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ASALLE STREET JUTE 1920 CAGO, IL 60607

BLNUS



Doc#: 0325140104 Eugene "Gene" Moore Fee: \$34.00 Cook County Recorder of Deeds Date: 09/08/2003 11:25 AM Pg: 1 of 6

POWER OF ATTORNEY

48

2 N. Lasalle Street Suite 1920 CHICAGO, IL BRADO

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圣品	2	ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY
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₹ ≥	丟	(The place above for Recorders use only)
,	Lega	al Description: See attached Legal Description
ø		(20 Jul
	This	s Power of Attorney is being created for the purpose of remaining the property located at:
	Stree	et Address. 1:39 N. DEARBORN #9D
	City	CHICAGO IL 60610
	•	´O.
	Perm	nanent tax index #.
	(The	e above can be deleted if regi estate not subject to the Power of Attorney.)
	(NOT	TICE: THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON YOU DESIGNATE (YO
		ENT") BROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO PLEDGE, SELL
	OTHI	HERWISE DISPOSE OF ANY REAL CX PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU
	APPF	ROVAL BY YOU. THIS FORM DOES FOT IMPOSE A DUTY ON YOUR AGENT TO EXERCISE GRANTED POWE
		FWHEN POWERS ARE EXERCISED, YOUR AGENT WILL HAVE TO USE DUE CARE TO ACT FOR YOUR BENEI
		D IN ACCORDANCE WITH THIS FORM AND 'LEEP A RECORD OF RECEIPTS, DISBURSEMENTS AND SIGNIFICA
		TIONS TAKEN AS A AGENT. A COURT CAN TAKE AWAY THE POWERS OF YOUR AGENT IF IT FINDS T
	ΔGE	ENT NOT ACTING PROPERLY . YOU MAY NAME SUCCESSORAGENTS UNDER THIS FORM BUT NOT AS ϵ

(NOTICE: THE PURPOSE OF THIS FOWER 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 CR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. THIS FORM DOES OF 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 KETP 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 SUCCESSORAGENTS UNDER THIS FORM BUT NOT AS COAGNETS. UNLESS YOU EXPRESSLY LIMIT THE DUR, TION 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 IFFETIME, 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 PROPERLY" LAW" 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.)

(insert name and address of Agent (person who will be signing on behalf of Principal))

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 inserted in paragraph 2 or 3 below:

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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 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 EITHER (OR BOTH) OF THE FOLLOWING:)

BOTH) OF THE FOLLOWING:)	
6. (XX) This power of attorney shall become effective on	
08/01/03 (insert a future date or event during your lifetime, such as court determination of your disability, when you want the power to first take effect)	nis
7. (XX) This power of attorney shall terminate on	
08/30/02	
(insert a date or event, such 22 a court determination of your disability, when you want this power to terminate prior your death)	to
(IF YOU WISH TO NAME SUCCESSOR AGENTS, INSERT THE NAME(S) AND ADDRESS(ES) OF SUCH SUCCESSOR(IN THE FOLLOWING PARAGRAPH.)	S)
8. If any agent named by me shall die, become incompetent, resign or refuse to accept the office of agent name the following (each to act alone and successively, in the order named) as successor(s) to such agent	
Not Applicable	-
For purposes of this paragraph 8, a person shall be considered to be incompetent if and while the person is a minor or adjudicated incompetent or disabled person or the person is unable to give prompt and intelligent consideration business matters, as certified by a licensed physician. (IF YOU WISH TO NAME YOUR AGENT AS GUARDIAN OF YOUR ESTATE, IN THE EVENT A COURT DECIDED 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 THE COURT FINDS THAT SUCH APPOINTMENT WILL SERVE YOUR BEST IN TERESTS AND WELFARE. STRIKE OUT PARAGRAPH 9 IF YOU DO NOT WANT YOUR AGENT TO ACT AS GUARDIAN?	to OF OT IF
 If a guardian of my estate (my property) is to be appointed, I nominate the agent acting under this pow of attorney as such guardian, to serve without bond or security. 	er
10. I am fully informed as to all the contents of this form and understand the full import of this grant powers to my agent. Signed: XX (principal)	of
(YOU MAY, BUT ARE NOT REQUIRED TO, REQUEST YOUR AGENT AND SUCCESSOR AGENTS TO PROVID SPECIMEN SIGNATURES IN THIS POWER OF ATTORNEY, YOU MUST COMPLETE THE CERTIFICATION OPPOSITE THE SIGNATURES OF THE AGENTS.)	Œ
Specimen signatures of agents (and successors) I certify that the signatures of my agent (and successors are correct)	
(agent) Anand XX (principal)	
XX N/A XX (successor agent) (principal)	

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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.)

1	(a)) Rea	1	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) ax matters.
- (j) Claims and litigation.
- (k) Commodity and option transactions.
- (l) Business transactions.
- (m) Borrowing transactions.
- (n) Estate transactions.
- (o) All other promary powers and transactions.

(LIMITATIONS ON AND ADDITIONS TO THE AGENT'S POWERS MAY BE INCLUDED IN THIS POWER OF ATTORNEY IF THEY ARE SPECIFICIALLY DESCRIBE") BE LOW.)

	ou may include any specific limitations you deem appropriate, such as e sale of particular stock or real estate or special rules on borrowing by t
Not Applicable	
	~O _X ,
other delegable powers incl	ated above, I grant my agent the following powers (here you may add a uding, without limitation, power to make gifts, exercise powers beneficiaries or joint tenants or revolve or amend any trust specification.
referred to below):	7.6
	TŚ
referred to below):	- T'S O.S.

The powers granted above shall not include the following powers or shall be modified or limited in the

(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 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-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.)

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Gloria Huerta	
Witness: Signature	
Witness: Signature GLORIA HUERTA Witness: Printed Name	
WIRICSS, I TIME COLOR	
(THIS POWER OF ATTORNEY WILL NOT BE EFFECTIVE UN	NLESS IT IS NOTORIZED, USING THE FORM BELOW.)
State of Illinois)	
) ss. County of Contact)	
I, the undersigned a Notary Public in and for the said County	me to be the same person whose name is subscribed as re me, and the additional witness, this day in person, as
Dated: August 11, 200	molly timesh
	Notary Signature 07/09/07 Commission Expires
(Space for Notary Seal above)	
Prepared by and when Recorded mail to: Name:	Unity.
Street Address:	C
City, St, Zip:	O7109107 Commission Expires

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EXHIBIT "A"

File No.: 306780

Unit 9D together with its undivided percentage interest in the common elements in 1339 N. Dearborn Condominium, as delineated and defined in the Declaration recorded as document number 25383595, in the Northeast 1/4 of Section 4, Township 39 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois.

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