UNOFFICIAL COMPART

2003-01-06 10:13:10

RECORDEN ILLINOIS STATUTORY SHORT FORM Recorder EUGENE "GENE" MISORPOWER OF ATTORNEY FOR PROPERTY



HINDGEVIEW BEFISE (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 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 MAY 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 LIFETIME, 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 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 // day of December (month) 2003. (vear). I, PHIIII Siciliano ..., (insert name and address of principal) hereby appoint: ELIZABETH SICILIANO. (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.

_ cook county

TICOR TITLE 500783

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and the second second

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 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 REASON. BLE 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 ATTCKNEY MAY BE AMENDED OR REVOKED BY YOU AT ANY TIME AND IN ANY MANNER. ABSENT AMENDMENT OR REVOCATION, THE AUTHORITY GRANTED IN THIS LOVER OF ATTORNEY WILL BECOME EFFECTIVE AT THE TIME THIS POWER IS SIGNED AND WILL CONTINUE UNTIL YOUR DEATH UNLESS A LIMITATION ON THE BEGLINING DATE OR DURATION IS MADE BY INITIALING AND COMPLETING EITHER (OR DOTH) OF THE FOLLOWING:)

() This power of attorney shall become effective on	
11 DECEMBER 2002	(insert a future date
or event during your lifetime, such as court determination of your disability, w	when you want this
power to first take effect).	
() This power of attorney shall terminate on	,
17 DECEMBER 2002 T	insert a future date
or event, such as court determination of your disability, when you want this prior to your death)	power to terminate
(IF YOU WISH TO NAME SUCCESSOR AGENTS, INSERT THE NAMI ADDRESS(ES) OF SUCH SUCCESSOR(S) IN THE FOLLOWING PARA	E(S) AND GRAPH.)
If any agent named by me shall die, become incompetent, resign or refuse to agent, I name the following (each to act alone and successively, in the order natural such agent:	o accept the office of amed) as successor(s) to
For purposes of the state of the stat	nis paragraph, a
person shall be considered to be incompetent if and while the person is a mincompetent or disabled person or the person is unable to give prompt and intelligence.	inor or an adjudicated

business matters, as certified by a licensed physician.

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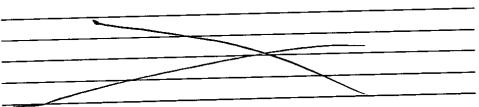
- (b) Financial institution transactions.
- (c) Stock and bond transactions.
- (d) Tangible personal property transactions.
- (e) Safe deposit box transactions.
- (f) Insurance and annuity transactions.
- (g) Retirement plan transactions.
- (h) Social Security; employment and military service benefits.
- (i) Tax matters.
- (j) Claims and litigation.
- (k) Commodity and option transactions.
- (l) 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 ATTORNLY IF THEY ARE SPECIFICALLY DESCRIBED BELOW.)

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 condition; on the sale of particular stock or real estate or special rules on borrowing by the agent):

or special rules of	1 portowing by me	agent).			
D= 1 2 5 7	ATE TRANSI	4 CTION	PON)HE	 ; .
Property	LOCATED	QT.	1517 W	GRAND	AUE
CHG Id.	60622.				·
,					·
PIN #	17-08-	130 -	006-00	<u> </u>	<u>—</u> ·
				6.70	

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):



(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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TICOR TITLE INSURANCE COMPANY

ORDER NUMBER: 2000 000500783 OC STREET ADDRESS: 1517 W GRAND AVE

CITY: CHICAGO COUNTY: COOK COUNTY

TAX NUMBER: 17-08-130-006-0000

LEGAL DESCRIPTION:

LOT 7 IN WALLER'S SUBDIVISION OF BLOCK 16 IN BICKERDIKE'S ADDITION TO CHICAGO THE TI.

COOK COUNTY CLERK'S OFFICE BEING OF THE WEST 1/2 OF THE NORTHWEST 1/4 OF SECTION 8, TOWNSHIP 39 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

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	Notary Public
	My commission expires <u>07-21-05</u> . The undersigned witness certifies that
	THILLY SICILILIANDE, 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 her to be of sound an inchange and a set and
	O "OFFICIAL SEAL"
	Dated: 12-11-2007 (SEAL)
X	- Witness COMMISSION FYFIRES 07/21/03
	Tim Paulo
	(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:
	MAIL TO THILLA. Siciliano.
	1517 WEST GRANN AUR
	1517 WEST GRAND AUR
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	CARLAGO ILLINOIS 60622
	CARCAGO FLUNOIS 60622
	CARCAGO FLUNOIS 60622
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