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Doc#: 0404933253

Eugene "Gene" Moore Fee: \$34.00 Cook County Recorder of Deeds Date: 02/18/2004 11:53 AM Pg: 1 of 6

ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

(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 OF 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 THE 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 PROPERTY. 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, UNIT YOU REVOKE THIS POWER OR A COURT ACTING ON YOUR BEHALF TERMINATES IT. YOUR AGENT MAY EXERCISE THE POWERS GIVEN HERE IFROUGHOUT 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 LAUP OF WHICH THIS FORM IS A PART (SEE THE END 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.)

POWER OF ATTORNEY	made this 30 day of Jan	
1 I ANNE	L. MARSHALL .	hereby
appoint:	JONES B MARSHA	es in
with respect to the following Power of Attorney for Pro-	") to act for me and in my name ing powers, as defined in Section perty Law" (including all amendme fied powers inserted in paragraph 2	3-4 of the "Statutory Short Formats), but subject to any limitations

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2. (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.)

- (a) Real estate transactions
- (b) Financial institution transactions
- (a) 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
- Tax-matters-

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any trust specifically referred to below):

- (i) --- Claims and litigation --
- (k) Commodity and option transactions
- (1) Lucitiess operations
- (m) Borroving 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.)

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 sile of particular stock or real estate or special rules on borrower by the agent):

	3,	In additi	on to the	powers	granted	above	I grant	my agent	the following	TO TOWARD
(here	you may	add any	other del	egable po	wers inc	luding	without	limitation	, power to r	aske aific
exerc	ise powe	rs of appo	ointment.	name or	change I	enefici:	aries or i	oint tenen	te or revolve	or amand

Execute any an all documents relative to the purchase of the property commonly known as:

14554 Moningsion Road Colon Contact Colon legally described on Exhibit A attached hereto and made part hereof, including, but not limited to, notes, mortgages, closing statements, escrow disbursements, and settlement statements.

(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.)

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 SETTENCE 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.

(THIS POWER OF ATTORNEY MAY BE AMENDED OR REVOKED BY YOU AT ANY TIME AND IN ANY MANNER. AFFENT AMENDMENT OR REVOCATION, THE AUTHORITY GRANTED IN THIS POWER OF ATTORNEY WELL BECOME EFFECTIVE AT THE TIME THIS POWER IS SIGNED AND WILL CONTINUE UNTIL YOUR DEATH UNLESS A LIMITATION ON THE BEGINNEY DATE OR DURATION IS MADE BY INITIALING AND COMPLETING EITHER (OR BOTH) OF THE FOLLOWING:)

6. (-) This power of attorney shall become effective on 1-30-2007

- 7. () This power of attorney shall terminate on (insert a future date or event, such as court determination of your cuability when you want this
- (IF YOU WISH TO NAME SUCCESSOR AGENTS, INSERT THE NAME(S) AND ADDRESS(ES) OF SUCH SUCCESSOR(S) IN THE FOLLOWING PARAGRAPH.)

power to terminate prior to your death.)

8. 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 successor(s) to such agent:

V/A	

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.

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(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 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.
- full

10. 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.
import of this p. and or powers to my agent.
Signed: X (Munical Muscle) 524-3896
(YOU MAY, BUT ARE NOT REQUIRED TO, REQUEST YOUR AGENT AND SUCCESSOR AGENTS TO PROVIDE SPECIMEN SIGNATURES BELOW. IF YOU
INCLUDE SPECIMEN SIGNATURIS IN THIS POWER OF ATTORNEY, YOU MUST
COMPLETE THE CERTIFICATION OF OSITE THE SIGNATURES OF THE AGENTS.)
Specimen signatures of agent (and successors):
Alma & Mars & Olley While
(Ageyt)
(Successor Agent)
7,
(Successor Agent)
$\mathcal{O}_{\mathcal{S}_{\mathcal{C}_{\bullet}}}$
(Successor Agent) I certify that the signatures of my agent (and successors) are correct.
(Principal)
(Principal)
(Principal)
4

(THIS POWER OF ATTORNEY WILL NOT BE EFFECTIVE UNLESS IT IS NOTARIZED AND SIGNED BY AT LEAST ONE ADDITIONAL WITNESS USING THE FORM BELOW.)

The undersigned witness certifies that the same person whose name is subscribed as principal to the foregoing power of attorney, known to me to be appeared before me and the notary public and acknowledge 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. STATE OF COUNTY OF The undersigned, a notary public in and for the above county and state, certifies that known to me to be the same person whose name is subscribed as principal to the foregoing power of attorney, appeared before me AND (insert name of witness herein named) in person, and acknowledged signing and delivering the instruments as the free and voluntary act of the principal, for the uses and purposes therein set fortin and certified to the correctness of the VICTORIA J. BIALOUS Notary Public - State of Florida My Commission Expires May 31, 2008 My commission expires: Ammission # DD 102939 Bonded By National Notary Assn. This document was prepared by: Myn To: JAMES MANSIME 14534 MICRAIPISINE ORIAND PHAY, THE GOVER

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DRESS: 14554 MORNINGSIDE COPY

CITY: ORLAND PARK

RLAND PARK COUNTY: COOK

TAX NUMBER: 27-08-205-009-0000

LEGAL DESCRIPTION:

PARCEL 1:

PARCEL 176 IN CRYSTAL TREE, BEING A SUBDIVISION OF PART OF THE EAST 1/2 OF SECTION 8, TOWNSHIP 36 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED SEPTEMBER 23, 1987 AS DOCUMENT 87520779 AND FILED AS LR 3653642, IN COOK COUNTY, ILLINOIS.

PARCEL 2:

PRIVATE ROADWAY EASEMENT APPURTENANT TO AND FOR THE BENEFIT OF PARCEL 1 OVER LOTS 215 AND 218, FOR INGRESS AND EGRESS, AS SET FORTH IN THE DECLARATION RECORDED MARCH 24, 1988 DER 5,

OF COLUMN CLORES OFFICE AS DOCUMENT 88121062 AND RE-RECORDED APRIL 28, 1988 AS DOCUMENT 88178671 AND CREATED BY THE DEED DATED (CTOBER 5, 1988 AND RECORDED DECEMBER 2, 1988 AS DOCUMENT 88554733.