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

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Cook 1093 22094069 NB 1	
(The place above for Recorders use only)	ວ
Legal Description: See attached Legal Description	51
This Power of Attorney is being created for the purpose of refinancing the property located at	<i>)</i> /
Street Address: 2.154 Clover Road City Northbrook, J. 60062	
Permanent tax index #.	
(The above can be deleted it real state not subject to the Power of Attorney.)	
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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 OF PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. THIS FORM DOESNOT IMPOSE A DUTY ON YOUR AGENT TO EXERCISE GRANTED POWERS; BUT WHEN POWERS ARE EXERCISED, YOUR ACENT WILL HAVE TO USE DUE CARE TO ACT FOR YOUR BENEFIT AND IN ACCORDANCE WITH THIS FORM AND NELD A RECORD OF RECEIPTS, DISBURSEMENTS AND SIGNIFICANT ACTIONS TAKEN AS A AGENT. A COURT CAN TOKE 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 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 MAYED FULLY IN SECTION 3-4 OF THE ILLINOIS "STARUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY LAW" 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 ATT	ORNEY made this	day of	
•	(same day as Effective Date)	(month)	(year)
1. I, Leslie S. H			9,
(insert name and address of Prin	ncipal (person needing	g the POA))
hereby appoint: Robert H.	Resis		
(insert name and address of Age	ent (person who will b	e signing on behalf of Pri wipal))

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.
- (h) Social Security, employment and military service benefits.
- (i) Tax matters.
- (j) Claims and litigation.
- (k) Commodity and option transactions.
- (l) Business transactions.
- (m) Borrowing transactions.
- (n) Estate transactions.
- (o) All other property powers and transactions.

(LIMITATIONS ON AND ADDITION: TO THE AGENT'S POWERS MAY BE INCLUDED IN THIS POWER OF ATTORNEY IF THEY ARE SPECIFICIALLY DESCRIBED BELOW.)

New A. Posts
Not Applicable
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In addition to the powers granted above, I grant my agent the rollowing 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):
other delegable powers including, without limitation, power to make gifts, exercise powers o appointment, name or change beneficiaries or joint tenants or revoke or amend any trust specifically

The powers granted above shair not include the following powers or shall be modified or limited in the

(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 on
September 19, 2002
(insert a future date or event during your lifetime, such as court determination of your disability, when you want this
power to first take effect)
G. (SEE) This access of attempts shall terminate on
7. (XX) This power of attorney shall terminate on
September 20, 2002
(insert a date or event, with as a 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 PARAGRAP 1.)
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 at alone and successively, in the order named) as successor(s) to such agent:
Not Applicable
For purposes of this paragraph 8, a person shall be considered to be incompetent if and while the person is a minor or an
the transfer of the blad person or the person is unable to give prompt and intelligent consideration to
business matters, as certified by a licensed physician (IF 1/01) WISH TO NAME YOUR AGENT AS GUARDIAN OF
YOUR ESTATE, IN THE EVENT A COURT DECIDED THAT ON! SHOULD BE APPOINTED, YOU MAY, BUT ARE NOT REQUIRED TO, DO SO BY RETAINING THE FOLLOWING PARAGRAP I. THE COURT WILL APPOINT YOUR AGENT IF
THE COURT FINDS THAT SUCH APPOINTMENT WILL SERVE YOUR 3FST INTERESTS AND WELFARE. STRIKE OUT
PARAGRAPH 9 IF YOU DO NOT WANT YOUR AGENT TO ACT AS GUA! (DIAN.)
9. If a guardian of my estate (my property) is to be appointed, I now nate the agent acting under this power
of attorney as such guardian, to serve without bond or security.
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.
Signed: XX Keslie S. Hermin
(principal)
(YOU MAY, BUT ARE NOT REQUIRED TO, REQUEST YOUR AGENT AND SUCCESSOR AGENTS TO PROVIDE
SPECIMEN SIGNATURES IN THIS POWER OF ATTORNEY, YOU MUST COMPLETE THE CERTIFICATION OFFOSITE
THE SIGNATURES OF THE AGENTS.)
Specimen signatures of agents (and successors) I certify that the signatures of my agent
(and successors are correct)
XXXX(principal)
(agent) (principal)
XX N/A XX (successor agent) (principal)
(successor agent) (principal)

. . .

C/x

Ta

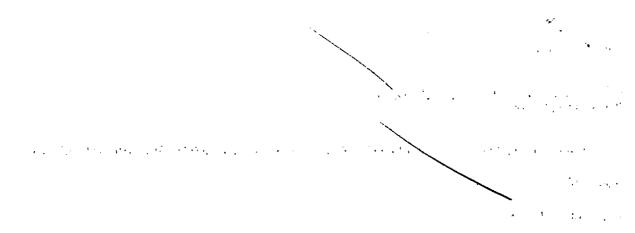
FFICIAL COPY Balamone (THIS POWER OF ATTORNEY WILL NOT BE EFFECTIVE UNLESS IT IS NOTORIZED, USING THE FORM BELOW.) State of Illinois) ss. County of <u>Cook</u> I, the undersign de Notary Public in and for the said County in the State of aforesaid, Do Hereby Certify that Leslie 5. Herman personally known to me to be the same person whose name is subscribed as Principal to the fore 301 ng Power of Attorney, appeared before me, and the additional witness, this day in person, and acknowledged signing an I delivering the instrument as the free and voluntary act of the principal, for the uses and purposes therein set forth. 19, 2002 Dated: Sept. "OFFICIAL SEAL" 08/20 /03 Commission Expires Office Notary Public, State of Illihola My Commission Expires 09/26/03 Andreas Property of the Control of t Robert Resis

Prepared by and when Recorded mail to:

Name:

Street Address: 2154 Clover Road

City, St, Zip: Northbrook, IL 60067



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. "CHICAGO TITLE INSURANCE COMPANY

ORDER NUMBER: 1401 008044315 NA STREET ADDRESS: 2154 CLOVER ROAD

CITY: NORTHBROOK COUNTY: COOK

TAX NUMBER: 04-17-412-003-0000

LEGAL DESCRIPTION:

LOT 28 IN RAMSGATE SOUTH, BEING A SUBDIVISION IN THE SOUTHEAST 1/4 OF SECTION TODORTH OF COOK COUNTY Clark's Office 17, TOWNSHIP 42 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINGIS.

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