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

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232201
(The place above for Recorders use only) Legal Description: See attached Legal Description
This Power of Attorney is being created for the purpose of refinancing the property located at:
Street Address: 3022 W. PRATT City CHICAGO, II 60645
Permanent tax index # 10-36-121-042-0000
(The above can be deleted in real estate not subject to the Parts of Attorney.)
(NOTICE: THE PURPOSE OF THE 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 DOESNOT 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 A AGENT. A COURT CAN TAKE 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 MORE FULLY IN SECTION 3-4 OF THE ILLINOIS "STARUTORY SHORT FORM POWER OF ATTORNEY FOR PROPEPTY 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 ATTORNEY made this 4th day of Storenser 2007.
(same day as Effective Date) (month) (year)
1. I, RACHEL LAVENDA (insert name and address of Principal (person needing the POA))
(insert name and address of Agent (person who will be signing on behalf of frincipal))
hereby appoint: STEVEN N. LAVENDA (insert name and address of Agent (person who will be signing on behalf of Frincipal)) 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 following powers, as defined in section 3-4 of the "Statutory Short Form Power of Attorney for Property (including all amendments), but subject to any limitations on or additions to the specific powers inserted in paragraph 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.)

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agent):

yay	Real estate transactions.	
(b)	Financial institution transactions. 21034262	
(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.	
(1)	Busi less transactions.	
(m)	Borrowing transactions.	
(n)	Estate transections.	
(0)	All other property powers and transactions.	
(LIMITATIO	NS ON AND ADDITIONS TO THE AGENT'S POWERS MAY BE INCLUDED IN THIS POWER OF ATTORNE	Y
	E SPECIFICIALLY 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	

Not Applicable	
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prohibition or conditions on the sale of particular stock or real estate or special rules on borrowing by the

3. 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 ravoke or amend any trust specifically referred to below):

Not Applicable	T '
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(YOUR AGENT WILL HAVE AUTHORITY TO EMPLOY OTHER PERSONS AS NECESSARY TO EN'BLE 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.

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
09/10/02 (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)
7. (XX) This power of attorney shall terminate on
<u>10/10′02</u>
(insert a date or event, such 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 stall 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:
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 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 GUARDIAN OF YOUR ESTATE, IN THE EVENT A COURT DECIDED THAT ONE 3HOULD 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 PAST INTERESTS AND WELFARE. STRIKE OUT PARAGRAPH 9 IF YOU DO NOT WANT YOUR AGENT TO ACT AS GUAFD'AN.)
 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.
10. I am fully informed as to all the contents of this form and understand are full import of this grant of powers to my agent. Signed: XX Factor (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 OPPOSITE THE SIGNATURES OF THE AGENTS.)
Specimen signatures of agents (and successors) I certify that the signatures of my agent (and successors are correct) XX
XX N/A XX (principal)

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(THIS POWER OF ATTORNEY WILL NOT BE EFFECTIVE U	NLESS IT IS NOTORIZED, USING THE FORM BELOW.)
State of Illinois)	
) ss. County of)	
I, the undersigned a Notary Public in and for the said County Rugue Dersonally known to Principal to the foregoing Power of Attorney, appeared before acknowledged signing and delivering the instrument as the purposes therein set forth.	o me to be the same person whose hand is substituted as the and the additional witness, this day in person, and
Dated: 9/9/2002	mot ability
	Notary Signature OFFICIAL SEAL
900	Commission Figures 三 写文HULTZ MOTIFY PUBLIC, STATE OF ILLINOIS MOTIFY PUBLIC STATE OF ILLINOIS MOTIFY PUBLIC STATE OF ILLINOIS
(Space for Notary Seal above)	Common
Prepared by and when Recorded mail to. Name: Street Address: City, St, Zip:	County Clark's Office
	Co

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05-61-29059

RIDER - LEGAL DESCRIPTION

Parcel 1: The East 22.06 feet (measured along the most Southerly line) of that part of Lot 8 lying West of a line drawn perpendicular to the most Southerly line of said lot and drawn through a point 70.29 feet East of the most Southerly Southwest Jorner of said Lot 8 (except the South 46 feet thereof) in Block 1 in College Green Subdivision of part of the West 1/4 of the Northwest 1/4 of Section 36, Township 41 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois.

Parcel 2: Easement over the Nor'h 46 feet of Lot 8 aforesaid for the benefit of Parcel 1 as set forth in the Declaration of Easements and Rescrictive Covenants dated March 28, 1962 and recorded April 23, 1962 as document 18454951 and shown on the rlat attached thereto made by the Exchange National Bank of Chicago, as trustee, under Trust Agreement dated December 1, 1959 and known as Trust Number 10540 and amendments to said Declaration dated September 18, 1962 and recorded September 18, 1962 as document 18594177 and as further amended by instrument recorded July 31, 1964 as document 19201621 and as created by Deed from Winston Gardens, Inc. To Home Federal Savings and Loan Association of Chicago dated April 7, 1975 and recorded May 7, TOURNEY CLORES OFFICE 1975 as document 23074704, all in Cook County, Illinois.

10-36-121-042