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ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY DURABLE POWER OF ATTORNEY

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, in the second	
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(The place above for Recorders use only) Legal Description: See attached Legal Description	
This Power of Attorney is being created for the purpose of refinancing the property located at:	
Street Address: 2731 N. WOLCOTT AVENUE, UNIT D City CHICKEN IL LOGS 7	
Permanent tax index # 30 222 141 6000 491	
(The above can be deleted if real estate not subject to the Power of Attorney.)	
(NOTICE: THE PURPOSE OF THIS FOWER OF ATTORNEY IS TO GIVE THE PERSON YOU DESIGNATE (Y'"AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO PLEDGE, SELIOTHERWISE DISPOSE OF ANY REAL CR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU APPROVAL BY YOU. THIS FORM DOES! OT IMPOSE A DUTY ON YOUR AGENT TO EXERCISE GRANTED POW BUT WHEN POWERS ARE EXERCISED, YOUR AGENT WILL HAVE TO USE DUE CARE TO ACT FOR YOUR BEN AND IN ACCORDANCE WITH THIS FORM AND REP A RECORD OF RECEIPTS, DISBURSEMENTS AND SIGNIFIC ACTIONS TAKEN AS A AGENT. A COURT CAN TAKE AWAY THE POWERS OF YOUR AGENT IF IT FINDS AGENT NOT ACTING PROPERLY. YOU MAY NAME SUCCESSORAGENTS UNDER THIS FORM BUT NOT AS AGNETS. UNLESS YOU EXPRESSLY LIMIT THE DURLTION OF THIS POWER IN THE MANNER PROVIDED BEI UNTIL YOU REVOKE THIS POWER OR A COURT ACTING ON YOUR BEHALF TERMINATES IT, YOUR AGENT DEXERCISE THE POWERS GIVEN HERE THROUGHOUT YOU'L LIFETIME, EVEN AFTER YOU BECOME DISABETHE POWERS YOU GIVE YOUR AGENT ARE EXPLAINED LARRE FULLY IN SECTION 3-4 OF THE ILLIC "STARUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERT! LAW" OF WHICK THIS FORM IS A PART THE BACK OF THIS FORM). THAT LAW EXPRESSLY PERMITS THE USE OF ANY DIFFERENT FORM OF POWE ATTORNEY YOU MAY DESIRE. IF THERE IS ANYTHING ABOUT THIS TO? M THAT YOU DO NOT UNDERSTATORNEY YOU MAY DESIRE. IF THERE IS ANYTHING ABOUT THIS TO? M THAT YOU DO NOT UNDERSTATORNEY YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU.)	OR ERS; EFIT ANT THE CO- OW, MAY LED, VOIS (SEE R OF
POWER OF ATTORNEY made this day of Move of 2004	
(same day as Effective Date) (month) (year)	
1. I, THY R. BORDEN 2337 N. WOLCOTT AVENUE, WIT >, CHICAGO, L (insert name and address of Principal (person needing the POA))	457
hereby appoint: (insert name and address of Agent (person who will be signing on behalf of Trincipal))	37
as my attorney-in-fact (my "agent") to act for me in my name (in any way I could act in person) with respect following powers, as defined in section 3-4 of the "Statutory Short Form Power of Attorney for Property (including all amendments), but subject to any limitations on or additions to the specific powers inserted in paragr or 3 below:	Law
Doc#: 0432946155	
Doc#: 0432946155 Eugene "Gene" Moore Fee: \$58.00 Eugene "Gene" Moore Fee: \$58.00 TICOR TITLE INSURANCE Date: 11/24/2004 11:17 AM Pg: 1 of 5 1511 W. BARRY	
CHICAGO, IL 60657	

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(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.
- (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) Com nodity and option transactions.
- (1) Busines; transactions.
- (m) Borrowing transactions.
- (n) Estate transactions.
- (0) 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 SPECIFICIALLY DESCRIBED DELOW.)

Not Applicable	
	√)×
	above I great my egent the allowing nowers (nere voil in av aug
other delegable powers inc	ranted above, I grant my agent the following powers (here you may add actuding, without limitation, power to make gifts, exercise powers ge beneficiaries or joint tenants or revoke or amend any trust specific

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

(YOUR AGENT WILL HAVE AUTHORITY TO EMPLOY OTHER PERSONS AS NECESSARY TO LYABLE 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 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 SENTENCE IF YOU DO NOT WANT YOUR AGENT TO ALSO BE ENTITLED TO REASONABLE COMPENSATION 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 REVOKATION, 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 INITIALIZING AND COMPLETING EITHER (OR BOTH) OF THE FOLLOWING:)

