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ILLINOIS 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 ADVANCE NOTICE TO YOU OR APPROVAL DY 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 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 I IPETIME, EVEN AFTER YOU BECOME DISABLED. THE POWERS YOU GIVE YOUR AGENT ARE EXPLAINED MORE FULLY IN SECTION 3 - 4 OF THE ILLINOIS "STATUTOR!" 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 ATTORNEY made this 2 day of 14 (month) 24 Sor). I,

184 Pring Sign (insert name and address of principal) hereby appoint

184 Pring Sign (insert name and address of principal) hereby appoint

284 Pring Sign (insert name and address of principal) hereby appoint

address of again) as my attorney in-fact (my "again") to act for me and in my name (in my way I could act in person) with respect to the following powers, as defined in Section of the "structy Short Form Power of Attorney for Property Law" (including all amendments), but subject to my limitations on or additions to the specified powers inserted in paragraph or 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 THA? 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.

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 - (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.
 - (h) Social Security, employment and military service benefits.
 - (i) Tax matters.
 - (i) Claims and litigation.
 - (k) A modity and option transactions.
 - (I) Business operations.
 - (m) Bor oving transactions.
 - (n) Estate : to actions.
 - (o) All other property powers and transactions.

(LIMITATIONS ON AND ADDITIONS TO THE AGENT'S POWERS MAY BE INCLUDED IN THIS POWER OF ATTOPMEY IF THEY ARE SPECIFICALLY DESCRIBED BELOW.)

involled eats in beating	of busicality (pers Acres	n may include any me	cific limitations you do
aptropriate, such as a	prohibition of condition	ons on the sale of part	icular stock or real esta
abecen unes on por	rowing by the agent)		
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addition to the pow	ers granted above, I gra	nt my agent the An	Wing nowers there a
sy add sny other de	legable powers including	, without limitation 20	mat to make piffs
ercise powers of s	ppointment, name or	change beneficiaries d	I Junt tenants or revo
ermento serà derest abs	cifically referred to belo	A):	3,
		<u>:</u>	 (),
			7/5:

(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

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SHOULD KEEP THE NEXT SENTENCE, OTHERWISE IT SHOULD BE STRUCK OUT.)

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 IT SENTENCE IF YOU DO NOT WANT YOUR AGENT TO ALSO BE ENTITLED TO REASONABLE COMPENSATION FOR SERVICES AS AGENT.)

My agent of the emitted 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 MANUTER 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 JEGINNING DATE OR DURATION IS MADE BY INITIALING AND COMPLETING STEPLER (OR BOTH) OF THE FOLLOWING:)

This power of strong shall become effective on	. (insert a future date
July 2 2001 Of July of your dist	stality, when you want this
r event during your lifetime, such as court determination of your dis	,
ower to first take effect).	
This power of attorney shall terminate on 07-03-0	(insert a future date
revent, such as court determination of your disability, when you	A lift tors bower to resumme
rrior to your death)	4
(IF YOU WISH TO NAME SUCCESSOR AGENTS, INSERT THE ADDRESS(ES) OF SUCH SUCCESSOR(S) IN THE FOLLOWING	O LYMAGENETY
If any agent named by me shall die, become incompetent, resign of agent, I name the following (each to act alone and anccessively, in the	order named) as naces of (s) to
राष्ट्रम स्वरूप	
For purpo	ues of this paragraph, a
person shall be considered to be incompetent if and while the person incompetent or disabled person or the person is unable to give prumpt business, matters, as certified by a licensed physician.	n is a minor or an adjudicated

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(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 IF YOU DO NOT WANT YOUR AGENT TO ACT AS GUARDIAN.)

If a guardian of my estate (my property) is to be appointed. I nominate the agent acting under this power of receivey as such guardian, to serve without bond or security. I can fully informed as to all the comence of this form and understand the full import of this grant of powers to my agent.

Signed Strum Kakinguer

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

Specimen signatures of agent (and sucreasors)	(agent)	(and micressin)	sgrammes of my agent) are connect. College of (principal)
XIIII	(anccessor afters)		(principal)
/	(successor agent)	25	(principal)

(THIS POWER OF ATTORNEY WILL NOT BE EFFECTIVE UPLESS IT IS NOTARIZED AND SIGNED BY AT LEAST ONE ADDITIONAL WITNESS USING THE FORM BELOW.)

State of <u>Illinois</u>) SS
County of <u>Cook</u>

The undersigned, a notary public in and for the above county and state, certifies that

I ma Rodinara, known to me to be the same person whose name is subscribed as

principal to the firegoing power of attorney, appeared before me and the additional witness in

person and acknowledged signing and delivering the instrument as the free and voluntary act of the

principal, for the uses and purposes therein, set fonts, and certified to the correctness of the

signature(s) of the agent(s)). Dated:

(SEAL)

Rence Halperin

"OFFICIAL SEAL"
Renee Halperin
Notary Public, State of Illinois
My Commission Exp. 04/01/2005

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Notary Public My commission expires 4-1-05. The undersigned witness certifies that access the participant to me to be the same person whose name is subscribed as principal to the foregoing power of snormey, appeared before me and the notary public and acknowledged signing and delivering the instrument as the free and voluntary act of the principal, for the uses and purposes therein set furth. I believe him or her to be of sound mind and memory. Reace Halperin Dated: JUL - 2 2001 (SEAL) Renee Halperin Notary Public, State of Illinois (THE NAME AND ADDRESS OF THE PERSON PREPARING THIS FORM SHOULD HE 12005 INSERTED IS THE AGENT WILL HAVE POWER TO CONVEY ANY INTEREST IN REAL ESTATE.) This document was programed by: Q Mail to Canacho Colors Co

CIAL COPY STREET ADDRESS: 484 PFINGSTEN FOA

CITY: NORTHBROOK

TAX NUMBER: 04-05-404-020-0000

LEGAL DESCRIPTION:

LOT 6 IN BLOCK 1 IN MANUS NORTH SHORE ESTATES, BEING IN THE EAST 1/2 OF THE SOUTHEAST 1/4 OF SECTION 5, TOWNSHIP 42 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

Property of Cook County Clark's Office

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