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POWER OF ATTORNEY

Doc#: 0332910094

Eugene "Gene" Moore Fee: \$26.50 Cook County Recorder of Deeds Date: 11/25/2003 10:59 AM Pg: 1 of 2

KNOW ALL MEN BY THESE PRESENTS

That, I, JAMES TURNER, of 730 East 89th Place, Chicago, Cook County, Illinois 60619, Social Security NO: 331-36-9852, hereby made, constituted and appointed, and BY THESE PRESENTS do make, constitute, and appoint my fiancée, JUANETTE C. RICHMOND, of 730 East 89th Place, Chicago, Illinois stead and on my behalf, to do and execute all or any acts, deeds and things as fully as I might or could do if personally present, including, but not limited thereto, to:

Full powers and authority to do and undertake all acts on my behalf that I could do personally with full name, to accept and revocation, including but not limited by said authority, the right, for me and in my any employer of mine; to act, receive, modify, draw down, and do any and all acts, which I might do in person, regarding any and all pension rights and/or deferred compensation benefits to which I am or may be entitled from any employer of mine, and to ask, demand, sue for, collect, recover and receive all sums of money, debts, accounts, interests, dividends, annuities and damages whatsoever as are now or shall lawful ways and means in my name or or envise for the recovery thereof: to bargain, contract, agree for, properties, mortgages, trusts; and to make do, t ansact and contract all and every kind of business or actions on my behalf, the right to vote (in person or by prexy) any shares or beneficial interest in any entity; or relative to any foregoing unlimited power.

I hereby confirm and ratify all that she may do in accordance with this Power of Attorney.

The power conferred on JUANETTE C. RICHMOND, my attorney-in-fact by this Instrument, shall be exercised continuously from October 15, 2003; and shall not be affected by my disability or incapacity as the Grantor thereof, and shall remain effective until my death or until it is revoked pursuant to the terms stated herein. By this Instrument, JUANETTE C. RICHMOND shall have my full power and authority to make any and all necessary decisions regarding any and all medical care and or treatment I may require should I be unable to make those decisions myself as a result of illness, injury or mental incapacity, including the giving or withholding of any medical care or treatment.

All acts done by JUANETTE C. RICHMOND, my attorney-in-fact, pursuant to the power and authority conferred during any period of my disability or incapacity, whether mental or physical, shall have as if I were competent and not disabled.

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JUANETTE C. RICHMOND, hereby accepts this appointment subject to its terms, and agrees to act and perform in said fiduciary capacity consistent with my best interests as she, in her best discretion, deems advisable, and I affirm and ratify all acts so undertaken.

This Power of Attorney may be revoked by JAMES TURNER, the Grantor, by giving notice to JUANETTE C. RICHMOND of the revocation, provided that any party relying in good faith upon this Power of Attorney shall be protected as long and until said party has either a) actual or constructive notice of revocation, or b) upon the recording of the revocation in the public records where the grantor resides.

IN TESTIMONY WHEREOF, I have hereunto set my hand and seal this _____ day of October, 2003

JAMES TURNER, Grantor

Subscribed and Sworn to before me, this _______, day of October, 2003.

Rome

"OF TCIAL SEAL"

Jamte Ly'n Lacy

Notary Public, S'ate of Ulinois

My Commission Exp. 06/27/2006

ACCEPTANCE

I, JUANETTE C. RICHMOND, accept this Power of Attorney, and the terms and provisions thereof

UANETTE C. RICHMOND

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