POWER OF ATTORNEY made this 26 day of UCTOBER (month) 2002 I, Jennifer Dyer, hereby appoint: Judy L. DeAngelis, 767 Walton Lane, Grayslake, Illinois 60030, 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 envilimitations 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.
- -(b) Financial institution-transactions

- (b) Finance
 (c) Stock and bond and (d) Tangible personal property transactions.
 (e) Safe deposit box transactions.
 (1) Insurance and annuity transactions.
 (g) Retirement plan transactions.
 (h) Social Security, employment and military service benefits.
 (1) Tax matters.

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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):

Execute and deliver any and all documents necessary to procure the mortgage from RBC Mortgage for the proceeds of which are to be used to purchase the real estate commonly known as 2023 Grove Street, Glenview, Illinois 60025, Cook County.

These powers will continue to exist even if I become disabled or incompetent.

BOX 333-CTI

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):

See Legal Description and PIN # Attached as Exhibit A

(YOUR AGENT WILL HAVE AUTHORITY TO EMPLOY OTHER PERSONS AS NECESSARY TO ENABLE THE AGENT TO PROPERLY EXERCISE THE POWERS GRANTED DESCRIPTION OF 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.)

My agent shall have the light by written instrument to delegate any or all of the foregoing powers involving discretion by 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 SER ICES AS AGENT.)

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 DECOME 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 FOLLOW ING.) ()This power of attorney shall become effective on October 30, 2002 (insert a future Late or event during your lifetime, such as court determination of your disability, when you want this, power to first take effect).

()This power of attorney shall terminate on November 8, 2002 (insert a future date or event, such as court determination of your disability, when you want this power to terminate prior to your death)

(THIS POWER OF ATTORNEY WILL NOT BE EFFECTIVE UNLESS IT IS NOTARIZED AND SIGNED BY AT LEAST ONE ADDITIONAL WITNESS, USING THE FORM BELOW.)

Dated 10/24/02 (SEAL) Sent of Principal

State of IL			
County of Cook)SS.		
The undersigned, a notary that <u>JENNIFER</u> <u>DYER</u> subscribed as principal to the forwitness in person and acknowled act of the principal, for the uses the signature(s) of the agent(s)	known to bregoing power of atto dged signing and deliver and purposes therein	me to be the same peorney, appeared before neering the instrument as t	rson whose name is ne and the additional he free and voluntary
Dated: 10/28/02 (SEA	L) Utt My com	*NOTAR	Notary Public OFFICIAL SEAL VITA MARINELLI Y PUBLIC, STATE OF ILLINOIS IMISSION EXPIRES 4-22-2006
The undersigned witness certification whose name is subscribed me and the notary public and a voluntary act of the principal, for sound mind and memory. Dated: (D) 8 02 (SEAL)	ed as principal to the focknowledged signing or the uses and purpos	known to bregoing power of attor and delivering the instruction set forth. I be	o me to be the same rney, appeared before ament as the free and lieve him or her to be
		Ts	

THE NAME AND ADDRESS OF THE PERSON PREPARING THIS FORM SHOULD BE INSERTED IF THE AGENT WILL HAVE POWER TO CONVEY ANY INTEREST IN REAL ESTATE.)

This document was Prepared By and Mail To: Judy DeAngelis

767 Walton Lane Grayslake, IL 60030

STREET ADDRESS: 2023 GROVE SMEED FFICIAL COPY COUNTY: COOK

CITY: GLENVIEW

TAX NUMBER: 04-35-110-002-0000

LEGAL DESCRIPTION:

LOT 9 IN BLOCK 1 IN PALMGREN'S SUBDIVISION OF BLOCKS 7 AND 18 IN OAK GLEN, A SUBDIVISION OF THE SOUTH 1/2 OF THE NORTHWEST 1/4 OF SECTION 35, TOWNSHIP 42 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS