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ATTORNEY

Eugene "Gene" Moore Fee: \$28.00 Cook County Recorder of Deeds

Date: 08/23/2004 09:26 AM Pg: 1 of 3

MAIL TO, MILA GIORIA NOVAK 2300 W. Lake St. Melrose Pain IL Golled

LEGAL DESCRIPTION - EXHIBIT A

Legal Description: LOT 16 IN JOSEPH W. O'CONNOR'S MAIN STREET ADDITION TO MATTESON, A SUBDIVISION IN THE NORTH WEST 1/4 OF THE SOUTH EAST 1/4 OF SECTION 23, TOWNSHIP 35 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN (BEING PART OF LOT 24 IN THE DIVISION OF PAPTS OF SAID SECTION 23), IN COOK COUNTY, Continue Office ILLINOIS.

Permanent Index #'s: 31-23-401-017-0000 Vol. 179

Property Address: 21153 Oak Street, Matteson, Illinois 60443

Tor Co.

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ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

(NOTICE: THE PURPOSE OF THE POWER OF ATTORNEY IS TO GIVE THE PERSON YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOU 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 POWER OR A COURT ACTING ON YOU BEHALF TERMINATES IT, YOUR AGENT MAY EXERCISE 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. 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 12th_day of July, 2004,
1. Maria C. Rosas, 22131 Millard, Richton Park, IL 60471
(Insert name and address of principal)
hereby appoint: Miguel 1 crez, 1502 Scott ave, Chicago Heights, IL 60411
as my attorney-in-fact (my "agent") was for me and in my name (in any way) (could get in percent)

as my attorney-in-fact (my "agent") to acc 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)

- (a) Real Estate Transactions.
- (b) Financial institution transactions.

(LIMITATIONS ON AND ADDITION 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):
- 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 limitations 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):

(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.)

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 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. (x) This power of attorney shall become effective on	7-13-04
(Insert a future date or event during your lifetime, such as court determination take effect.)	on of your disability, when you want this power to first
7. (x) This power of attorney shall terminate on	9-12-04
(Insert a future date or event during your lifetime, such as court determination take effect.)	on of your disability, when you want this power to first
(IF YOU WISH TO NAME SUCCESSOR AGENTS, INSERT THE NAMIN THE LOL OWING PARAGRAPHS.)	E(S) AND ADDRESS(ES) OF SUCH SUCCESSOR(S)
8. 1. any agent named by me shall die, become incompetent, resi following (each to rect alone and successively, in the order named) as successively.	gn or refuse to accept the office of agent, I name the sor(s) to such agent:
For purpose of this page 1	
For purpose of this paragraph 5, a person shall be considered to be incompet incompetent or disabled person or the person is unable to give prompt and in a licensed physician.	ent if and while the person is a minor or an adjudicated stelligent consideration to business matters, as certified by
(IF YOU WISH TO NAME YOUR ACENT AS GUARDIAN OF YOUR E ONE SHOULD BE APPOINTED, YOU MAY, FUT ARE NOT REQUIRE PARAGRAPH. THE COURT WILL APPOINT YOUR AGENT IF THE C SERVE YOUR BEST INTERESTS AND WELFAFE. STRIKE OUT PAR TO ACT AS GUARDIAN.)	D TO, DO SO BY RETAINING THE FOLLOWING
9. If a guardian of my estate (my property) is to be apprinted, I r such guardian, to serve without bond or security.	·
 I am fully informed as to all the contents of this form and uncagent. 	lerstand the full impact of this grant of powers to may
	La Consuelo Rosas
THIS POWER OF ATTORNEY WILL NOT BE EFFECTIVE UNLESS IT	(Deinging!)
County of Duffe)	O/L
The undersigned, a notary public in and for the above county and	state, certifies that Marita Consuelo Rosac
nown to me to be the same person whose name is subscribed as principal to erson and acknowledged signing and delivering the instrument as the free an urposes therein set forth (, and certified to the correctness of the signature(s)	the foregoing power of attorney, and on ed before me in
OFFICIAL SEAL (Seal) ROBERT J NOVAK NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPRES 120107	Rotary Public
	My commission expires

(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:

dr. 145

Mila Gloria. Novak, 2300 West Lake Street, , Melrose Park, ILLINOIS 60160