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This instrument was prepared by and after recording should be returned to:

Cindy S. Mangiaforte Bell, Boyd & Lioyd LLC 70 W. Madison Street Suite 3300 Chicago, Illinois 60602 Doc#: 0326820071

Eugene "Gene" Moore Fee: \$34.00 Cook County Recorder of Deeds Date: 09/25/2003 08:20 AM Pg: 1 of 8

FIRST AMERICAN File

ILLINOIS STATUTORY SHORT FORM

POWER OF ATTORNEY FOR PROPERTY

DURABLE POWER OF ATTORNEY

(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 THE 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 TO WER 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 EXPRESSIVY 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 4 day of August, 2003.

1. I, **Donald Render**, of 335 W. Belden Avenue, Chicago, Illinois, hereby appoint **Paula W. Render**, of 335 W. Belden Avenue, Chicago, Illinois, 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 related to the purchase of 1875 N. Maud, Chicago, Illinois, and 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 2 or 3 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

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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.	(i)——	Tax matters.
(b)	Financial institution transactions.	(j)	Claims and litigation.
(c)	Stock and bond transactions.	(k)	Commodity and option transactions.
(d)	Tangible personal property	(1)	Business operations.
transactions.		(m)	Borrowing transactions.
(e)	Safe deposit box transactions.	(n)—	Estate transactions.
(f)	Insurance and annuity-transactions.	(o)	All other property powers and transactions.
(g)	Retirement plan transactions.		
(h) —	Social Security, employment and		
	military service benefits.		

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

NONE

3. In addition to the powers grante 1 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 POWER'S 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 NEXT SENTENCE IF YOU DO NOT WANT YOUR AGENT TO ALSO BE ENTITLED TO REASONABLE COMPENSATION FOR SERVICES AS AGENT.)

5. My agent shall be entitled to reasonable compensation for services rendered as agent under this power of attorney.

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(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:)

6.	() This power of attorney shall become effective on	September 4, 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	one business day following the					
(insert a future dat, your death.)	or even during your lifetime, such as court determination of your disability, wh	nen you want this power to terminate prior to					
(IF YOU WISH TO NAME SUCCESSOR AGENTS, INSERT THE NAME(S) AND ADDRESS(ES) OF SUCH SUCCESSOR (\mathcal{S}) IN THE FOLLOWING PARAGRAPH.)							
8.	If any agent named by me shall die, become incompetent, I name the following (each to act alone and success						
	such agent: NONE	ssively, in the order named) as					
(A)	Of.	, Illinois;					
	(insert address)						
(B)	, of(insert add.ers)	, Illinois;					
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 or 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 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 9 IF YOU DO NOT WANT YOUR ACENT TO ACT AS GUARDIAN.) 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. this grant of po	I am fully informed as to all the contents of this form a owers to my agent. Signed	and understand the full import of					

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

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OPPOSITE THE SIGNATURES OF THE AGENTS.)

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Specimen signatures of agent	I certify that the signatures of my agent
(and successors)	(and successors) are correct.
	\
Paule W. Poudu	
(agent)	(principal)
(successor agent)	(principal)
(successor agent)	(principal) County Cou
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(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 Illinois	.)
) ss
County of Cook)

The undersigned, a notary public in and for the above county and state, certifies that **Donald Render**, 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 the principal, for the uses and purposes therein set forth (, and certified to the correctness of the signature(s) of the agent(s)).

Dated:

.

My Commission expires:

4/22/04

The indersigned witness (eith less that **Donald Render**, 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 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.

Dated: 29 August 2003 (SEAL)

Jonya J. Hooks

(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:

Cindy S. Mangiaforte, Bell, Boyd & Lloyd LLC, 70 West Madison Ave., Suite 3300, Chicago, IL 60602

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UNOFFICIAL COPY LEGAL DESCRIPTION - EXHIBIT A

Legal Description: Lot 78 in Clark and Thomas subdivision of Lot 4 in Block 9 in Sheffield's addition to Chicago in the Southeast 1/4 of Section 32, Township 40 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois.

Permanent Index #'s: 14-32-415-007 Vol.493

Property Address: 1875 North Maud Avenue, Chicago, Illinois 60614

