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Eugene "Gene" Moore Fee: \$34.00 Cook County Recorder of Deeds Date: 05/09/2003 07:36 AM Pg: 1 of 6

ILLINGIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

(NOTICE: THE PURPOSE OF THIS PCWER 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 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.)

FIRST AMERICAN TITLE order # 365901

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DOWER OF A	a i i (Ordyd) i mauc un	13 - W 11 CO				

I, AGHLEY MILLER 5350 U. DAMEN (insert name and address of principal) hereby appoint:

FRED KLINSKY 188 W RANDOLPH ST CHICAGO TIL (insert name and address of agent) as my attorney-in-fact (my "agent") to act for me and in my name (in any way address of agent) 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 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 metication transactions.
- (c) Stock and boni-transactions.
- (d) Tangible personal property transactions.
- (e) Safe deposit box transactions.
- (f) Insurance and annuity transactions.
- (g) Retirement plan transacti m
- (h) Social Security, employment And military service benefits.
- (i) Tax matters.
- (1) Claims and litigation.
- (k) Commodity and option transactions.
- (1) Business operations.
- (m) Borrowing transactions.
- (n) Estate transactions.
- (o) All other property powers and transactions.

(LIMITATIONS ON AND ADDITIONS TO THE AGENT'S FOWERS MAY BE INCLUDED IN THIS POWER OF ATTORNEY 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 conditions on the sale of particular stock or real estate or special rules on borrowing by the agent):

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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):

NONE	

(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 D. SCRETIONARY DECISION-MAKING POWERS TO OTHERS, YOU 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 accision-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 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 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:)

- (1) This power of attorney shall become effective on MARCH 26, 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).
- (M) This power of attorney shall terminate on MAY 1, 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)

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(IF YOU WISH TO NAME SUCCESSOR AGENTS, INSERT THE NAME(S) AND ADDRESS(ES) OF SUCH SUCCESSOR(S) IN THE FOLLOWING PARAGRAPH.)

If any agent named by me shall die, become incompe agent, I name the following (each to act alone a successor(s) to such agent:	tent, resign or refuse to accept the office of nd successively, in the order named) as
NONE	
shall he considered to be incompetent if and while incompetent or disabled person or the person is consideration to business matters, as certified by a lice	ensed physician.
(IF YOU WISH TO NAME YOUR AGENT AS GEVENT A COURT DECIDES THAT ONE SHOUNT NOT PLOURED TO, DO SO BY RETAIN THE COURT WILL APPOINT YOUR AGENT APPOINTMENT WILL SERVE YOUR BEST INT PARAGRAPH IF YOU DO NOT WANT YOUR AGENT APPOINTMENT WILL SERVE YOUR BEST INTO PARAGRAPH IF YOU DO NOT WANT YOUR AGENT APPOINTMENT WILL SERVE YOUR BEST INTO PARAGRAPH IF YOU DO NOT WANT YOUR AGENT.	ING THE FOLLOWING PARAGRAPH. IF THE COURT FINDS THAT SUCH ERESTS AND WELFARE. STRIKE OUT GENT TO ACT AS GUARDIAN.)
If a guardian of my estate (my property) is to be appeared this power of attorney as such grandian, to serve we as to all the contents of this form and understand the	opointed, I nominate the agent acting under ithout bond or security. I am fully informed ne full import of this grant of powers to my
agent. Signed (Principal)	<u></u>
(YOU MAY, BUT ARE NOT REQUIRED SUCCESSOR AGENTS TO PROVIDE SPECIFICATION OPPOSITE OF THE CERTIFICATION OPPOSITE.)	POWER OF ATTORNEY, YOU MUST THE SIGNATURES OF THE AGENTS.)
Specimen signatures of agent (and successors)	I certify that the signatures of my agent (and successors) are correct.
Fred Klinsky (agent)	(Kup. Milluprincipal)
(successor agent)	(principal)
(successor agent)	(principal)

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

BEFO.	
State of Ollinon)SS.	
County of Look.	•
The undersigned, a notary public in and for the above county and state, known to me to be the same known to me to be the same additional witness in person and acknowledged signing and delivering the instrument and voluntary act of the principal, for the uses and purposes therein set forth, (and voluntary act of the principal, for the uses and purposes therein set forth, (and voluntary act of the agent(s)). The undersigned witness certifies that 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 appeared before me and the notary public and acknowledged signing and instrument as the free and voluntary act of the principal, for the uses and purposes. I believe him or her to be of sound mind and memory.	Notary Public win to me to be ver of attorney, delivering the
(SEAL)	Witness
THE NAME AND ADDRESS OF THE PERSON PREPARING THIS FORM INSERTED IF THE AGENT WILL HAVE POWER TO CONVEY ANY	M SHOULD BE INTEREST IN
REAL ESTATE.)	
This document was prepared by: FRED KLINSKY	
188 W RAUDOLPH ST CHICAGO ILL 60601	
Churada	
MAIL TO:	

SAME AS ABOVE

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UNOFFICIAL LEGAL DESCRIPTION - EXHIBIT A

365904

PARCEL 1 (UNIT E): THE WEST 18.33 FEET OF THE EAST 98.15 FEET OF THE NORTH 52.0 FEET OF LOTS 1,2,3,4 AND 5, ALL TAKEN AS TRACT, IN MRS. SMITH'S BALMORAL DAMEN SUBDIVISION, BEING A SUBDIVISION OF THE NORTH 1/4 OF THE EAST 1/2 OF THE NORTH EAST 1/4 OF THE SOUTHEAST 1/4 OF THE NORTHWEST 1/4 OF SECTION 7, TOWNSHIP 40, NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PARCEL 2: NON-EXCLUSIVE EASEMENTS FOR THE BENEFIT OF PARCEL 1 FOR INGRESS, EGRESS, SUE AND ENJOYMENT OVER AND UPON THE COMMON AREA, AS DEFINED, DESCRIBED AND DECLARED IN DECLARATION OF COVENANTS, CONDITIONS, EASEMENTS AND RESTRICTIONS FOR THE ANDERSONVILLE WEST TOWNHOMES RECORDED AS DOCUMENT NUMBER 09030972, AND AS AMENDED. 1000 COOK COUNTY Clark's Office

PIN # 14-07-109-041-0000