07/22/2003 14:52 FAI 773 290 055



Eugene "Gene" Moore Fee: \$58.00 Cook County Recorder of Deeds Date: 08/07/2003 11:27 AM Pg: 1 of 5

# ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY DURABLE POWER OF ATTORNEY

(The place above for Recorders use only)

Legal Description: See attached Legal Description

This Power of Am rucy is being created for the purpose of purchasing the property located at:

Street Address: 635 N dearborn Unit 2401.

City Chicago, IL Cof. C

Permanent tax index #:

(The above can be deleted if rest estate not subject to the Power of Attorney.)

(NOTICE: THE PURPOSE OF THIS TOWER OF ATTORNEY IS TO GIVE THE PERSON YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE "OUR 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 DOESNOT IM POSE A DUTY ON YOUR AGENT TO EXERCISE GRANTED POWERS; BUT WHEN POWERS ARE EXERCISED, YOUR A ENT WILL HAVE TO USE DUE CARE TO ACT FOR YOUR BENEFIT AND IN ACCORDANCE WITH THIS FORM AND KELT A RECORD OF RECEIPTS, DISBURSEMENTS AND SIGNIFICANT ACTIONS TAKEN AS A AGENT. A COURT CAN TAKE AWAY THE POWERS OF YOUR AGENT IF IT FINDS THE AGENT NOT ACTING PROPERLY. YOU MAY NAME JUC DESSORAGENTS UNDER THIS FORM BUT NOT AS CO-AGNETS. 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 YOU. I FETIME, EVEN AFTER YOU BECOME DISABLED, THE POWERS YOU GIVE YOUR AGENT ARE EXPLAINED MORE FULLY IN SECTION 3-4 OF THE ILLINOIS "STARUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERCY, JAW" OF WHICK 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\_ (same day as Effective Date)

1. I. ROGER D. HUANG of 51268 Harber Ridge Drive, Granger, IN (insert name and address of Principal (person needing the POA)) Drive, Granger, 46530

hereby appoint: YING W. HUANG of 51268 Harber Ridge Dr., Granger, IN 46530 (insert name and address of Agent (person who will be signing on behalf of rincipal))

as my attorney-in-fact (my "agent") to act for me 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 any limitations on or additions to the specific powers inscreed in paragraph 2 or 3 below:

> Ness North National Title Corp 222 North Lasalle Street Chicago, Illinois 60601

(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.
- (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) Fox matters.
- (j) (lairs and litigation.
- (k) Countity and option transactions.
- (1) Busine salt ransactions.
- (m) Borrowing trasactions.
- (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 SPECIFICIALLY DESCRIBED BE LOW.)

Applicable				
delegable power	s including. W	Athout limitation,	prwer to make a	gifts, exercise powers
Applicable				<del></del>
	delegable power intment, name or red to below);	delegable powers including, wanted to below);	delegable powers including, without limitation, intment, name or change beneficiaries or joint tena red to below):	4

2. The powers granted above shall an 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

(YOUR AGENT WILL HAVE AUTHORITY TO EMPLOY OTHER PERSONS AS NECESSARY TO FLUBLE 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 DICTETIONARY DECISION-MAKING POWERS TO OTHERS, YOU SHOULD KEEP THE NEXT SENTENCE, OTHERWISE TO 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-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 SENTENCE IF YOU DO NOT WANT YOUR AGENT TO ALSO BE ENTITLED TO REASONABLE COMPENSATION 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 REVOKATION, 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 INITIALIZING AND COMPLETING BITHER (OR DOTED OF THE FOLLOWING:)

	E FOLLOWING!)				
6.	(XX) This power of attorney	shall become effecti	YC OI		
	را م	2012			
(insert a futur power to first	e date or event during your	liferime, such as co	urt determination of	i your disability	y, when you want this
7.	This power of attorney	shall terminate on			
	6. 0	1/28/03			
your death)	or event, such as a court de				
IN THE FOLL	H TO NAME SUCCESSOR A LOWING PARAGRAPH )				
8.	If any agent named by me s name the following (each to	nall lie, become in	competent, resign or saively, in the order t	refuse to acceptance) as succe	of the office of agent, I essor(5) to such agent:
	Not Applicable				
business ma YOUR ESTA REQUIRED THE COURT PARAGRAP	incompetent or disabled per incompetent or disabled per inters, as certified by a licentar, as certified by a licentar. In the EVENT A COURTO, DO SO BY RETAINING TO FINDS THAT SUCH APPOINT OF THE POUR THAT SUCH APPOINT OF THE POUR DO NOT WANT OF	ised physician. (INCRT DECIDED THAT OF THE FOLLOWING PANTMENT WILL SERVYOUR AGENT TO ACTUMY property) is to on, to serve without be	YOU WISH TO NAME OF SHOULD BE ALL RACKAPH. THE COME YEST INTO THE COME AS GUILLAN.)  The appointed, improper appointed, improper appointed, improper appointed, improper appointed as a country.	YE TOUR AGE PPOINTED, YOU DURT WILL API ERESTS AND W  mate the agent	U MAY, BUT ARE NOT POINT YOUR AGENT IF PELFARE. STRIKE OUT secting under this power
10.	. I am fully informed as to	all the contents of	this form and unde	retion the full	import of this grant of
	Sign	ned: XX	(principal)	7-0	),,,
SPECIMEN	(, BUT ARE NOT REQUIR SIGNATURES IN THIS POY TURES OF THE AGENTS.)	ed to, request ver of attorney	Your agent and , you must comp	) SUCCESSOR LETE THE CER	AGENTS TO PROVIDE RTIFICA OUN OPPOSITE
Specimen s	denatures of agents (and suct	cessors)	I certify that the s		agent
XX (a	gent)	) _ <del></del>	XX (princip	Juna	
XX(s	N/A successor agent)		XX(princip	al)	
•					

Witness: Signature Witness: Printed Name (THIS POWER OF ATTORNEY WILL NOT BE EFFECTIVE UNLESS IT IS NOTORIZED, USING THE FORM BELOW.) State of Illinois County of \_\_ I, the undersigned Allotary Public in and for the said County in the State of aforesaid, Do Hereby Certify that personally 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, this day 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. Notary Signature Of County Clark's Office (Space for Notary Seal above) anded mail to: Prepared by and when Name: Ö Street Address:

W. 40610

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# UNOFFICIAL CO

## Exhibit A

### Parcel 1:

Unit [2401] and Parking Unit P-[57] in the Caravel Condominium as delineated and defined on the plat of survey of the following described parcel of real estate:

The West 1/2 of Lot 5 and all of Lot 6 in Block 24 in Wolcott's Addition to Chicago in the East 1/2 of the Northeast 1/4 of Section 9, Township 39 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois.

And

Lots 3, 4, 5, 6 and 7 in County Clerks Division of Lots 7, 8 and the South 29 feet of Lots 9 and 10 in Block 24 in Wolcott's Addition to Chicago in the East 1/2 of the Northeast 1/4 of Section 9, Township 39 North, Range 14 East of the Third Principal Meridian, in Cook County, Illinois

Which survey is attached to Exhibit "A" to the Declaration of Condominium recorded February 26, 2003 as document number 0030275986, as amended from time to time, together with its undivided percentage interest in the common elements.

### Parcel 2:

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r with its u.

s, ceilings, floors, equipme.

of Easements, Reservations, C. Non-exclusive easements for support walls, common wills, ceilings, floors, equipment, utilities for the benefit of Parcel 1 as created and more fully described by the Declaration of Easements, Reservations, Covenants and Restrictions recorded February 26, 2003 as document number 0030275985