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Eugene "Gene" Moore Fee: \$62.00 Cook County Recorder of Deeds

ILLINOIS STATUTORY SHORT FUND PROPERTY 37993 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 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 TO 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 "STATUTURY 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 28 day of March (month) 200 Ayear). I, Binh Iran (insert name and address of principal) hereby appoint:

Cynthia Linh-Ha Tran (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) Tax matters.
- (j) Clain's and litigation.
- (k) Commodify and option transactions.
- (1) Business operations.
- (m) Borrowing transactions.
- (n) Estate transactions.
 - (o) All other property powers and transactions.

(LIMITATIONS ON AND ADDITICALS TO THE AGENT'S POWERS MAY BE INCLUDED IN THIS POWER OF ATTORNEY IF THEY ARE SPECIFICALLY DESCRIBED BELOW.)

The powers granted above shall not in 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):
with regards to property located at
The second secon
5843 N. California Ave.
Chicago IL 60159
In addition to the powers granted above, I grant my agent the following povers (here you
may add any other delegable powers including, without limitation, power to make gire,
exercise powers of appointment, name or change beneficiaries or joint tenants or revoke
or amend any trust specifically referred to below):
to the second second 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 AGENT WILL BE ENTITLED TO REIMBURSEMENT FOR ALL REASONABLE EXPENSES INCURRED IN ACTING UNDER THIS POWER OF ATTORNEY. STRIKE OUT THE NEXT SINTENCE 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				
3-28-2003 (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).				
(This power of attorney shall terminate on				
11 20 2003				
. Chiscol & light chine				
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.)				
() I I I I I I I I I I I I I I I I I I				
If any agent named by me shall dis basens income income				
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:				
For purposes of this paragraph, 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, as certified by a licensed physician.				
matters, as certained by a meetised jurysicism.				

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(IF YOU WISH TO NAME YOUR AGENT 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.)

If a guardian of my estate (my property) is to be appointed. I nominate the agent acting under power of atterney as such guardian, to serve without bond or security. I am fully informed as to all			
contents of this ican and understand the full import of this grant of powers to my agent.			
	Signed X (vrincing)		
	(principal)		
(YOU MAY, BUT ARE NOT REQUIRED TO, REQUEST YOUR AGENT AND SU			
	AGENTS TO PROVIDE SPECIMEN SIGNATURES BELOW. IF YOU INCLUDE		
	SPECIMEN SIGNATURES IN THIS POWER OF ATTORNEY, YOU MUST COMPLETE		
	THE CERTIFICATION OPPOSITE THE SIGNATURES OF THE AGENTS.)		
	Specimen signest was af		
	Specimen signatures of sectify that the signatures of my agent agent (and successors) are correct.		
V	Cerritua Stullbatz (agent) (principal)		
$^{\wedge}$	Cynthia. Link-Ha Tran		
	(successor agent) (principal)		
	4		
	(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 MUSSOCIAL)		
) SS.		
	State of Missouri) SS. County of St. Loa's		
	The undersigned, a notary public in and for the above county and state, certifies that		
	BINA N. TRAN, 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			
	principal, for the uses and purposes therein set forth (, and certified to the correctness of the		
	signature(s) of the agent(s)). Dated: 3-31-0-3 (SEAL)		
	Setestia Chi INDOSSIM HO HIVIS		
	SEBASTIAN P. CRAIC Notary Public - Notary Seal		

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Notary Public				
My commission expires $3-11-06$. Th				
BNH N /RAJ, known to me to be the same pe	erson 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.				
m 12-10-03	SEBASTIAN P. CRAIG Notary Public - Notary Seal			
Dated: 3-10-03 (SEAL)	STATE OF MISSOURI			
Legent Witness	St. Louis County			
	My Commission Expires: March 11, 2006			
(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: + woul + to:				
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St. Louis. MU 63108				
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	This Clark's Office			
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TICOR TITLE INSURANCE COMPANY

ORDER NUMBER: 2000 000379903 SC STREET ADDRESS: 5843 N CALIFORNIA AVE

CITY: CHICAGO COUNTY: COOK COUNTY

TAX NUMBER: 13-01-408-054-0000

LEGAL DESCRIPTION:

LOT 36 (EXCEPT NORTH 15 FEET THEREOF) ALL OF LOT 35 AND NORTH 1/2 OF LOT 34 IN BLOCK 9 IN W. F. KAISER AND COMPANY'S ARCADIA TERRACE, BEING A SUBDIVISION OF THE NORTH 1/2 (F SOUTHEAST 1/4 (EXCEPT WEST 33 FEET THEREOF) AND SOUTHEAST 1/4 Th. F SEC.

IN CO.

Continue Clark's Office OF SOUTHEAST 1/4 OF SECTION 1, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIA, IN COOK COUNTY, ILLINOIS.