

ILLINOIS STATUTORY  
SHORT FORM POWER OF  
ATTORNEY FOR PROPERTY

MD 433444 (314)



Doc#: 0416347150  
Eugene "Gene" Moore Fee: \$30.00  
Cook County Recorder of Deeds  
Date: 06/11/2004 10:20 AM Pg: 1 of 4

(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 YOUR REAL ESTATE  
PERSONAL PROPERTY WITHOUT  
ADVANCE NOTICE TO YOU OR  
APPROVAL BY YOU. THIS FORM  
DOES NOT IMPOSE A DUTY ON

YOUR AGENT TO EXERCISE CERTAIN POWERS, BUT THESE 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 EXHAUSTED 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. IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT

POWER OF ATTORNEY made this 25th day of January (month) 2004 (year)

I, CHARLES JONES, 1300 Oak Hill Drive, Escondido, CA 92027

(insert name and address of principal)

herby appoint

RENEE KENDALL, 8720 S. Constance, Chicago, IL 60617

(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 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 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.)

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- (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.
- (h) Social Security, employment and military service benefits.
- (i) Tax matters.
- (j) Claims and litigation.
- (k) Commodity and option transactions.
- (l) 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.)

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):

This power of attorney is limited to allow my agent to take any and all actions necessary to effect the sale of 350 E. 75th St., Chicago, IL

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):

NONE OTHER

(YOUR AGENT WILL HAVE AUTHORITY TO EMPLOY OTHER PERSONS AS NECESSARY TO ENABLE THE AGENT TO EXERCISE ALL POWERS GRANTED IN THIS POWER OF ATTORNEY. 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.

(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:)

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6. ( ) This power of attorney shall become effective on immediately (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)

7. ( ) This power of attorney shall terminate on at the death of the principal (insert a future date or event, such as court determination of your disability, when you want this power to terminate upon your death)

(IF YOU WISH TO NAME SUCCESSOR AGENTS, INSERT THE NAME(S) AND ADDRESS(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 the office of agent I name the following (such to act alone and successively, in the order named) as successor(s) to such agent:

For purposes of this instrument, a medical claim or certification of the physician is valid while the patient is a patient to business matters, as certified by a licensed physician.

(IF YOU WISH TO INVOKE YOUR RIGHT AS GUARDIAN OF YOUR ESTATE, BY THIS POWER OF ATTORNEY YOU MAY MAKE THE COURT FIND THAT SUCH APPOINTMENT WILL SERVE YOUR BEST INTERESTS AND WELFARE. STATE ONE PARAGRAPH IF YOU DO NOT WANT YOUR AGENT 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. 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.

Signed   
(principal)

(YOU MAY, BUT ARE NOT REQUIRED TO, REQUEST YOUR AGENT AND SUCCESSOR AGENTS TO PROVIDE SPECIMEN SIGNATURES BELOW IF YOU DESIRE SPECIMEN SIGNATURES OF THE AGENTS.)

Specimen signatures of agent (and successor)

I certify that the signatures of my agent (and successor) are correct.

(agent)

(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.)

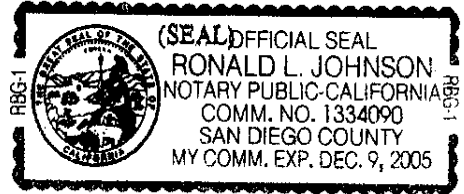
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State of CALIFORNIA )  
County of San Diego ) SS.

The undersigned, a notary public in and for the above county and state, certifies that Charles Jones 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: 1/27/04

*Ronald L. Johnson*  
Notary Public



My commission expires Dec 9 2005

The undersigned witness certifies that Charles Jones, 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: 1-27-04

*Debra Jones*  
Witness

(SEAL)

(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:

Timothy L. Rowells, 35 E. Wacker Drive, Chicago, IL 60601

The requirement of the signature of an additional witness imposed by the amendatory Act of the 91st General Assembly applies only to instruments executed on or after the effective date of June 9<sup>th</sup>, 2000. (P.A. 86-736)

### LEGAL DESCRIPTION

The West 50 feet of Lot 7 in Block 12 in Prescott's Subdivision of the East 1/2 of the Northwest 1/4 of Section 27, Township 38 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois.

P.I.N.: 20-17-123-032

Address: 350 E. 75th St., Chicago, IL

*Prepared by e-Mail To:*

*Minnie Jones  
7301 S. Constance  
Chicago, IL 60644*