

TO INDUCE ANY THIRD PARTY TO ACT HEREUNDER, I HEREBY AGREE THAT ANY THIRD PARTY RECEIVING A DULY EXECUTED COPY OR FACSIMILE OF THIS INSTRUMENT MAY ACT HEREUNDER. AND THAT REVOCATION OR TERMINATION HEREOF SHALL BE INEFFECTIVE AS TO SUCH THIRD PARTY UNLESS AND UNTIL ACTUAL NOTICE OR KNOWLEDGE OF SUCH REVOCATION OR TERMINATION SHALL HAVE BEEN RECEIVED BY SUCH THIRD PARTY. AND I FOR MYSELF AND FOR MY HEIRS, EXECUTORS, LEGAL REPRESENTATIVES AND ASSIGNS, HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS ANY SUCH THIRD PARTY FROM AND AGAINST ANY AND ALL CLAIMS THAT MAY ARISE AGAINST SUCH THIRD PARTY BY REASON OF SUCH THIRD PARTY HAVING RELIED ON THE PROVISIONS OF THIS INSTRUMENT.

OF THIS INSTRUMENT.			0/4/					
Signed under seal this	8th day of	June	, 2001 (year).					
Signed in the presence of:  Whitess Jennifer W. Camel	<u>l</u> o	AMA Grantor ORLANI	tarianOO CABACCAN	Sinco				
Witness	<del></del>	Attorney-in-Fact	LOLITA CABACCAN	•				
State of Hawaii County of Kauai On June 8, 2001 Orlando Cabaccan	) before me. D	Oorothy M. Duti		. appeared				
personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(%) whose name(%) is/kipe subscribed to the within instrument and acknowledged to me that he/kipe/kipe/ executed the same in his/kipe/kipe/ authorized capacity(kipe); and that by his/kipe/kipe/ signature(%) on the instrument the person(%) acted, executed the instrument.								
WITNESS my hand and official s Signature When the M.	bluty			·				
My Commission Expires:			AffiantKnown_	Produced ID				

(Seal)

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UNOFFICIAL

ESCROW NO.: 1301

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STREET ADDRESS: 5964 NORTH RICHMOND

CITY: CHICAGO

ZIP CODE: 60659

COUNTY: COOK

TAX NUMBER: 13-01-305-020-0000

DOOP OF **LEGAL DESCRIPTION:** 

LOT 106 IN KRENN AND DATO'S POLO GROU'NDS ADDITION TO NORTH EDGEWATER IN THE SOUTHWEST 1/4 OF SECTION 1, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL ount Clart's Office MERIDIAN, IN COOK COUNTY, ILLINOIS.