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2003-04-01 15:21:18
Cook County Recorder 34.00

Record & Return to: Community Banc Mortgage LLC 3055 Weber Drive Aurora, IL 60504



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 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 DUI: 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 COAGENTS. 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 LESIPE. IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU.)

LOT 10 AND 11, IN BLOCK 1 IN "LINCOLN HIGHLANDS" A SUBDIVISION OF THE WEST 1/2 OF THE NORTHEAST 1/4 OF SECTION 19, TOWNSHIP 35 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN (EXCEPT THE EAST 514.25 FEET OF THE NORTH 3/4 OF THE NORTH 1/2 OF THE WEST 1/2 OF THE NORTHEAST 1/4 OF SAID SECTION AND EXCEPT THAT PART OF THE NORTH 993.79 FEET OF THE WEST 1/2 OF THE NORTHEAST 1/4 OF SAID SECTION WHICH LIES WEST OF THE EAST 682.25 FEET OF THE WEST 1/2 OF THE NORTHEAST 1/4 OF SAID SECTION) IN COOK COUNTY, ILLINOIS.

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(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.
(e) Stock and bord the sactions.
(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 services benefits.
(i) Tax matters.
(j) Claims and litigation.
(k) Commodity and option transactions. Marylane Caracter
(1) Business operations not stricken x Marylanne Caratha (m) Borrowing transactions.
(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 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 or special rules on borrowing by the agent):



3. In addition to the powers	granted above, I grant m	ny agent the foll	owing powers	(here you may
add any other delegable pov	wers including, without l	imitation, power	r to make gifts,	exercise
powers of appointment, nar	ne or change beneficiarie	es or joint tenant	ts or revoke or	amend any
trust specifically referred to	below):	-		-
	,			
	M/ A			

(YOUR AGENT WILL HAVE AUTHORITY TO EMPLOY OTHER PERSONS AS NECESSARY TO FNABLE 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-meking 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 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 become effective on MARCH 7, 2003 (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. () This power of attorney shall terminate on . APRIL 30, 2003 (insert a future date or event, such as 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 PARAGRAPH.)



8. If any agent named by me shall 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:
N/A
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, a certified by a Feensed physician. (IF YOU WISH TO NAME YOUR AGENT AS GUARDIAN OF YOUR EST AFE, 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 CUT PARAGRAPH 9 IF YOU DO NOT WANT YOUR AGENT TO ACT AS GUARDIAN.) 9. If a guardian of my estate (my proper v) 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 the full import of this grant of powers to my agent.
Signed Mary anne Carpenter (principal) MARY ANNE CARPENTER
(YOU MAY, BUT ARE NOT REQUIRED TO, REQUEST YOU'S AGENT AND SUCCESSOR AGENTS TO PROVIDE SPECIMEN SIGNATURES PELOW. IF YOU INCLUDE SPECIMEN SIGNATURES IN THIS POWER OF ATTORNEY, YOU MUST COMPLETE THE CERTIFICATION OPPOSITE THE SIGNATURES OF THE AGENTS.)
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)

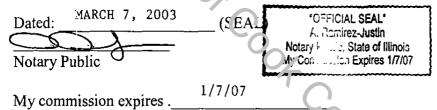


(THIS POWER OF ATTORNEY WILL NOT BE EFFECTIVE UNLESS IT IS NOTARIZED AND SIGNED BY AT LEAST ONE ADDITIONAL WITNESS, USING THE FORM BELOW.)

State of	ILLINOIS)			
) SS					
County of	COOK)			

The undersigned, a notary public in and for the above county and state, certifies that

MARY ANNE CARPENTER, 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)).

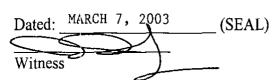


The undersigned witness certifies that

MARY ANNF CARPENTER

, 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 mind and memory.



"OFFICIAL SEAL"
A. Ramirez-Justin
Notary Public, State of Illinois
My Commission Expires 177/07

(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:

MARY ANNE CARPENTER

The requirement of the signature of an additional witness imposed by this amendatory Act of the 91st General Assembly applies only to instruments executed on or after the effective date of this amendatory Act of the 91st General Assembly. See 755 ILCS §45/3-3.