	(XX) This power of attorney shall become	effective on
	NOVEMBER 10, 2004	
	re date or event during your lifetime, such take effect)	as court determination of your disability, when you want this
	,	
7.	(XX) This power of attorney shall terminate	on
	NOVEMBEL 30, 2004	
insert a date our death)	e or event such as a court determination of y	your disability, when you want this power to terminate prior to
IF YOU WIS N THE FOLI	SH TO NAME SUCCESSOR AGENTS, INSER' LOWING PARAGRAPH.)	T THE NAME(S) AND ADDRESS(ES) OF SUCH SUCCESSOR(S)
8.	If any agent named by me shell die, become name the following (each to act alone and s	ne incompetent, resign or refuse to accept the office of agent, I nuccessively, in the order named) as successor(s) to such agent:
	Not Applicable	
YOUR ESTA REQUIRED T I'HE COURT PARAGRAPI 9.	ATE, IN THE EVENT A COURT DECIDED TO TO, DO SO BY RETAINING THE FOLLOWING TINDS THAT SUCH APPOINTMENT WILL SHOW IF YOU DO NOT WANT YOUR AGENT TO THE A guardian of my estate (my property) is of attorney as such guardian, to serve without the serve with the serve without the serve without the serve with the se	s to be appointed, I ucapinate the agent acting under this power
	•	JA Ox
	Signed: XX	(principal)
SPECIMEN	, BUT ARE NOT REQUIRED TO, REQUE SIGNATURES IN THIS POWER OF ATTORI TURES OF THE AGENTS.)	ST YOUR AGENT AND SUCCESSOR AGENTS TO PROVIDE NEY, YOU MUST COMPLETE THE CERTIFICATION OPPOSITE
Specimen si	ignatures of agents (and successors)	I certify that the signatures of my agent (and successors are correct)
XX	gent)	XX(principal)
(ag	gent)	(principal)
XX	N/A nccessor agent)	(principal)

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District Culi
Witness: Shinature
KIUBERLY A. Hix Witness: Printed Name
(THIS POWER OF ATTORNEY WILL NOT BE EFFECTIVE UNLESS IT IS NOTORIZED, USING THE FORM BELOW.)
State of Illinois) ss. County of COOK
I, the undersigned a Notary Public in and for the said County in the State of aforesaid, Do Hereby Certify that TAY PASCROEN personally 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, this day in person, and acknowledged signing and delivering the instrument as the free and voluntary act of the principal, for the uses and
Dated: Novembra 18, 2004 "OFFICIAL SEAL" Sheila Beary Quinn Notary Public, State of Illinois My Commission Expires August 2, 2005 Notary Signature August 2, 2005 Commission Expires
(Space for Notary Seal above) Prepared by and when Recorded mail to: Name: Street Address: City, St, Zip:
Street Address:
City, St, Zip:
City, St, Zip:

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TICOR TITLE INSURANCE COMPANY

ORDER NUMBER: 2000 000556642 CH

STREET ADDRESS: 2839 N. WOLCOTT AVE. UNIT D

CITY: CHICAGO COUNTY: COOK COUNTY

TAX NUMBER: 14-30-222-141-0000

LEGAL DESCRIPTION:

PARCEL 1:

LOT 36 IN LANDMARK VILLAGE UNIT 2, BEING A RESUBDIVISION OF LOTS 165 THROUGH 175, INCLUSIVE, AND LOTS 222 THROUGH 232, INCLUSIVE IN THE WILLIAM DEERING'S DIVERSEY AVENUE SUPDIVISION IN THE SOUTHWEST 1/4 OF THE NORTHWEST 1/4 OF SECTION 30, TOWNSHIP 40 NOWIT, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN AND PART OF VACATED WEST GEORGE STREET LYING NORTH OF AND ADJACENT TO SAID LOTS 165 THROUGH 175, AND PART OF VACATED WEST WOLFRAM STREET LYING SOUTH OF AND ADJACENT TO SAID LOTS 222 THROUGH 232, AND PART OF LOT 2 IN OWNER'S PLAT OF PART OF THE SOUTHWEST 1/4 OF THE NORTHEAST 1/4 OF SECTION 30, AFORESAID, ACCORDING TO THE PLAT THEREOF RECORDED JANUARY 12, 1995 AS LC CUMENT 95027318, IN COOK COUNTY, ILLINOIS.

PARCEL 2:

PERPETUAL NON-EXCLUSIVE BASEMENT TO AND FOR THE BENEFIT OF PARCEL 1 FOR INGRESS AND EGRESS IN, TO, OVER AND ACROSS LOT 58 AS CREATED AND SET OUT IN THE PLAT OF RESUBDIVISION FOR LANDMARK VILLAGE UNIT 2 PROORDED AS DOCUMENT 95027318.