TER OF ATTORNEY

JUL-29-2003 TUE 02:09 PM WELLS FARGO THA



Doc#: 0326549125

Eugene "Gene" Moore Fee: \$30.00 Cook County Recorder of Deeds Date: 09/22/2003 01:39 PM Pg: 1 of 4

FOR PROPERTY (Illinois) 03 -05617 ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY.

(NOTICE: THE PURPOSE CF 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 VI THOUT ADVANCE NOTICE TO OUR OR APPROVAL BY YOU. THIS FORM DOES NOT IMPOSE A DUTY ON YOUR AGENT OT EXERCISE GRANTED ACT FOR YOUR BENEFIT AND IN ACCORDANCE WITH THIS FORM AND KEEP A RECORD OF RECEPITS, 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 FOR A BUT NO CO-AGENTS. UNLESS YOU EXPRESSLY LIMIT THE DURATION OF THIS POWED 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. 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 AT | TORNEY 1 | nade this | 10 \ day | of Hugyst | , 20 <u>0</u> 3 |
|--|-------------|-------------|-----------|----------|-----------|------------------|
| 1, | | rard | | Renge | 9 | , hereby appoint |
| (INSERT NAME AND ADDRESS OF PIGNCIPAL) | | | | | | |
| appoint: <u>L</u> | 1eann | M_{\cdot} | Lov | en | | |
| | | RT NAME A | | RESS OF | AGENT) | |

as my altorney-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 A" orney for Property Law" (including all amendments), but subject to any limitations on or additions to the specified powers inserted in paragraph 2 or 3 below:

(YOU MUST STRIKE OUT ANY ONE OR MORE OF THE FOLLOWING CATEGORIES OF TOWERS 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.
- (f) Tangible personal property transactions.
- (e) Safe deposit box transactions.
- (f) Insurance and annuity transactions.
- (g) Retirement plan transactions

- (i) Tax matters.
- (j) Claims and litigation.
- (k) Commodity and option transactions.
- (1) Business operations.
- (m) Borrowing transactions.
- (n) Estate transactions.
- (o) All other property powers and transactions.

(h) Social Security, employment and military service benefits.

Limitations on and additions to the agents 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 condition 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 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): |
| |
| (YOUR AGENT WILL HAVE AUTHORITY TO EMPLOY OTHER PERSONS AS NECESSARY TO ENABLE THE ACENT TO PROPERLY EXERCISE THE POWERS GRANTED IN THIS FORM. BUT YOUR ACENT WILL HAVE TO MAKE ALL DISCRETIONARY DECISIONS. IF YOU WANT TO GIVE YOUR AGENT THE RICHT 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 nowers involving discretionary decis or 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. |
| 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 LIM TATION ON THE BEGINNING DATE OR DURATION IS MADE BY INITIALING AND COMPLETING EXPER (OR BOTH) OF THE FOLLOWING:) |
| 6. () This power of attorney shall become effective on |
| (insert a future date or event, such as court determination of your disability, when you want this power to first take effect). |
| 7. () This power of attorney shall terminate on (insert a future date or event, such as court determination of our disability, when you want this power to first take under to your death). (F YOU WISH TO NAME SUCCESSOR AGENTS, INSERT THE NAME (S) AND ADDIVESS (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 in a place 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 8 a person shall be considered to be incompetent if and while the person is a minor or an adjudicated incompetent of disabled person or the person is unable to give prompt and intelligent consideration to 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 DECIDES THAT ONE SHOULD BE APOINTED, YOU MAY, BUT ARE NOT REQUIRED TO DO SO BY RETAINING THE FOLLOWING PARAGRAPH. THE OCURT WILL APPOINT YOUR AGENT IF THE COURT FINDS THAT SUCH APPOINTMENT WILL SERVE YOUR BEST INTERESTS AND WELFARE. STRIKE OUR PARAGRAPH 9 F YOU DO NOT WANT YOUR AGENT TO ACT AS GUARDIAN.) |

0326549125 Page: 3 of 4 FAX NO. 312 583 1457 COPY

- 9. If a guardian of my estate (my property) 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 impact of this grant of powers to my agent.

Signed Land Zoffer (PRINCIPAL)

(YOU MAY, BUT ARE NOT REQUIRED TO, REQUEST YOUR AGENT AND SUCCESSOR AGENTS TO PROVIDE SPECIMEN SIGNATURE BELOW. IF YOU INCLUDE SPECIMEN SIGNATURES IN THIS POWER OF ATTORNEY, YOU MUST COMPLETE THE CERTIFICATION OPPOSITE THE SIGNATURES OF THE AGENTS.)

| Specimen (ignatures 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 EFFECTI FORM BELOW.) | VE UNLESS IT IS NOTARIZED, USING THE |
| STATE OF Ellewees WITNESS THAT day of Aug | E DUE EXECUTION HEREOF THIS 12th |
| COUNTY OF Ook SS. | XND Javen |
| The andersigned, a no ary public in and for the above | County and State, pertifies that |
| known to me to be the same person whose name is subscribe appeared before me in person and acknowledged signing and act of the principal for the uses and purposes therein set froth (of the agent (s). | lelivering the instrument as the free and voluntary |
| Dated: 08/12/03 (SEAL) | NOFARY PUBLIC |
| • | My commission expires 0//17/06 |
| (THE NAME AND ADDRESS OF THEPERSON PREPARING | THIS FORM SHOULD BE INSERTED IF THE |

AGENT WILL HAVE POWER TO CONVEY ANY INTEREST IN REAL ESTATE.)

"OFFICIAL SEAL"

CAROLYN GAD

NOTARY PUBLIC STATE OF ILLINOIS

My Commission Expires 01/17/2006

0326549125 Page: 4 of 4

<u> JNOFFICIAL COPY</u>

SCHEDULE C

PROPERTY DESCRIPTION

The land referred to in this Commitment is described as follows:

THE THE THE THEREU.

THE PLANT THEREU.

P. A 2701 SARAH

FRANKLIN PARK, IL GOIS!

REPARES BY SHAWN BOLSER

4 1009 W. GRANS AVE.

H 605

MAIL TO: FRANKLIN PARK, IL

60131 LOT 3 (EXCEPT THE SOUTH 48 FEET THEREOF) AND LOT 2 IN SECOND ADDITION TO MARCONI CONSTRUCTION COMPANY'S WEST MANOR DEVELOPMENT BEING A SUBDIVISION IN THE WEST HALF OF SECTION 28, TOWNSHIP 40 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN ACCORDING TO THE PLAT THEREOF RECORDED JUNE 25, 1953 AS DOCUMENT NUMBER 15653423 IN