RightFAX

Cook County Recorder

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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 REA'L OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY 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 ACTING PROPERLY. YOU WAY 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 LITETIME, EVEN AFTER YOU BECOME DISABLED. THE POWERS YOU GIVE YOUR AGENT ARE EXPLAINED MORE FULLY IN SECTION 3 - 4 OF THE ILLINOIS "STATUTORY SHORT" FORM POWER OF ATTORNEY FOR PROPERTY LAW" OF WHICH THIS FORM US A PART (SEE THE BACK OF THIS FORM). THAT LAW EXPRESSLY PERMITS THE USF 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 15 day of Octobershith) 2012 (year). I, Atriga'l & Roche (insert name and address of principal) hereby appoint:

Brah P. Roche (insert name and address of agent) 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 - 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 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 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.

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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) Tay ma ters.
- (j) Claims and litigation.
- (k) Commodity and option transactions.
- (I) Business operations.
- (m) Borrowing transactions.
- (n) Estate 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 1HLY ARE SPECIFICALLY DESCRIBED BELOW.)

the powers granted above shall not include the following powers or shall be modified or mited in the following particulars (here you may include any specific limitations you deem ppropriate, such as a prohibition or condition. On the sale of particular stock or real estate respecial rules on borrowing by the agent):

in addition to the powers granted above, I grant my agent the following powers there you hay add any other delegable powers including, without limitation, power to make vifts
xercise powers of appointment, name or change beneficiaries or joint tenants of revoke ramend 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

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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 ACE T WILL BE ENTITLED TO REIMBURSEMENT FOR ALL REASONABLE EXPENSES D'CURRED 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.)

My agent shall be entitled to reasonable compensation for services rendered as agent under this power of attorney.

(THIS POWER OF ATTORNEY M/Y BE AMENDED OR REVOKED BY YOU AT ANY TIME AND IN ANY MANNER. ABSEL I AMENDMENT OR REVOCATION, THE AUTHORITY GRANTED IN THIS POWEL OF ATTORNEY WILL BECOME EFFECTIVE AT THE TIME THIS POWER IS SIGNED AND WILL CONTINUE UNTIL YOUR DEATH UNLESS A LIMITATION ON THE BEGINNING LATE OR DURATION IS MADE BY INITIALING AND COMPLETING EITHER (OR BOTH) OF THE FOLLOWING:)

This power of attorney shall become effective on

10-15-62	(insert a future date
or event during your lifetime, such as court determination o	of your disability, when you want this
power to first take effect).	Op,
(Whis power of attorney shall terminate on 10-17-02	(insert 2 luture date
or event, such as court determination of your disability, w prior to your death)	then you want this power to ten inat !
(IF YOU WISH TO NAME SUCCESSOR AGENTS, INS	SERT THE NAME(S) AND
ADDRESS(ES) OF SUCH SUCCESSOR(S) IN THE FOL	LLOWING PARAGRAPH.)
If any agent named by me shall die, become incompetent, agent, I name the following (each to act alone and successive such agent:	-
	or purposes of this paragraph, a
person shall be considered to be incompetent if and while the incompetent or disabled person or the person is unable to give business matters, as certified by a licensed physician.	-
oceaniese mancia, as comment by a necited physician.	

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(IF YOU WISH TO NAME YOUR ACIENT 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.)

PARAGRAPH IF YOU DO NOT WANT YOUR AGENT TO ACT AS GUARDIAN.) If a guardiar, of my estate (my property) is to be appointed, I nominate the agent acting under this power of attornyy as such guardian, to serve without bond or security. 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 (principal) (YOU MAY, BUT ARE NOT REQUIRED TO, REQUEST YOUR AGENT AND SUCCESSOR AGENTS TO PROVIDE SPECIMEN SIGNATURES BELOW. IF YOU INCLUDE SPECIMEN SIGNATURES IN THIS FOWER OF ATTORNEY, YOU MUST COMPLETE THE CERTIFICATION OPPOSITE THE SIGNATURES OF THE AGENTS.) Specimen signatures of I certify that the signatures of my agent agent (and successors) (and successors) are correct, (agent) (principal) (successor agent) (principal) (successor agent) (principal) (THIS POWER OF ATTORNEY WILL NOT BE EFFECTIVE UNLESS IT IS NOTAPIZED AND SIGNED BY AT LEAST ONE ADDITIONAL WITNESS, USING THE FORM BELOW.) The undersigned, a notary public in and for the above county and state, certifies that Abiaai K. Pecheknown 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)). Dated: 10/1:5/2002 (SEAL) monthme faille

OFFICIAL SEAL

MARI ANNE MILLER

NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 4-11-2006

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Notary Public		
My commission expires 4/11/2006. The undersigned witness certifies that		
Abigail k. Rechaewn 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 first land 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 her to be of sound mind and memory.		
Dated: 10/15/02 (SEAL) OFFICIAL SEAL		
MARI ANNE MILLER		
Witness NOTARY PUBLIC, STATE OF ILLINOIS MY COMMISSION EXPIRES 4-11-2006		
(THE NAME AND ACCRESS OF THE PERSON PREPARING THIS FORM SHOULD BE		
INSERTED IF THE AGENT WILL THINE POWER TO CONVEY ANY INTEREST IN REAL		
ESTATE.)		
This document was prepared by:		
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