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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 BY YOU. THIS FORM DOES NOT EMPOSE 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 SIGNIPICANT 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 COAGENTS. 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 PULLY IN SECTION 3-4 OF THE ILLINOIS "STATUTORY 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 DIPPERENT 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 22 day of September, 2001.



1. 1, sleit W. Murphy, residing at 6359 St. James Court, Burr Ridge, Illinois, 60521, hereby appoint Don a N. Murphy, whose address is 6359 St. James Court, Burr Ridge, Illinois 60521, 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 indowing powers, as defined in Section 3-4 of the "Statutory Short Form Power of Attorney for Property I ave" (including all amendments), but subject to any limitations on or additions to the specified powers incerted 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) Tangible personal property
- Sefe deposit box transaction:
- (f) Insurance and an ity transaction
- (h) Godiel Security, of an year and
- military service by
- (i) Tax matters:
- (j) Claims and litigation:
- (k) Commendity and option transactions
- (1) Dissiness operations:
- (m) Borrowing transactions
- (n) Datate 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 or real estate or special rules on borrowing by the agent):

None.

In addition to the powers granted above, I grant my 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):

None.

(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.)

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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 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 OF 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. [X] This power of attorney shall become effective on execution.

  (insert a future date or event do in your lifetime, such us court determination of your disability, when you want this power to first take effect)
- 7. [X] This power of attorney shall terminate on December 31, 2001.

  (insert a future date or event, such as court down ination of your disability, when you want this power to terminate prior to your death)...

(IF YOU WISH TO NAME SUCCESSOR AGENTS, INCERT 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:

(a)	*
( <del>4)</del> /L\	 
(b)	 
ذم)	-
(C)	<del></del>

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 QUARDIAN 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. I' I IE COURT WILL APPOINT YOUR AGENT IF THE COURT PINDS THAT SUCH APPOINTMENT WILL SERVE YOUR BEST INTERESTS AND WRIFARE. 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.0
- 10. I am fully informed as to all the contents of this form and understand the full import of this grant of powers to my agent.

Dated	9/22/01	my w.	Murghy
		Principal	

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(THIS POWER OF ATTORNEY WILL NOT BE EFFECTIVE UNLESS IT	IS NOTARIZED AND SIGNED BY AT LEAST ONE ADDITIONAL
WITNESS USING THE FORM BELOW.)	·
STATE OF ILLINOIS )	·
COUNTY OF COOK )	
,	
The undersigned, a notary public in and for the Murphy, known to me to be the same person whose a power of attorney, appeared before me and the and power of attorney, appeared before me and the and signing and delivering the instrument as the first and purposes therein we forth. Notary Public, State of My Commission Expires 9	Middle witness in person and acknowledged by a light witness in person and acknowledged by a light witness and linois.
Dated 9 22 01 [Scal]	Grace Badocha
Notar	y Public
The undersigned witness certifies that Neil W. Murname is subscribed as principal to the foregoing protary public and acknowledged signing and delive of the principal, for the uses and purposes therein seand memory.	ower of attorney, appeared before me and the
and memory.	
Dated: 9-22-01 Witne	mult poly
THE NAME AND ADDRESS OF THE PERSON PREPARING THIS FOR	
This document was prepared by: Jennifer Ann Esp	Northbrook, Illinois 600-2
(YOU MAY, BUT ARE NOT REQUIRED TO, REQUEST YOUR A SIGNATURES BELOW, IF YOU INCLUDE SPECIMEN SIGNATURES CERTIFICATION OPPOSITE THE SIGNATURES OF THE AGENTS.)	150
Specimen signatures of agent (and successors).	I certify that the signature of my agent (ar.6 successors) are correct)
Agent	Principal Principal
Agent	Principal

STREET ADDRESS: 6359 SUMES OF FICIAL COPY 52334 Page 4 of 4 CITY: BURR RIDGE

COUNTY: COOK CITY: BURR RIDGE

TAX NUMBER: 18-19-102-010-0000

## **LEGAL DESCRIPTION:**

LOT 19 IN THE HEATHERFIELDS OF BURR RIDGE UNIT 1, BEING A SUBDIVISION IN THE NORTHWEST 1/4 OF SECTION 19, TOWNSHIP 38 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK ILLINOIS.

Property of Cook County Clark's Office