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Doc#: 0334508002 Eugene "Gene" Moore Fee: \$36.00 Cook County Recorder of Deeds

Date: 12/11/2003 09:02 AM Pg: 1 of 7

ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

(NOTICE: THE PURY OSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON YOU DESIGNATE YOUL ("ICENT") BROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POW'RS TO PLEDGE, SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. THIS FORM DOF! NOT IMPOSE A DUTY ON YOUR AGENT TO EXERCISE GRANTED POWERS; BUT V HEN 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 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 (SEE THE BACK OF THIS FORM). THAT LAW EXPRESSLY PERMITS THE USE OF ANY DIFFERENT FORM OF POWER OF ATTORNEY YOU MAY DESIRE.

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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 17th day of NOVEMBER (month) 2003 (year).

I. REBECCA M. RODI. (insert name and address of principal) hereby appoint:

DAVID R. RODI, (insert name and address of agent) 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 defined in Section - of the "Statutory Short Form Power of Attorney for Property Law" (including all zare dments), but subject to any limitations on or additions to the specified powers inserted in paragraph or below:

YOU MUST STPAKE 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 THROUGHTPLE 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.
- JUNIA CLOPA'S OFFICO (h) Social Security, employment and military service benefits
- (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.

(LIMITATIONS ON AND ADDITIONS TO THE AGENT'S POWERS MAY BE INCLUDED IN THIS POWER OF ATTORNEY IF THEY ARE SPECIFICALLY DESCRIBED BELOW.)

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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):

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, expresse powers of appointment, name or change beneficiaries or joint tenants or revoke or amend any trust specifically referred to below):

to execute a sideliver mortgages, notes, HUD Settlement Statements, and all other mortgages loan each other papers and documents all in connection with the acquisition and mort (age financing of the real estate legally described herein.

(YOUR AGENT WILL HAVE AUTHOR!! Y 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.)

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 nuccessor) 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.)

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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 LIMITATION ON THE BEGINNING DATE OR DURATION IS MADE BY
INITIAL ING AND COMPLETING EITHER (OR BOTH) OF THE FOLLOWING:)

(X) This power of aromey shall become effective on

NOVEMBER 19, 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).

(X) This power of attorney shall turninate on

<u>DECEMBER 31, 2003</u> (insert a future one or event, such as court determination of your disability, when you want this power to tern inate prior to your death)

(IF YOU WISH TO NAME SUCCESSOR AGENTS, INSERT THE NAME(S) AND ADDRESS(ES) OF SUCH SUCCESSOR(S) IN THE FOLLOWING PARASKAPH.)

If any agent named by me shall die, become incompetent, resign or refuse to accept the office of agent, I name the following (each to act alone and successively, in the order named) as				
	For purposes of this			
paragraph, a person shall be considered to he incompetent	if and while the person is a mixor or an			
adjudicated incompetent or disabled person or the person is	s unable to give prompt and intelligent			

(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

consideration to business matters, as certified by a licensed physician.

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COURT WILL APPOINT YOUR AGENT IF THE COURT FINDS THAT SUCH APPOINTMENT WILL SERVE YOUR BEST INTERESTS AND WELFARE. STRIKE OUT PARAGRAPH IF YOU DO NOT WANT YOUR AGENT TO ACT AS GUARDIAN.)

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. I am fully informed as to all the contents of this form and understand the full import of this grant of powers to my agent

REBECCA M. RODI (principa)

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

Specimen signatures of		I certify that the signatures of my agent	
agent (and successors)		(and successors) are correct.	
	(agent)	4	(principal)
	(successor agent)		(principal)
	(successor agent)		(principal)

(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

County of Cool

The undersigned, a notary public in and for the above county and state, certifies that REBECCA M. RODI, 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 cormission expires

The under signed witness certifies that REBECCA M. RODI 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.

(THE NAME AND ADDRESS OF THE PERSON PREPAIRING THIS FORM SHOULD BE INSERTED IF THE AGENT WILL HAVE POWER TO CONVEY ANY INTEREST IN REAL ESTATE.)

This document was prepared by:

Neal M. Ross

Neal M. Ross & Associates

233 E. Erie Street, Suite #203

Chicago, IL 60611

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Property Address: 939 W. MADISON UNIT #405

CHICAGO, IL 60607

PIN #: 17-17-206-014-1026 17-17-206-014-1080

Unit Numbers 405 and P-32 in The Madison Condominium as delineated on a survey of the following described real estate:

Parcel 1: Lot 3 in Block 4 in Duncan's Addition to Chicago, being a subdivision of the East 1/2 of the Northeast 1/4 of Section 17, Township 39 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois.

Parcel 2: Lots 1, 2, 3, 4 and 5 in Superior Court Partition of Lots 1 and 2 of Block 4 of Duncan's Addition to Chicago, a subdivision of the East 1/2 of the Northeast 1/4 of Section 17, Town hip 39 North, Range 14, East of the Third Principal Meridian, in Cook County Illinois.

Which survey is attached as Exhibit it to the Declaration of Condominium recorded as Document 99831947; together with its undivided percentage interest in the common dec.

County Clarks Office elements, in Cook County, Illinois.