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2002-10-18 08:08:37

Cook County Recorder

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MARCIA L. SABESIN

561 W. DIVERSEY #200
CHICAGO, IL 60614



ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

(NOTICE: THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON 'OU DESIGNATE (YOUR "AGENI", 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 OF APPROVAL BY YOU. THIS FORM DOES NOT IMPOSE A DUTY ON

YOUR AGENT TO EXERCISE GRANIED TOWERS; 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, DISBURSEMEN'S AND SIGNIFICANT 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 CO-AGENTS. UNLESS YOU EXPRESSLY LIMIT THE DURATION OF THIS POWER IN THE MINIMER 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 LIFETIMF, EVEN AFTER YOU BECOME DISABLED. THE POWERS YOU GIVE YOUR AGENT ARE EXPLAINED MORF FULLY IN SECTION 3-4 OF THE ILLINOIS "STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROJECTLY LAW" OF WHICH THIS FORM IS A PART (SEE THE BACK OF THIS FORM). THAT LAW EXPRESSLY PRESITS THE USE OF ANY DIFFERENT FORM OF POWER OF ATTORNEY YOU MAY DESIRE. IF THERE IS AN THING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU.)

POWER OF ATTORNEY made this _____ day of September, 2002.

1. I, Priscilla Zielonka, of 5342 W. Barry, Chicago, IL 60641

hereby appoint

Martin Zielonka of 5919 Ancient Oaks Dr., Humble, TX 77346

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 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 specified powers inserted 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 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) Claim and litigation.
- (k) Commodity and option transactions.
- (1) Business operations.
- (m) Puriowing transactions.
- (n) Estate transactions.
- (o) All coler 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 of special rules on borrowing by the agent):

3. In addition to the powers granted above I grant my agent the following	powers
at the state of the delegable newers including, without limitation, po	wer co
with rifts overgice powers of appointment, lame or change beneficiaries of	joint
tenants or revoke or amend any trust specifically referred to below):	

(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 my 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 actorney 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 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 BEGINNING DATE OR DURATION IS MADE BY INITIALING AND COMPLETING EITHER (OR BOTH) OF THE FOLLOWING:)

6. (This power of attorney shall be instrument. (Insert a future date or event determination of your disability, when you wan	ecome effective <u>upon execution of this</u> during your lifetime, such as court this power to first take effect)
7. (This power of attorney shall term for the gale of the property commonly known (Insert a future date or event, such as a cour you want this power to terminate prior to your	t determination of your disability, when
(IF YOU WISH TO NAME SUCCESSOR AGENTS, INSE SUCCESSOR(S) IN THE FOLLOWING PARAGRAPH.)	RT THE NAME(S) AND ADDRESS(ES) OF SUCH
8. If any agent named by me shall die, become the office of agent, I name the following (ear order named) an successor(s) to such agent:	incompetent, resign or refuse to accept the to act along and successively, in the
- 04	
For purposes of this paragraph 8, a person s and while the person is a minor or an adjudithe person is unable to give prompt and intell as certified by a licensed physician.	cated incompetent or disabled person or
(IF YOU WISH TO NAME YOUR ACENT AS GUARDIAN DECIDES THAT ONE SHOULD BE APPOINTED, YOU I RETAINING THE FOLLOWING PARAGRAPH. THE COURFINDS THAT SUCH APPOINTMENT WILL SELVE YOUR PARAGRAPH 9 IF YOU DO NOT WANT YOUR IGENT TO A	MAY, BUT ARE NOT REQUIRED TO DO SO BY TO WILL APPOINT YOUR AGENT IF THE COURT BEST INTERESTS AND WELFARE. STRIKE OUT
9. If a guardian of my estate (my property) acting under this power of attorney as suscerity.	is to be appointed, I nominate the agent the guardian, to serve without bond or
10. I am fully informed as to all the contemport of this grant of powers to my agent.	nt. If this form and understand the full
Signed	Priscilla zelon ha
(YOU MAY, BUT ARE NOT REQUIRED TO, REQUEST YOU SPECIMENT SIGNATURES BELOW. IF YOU INCLUDE ATTORNEY, YOU MUST COMPLETE THE CERTIFICATION	SPECIMEN SIGNATURES IN THIS POWER OF
Specimen signatures of Agent (and successors)	I certify that the signatures of my agent (and successors) are correct.
(agent)	(principal)
(successor agent)	(principal)
(successor agent)	(principal)

(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	Texus)	
County of	Harris)	SS.

The undersigned, a notary public, in and for the above county and state, certifies that <u>PRISCILLA ZIELONKA</u>, known to me to be the same person whose name is subscribed as principal to the foregoing 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 forth, and certified to the correctness of the signature(s) of the agent(s).

8	Dated:
	Notary Public, State of Texas My Co. and Ston Expires July 1, 203
	My Co. nh. Islan Expires July 1, 2, 33

Joak, Broomas

Notary Public

My commission expires:

The undersigned witness certifics that <u>PRISCILLA ZIELONKA</u>, known to me to be the same person whose name is subscribed as principal to the foregoing power of attorney, 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 forth. I believe him or not to be of sound mind and memory.

Dated: 4-16-02

July Collis 9-16-00

(THE NAME AND ADDRESS OF THE PERSON PREPARING THIS FOR' CHOULD BE INSERTED IF THE AGENT WILL HAVE POWER TO CONVEY ANY INTEREST IN REAL ESTATE

This document was prepared by:

MARCIA L. SABESIN, ESQ., 561 W. Diversey Pkwy., Suite 200, Chicago, L 60614-1682.

The requirement of the signature of an additional witness imposed by the amendatory Act of the 91^{st} General Assembly applies only to instruments executed on or after the effective date of June 9^{th} , 2000. (P.A. 86-736.)

Legal Description:

Lot 26 in Block 2 in Cepek, Cermak and Friedl's Subdivision of Lots 2, 3, 6, 7 and 10 of Kerfoot's Subdivision of the East 1/2 of the Northwest 1/4 of Section 28, Township 40 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois.

Property address: 5342 W Barry Chicago, Illinois 60641

Property or Cook County Clerk's Office