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Doc#: 0506318039 Eugene "Gene" Moore Fee: \$32.00 Cook County Recorder of Deeds Date: 03/04/2005 10:26 AM Pg: 1 of 5

POWER OF ATTORNEY Clark's Office

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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 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, REVOKE THIS POWER OR A COURT ACTING ON YOU BEHALF TERMINATES IT, YOUR AGENT MAY EXERCISE GIVEN HERE THROUGHOUT YOUR LIFETIME, EVEN AFTER YOU BECOME DISABLED. THE POWERS YOU POWER OF ATTORNEY FOR PROPERTY LAW" OF WHICH THIS FORM IS A PART (SEE THE BACK OF THIS FORM). 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 27 day of JANUARY, 2005.

I, DENIS C. HARRINGTON, RESIDING AT 2142 N. SEMINARY, CHICAGO, IL. 60614

hereby appoint. TOBE IT & GRIFFIN, ATTORNEY AT LAW, 1117 W. BELMONT AVE, CHICAGO, IL. 60657
as my attorned at a fact (my "acter") to act for me and in my name (in any way I could act in person) with respect to the following appoint in Section 3.1 or the "Statutory Short Form Power of Attorney for Property Law" (including all amendments), but 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: TRIKE THE TITLE OF ANY CATEGORY WILL CAUSE THE POWERS DESCRIBED IN THAT CATEGORY TO BE UP AN TED TO THE AGENT, TO STRIKE OUT A CATEGORY YOU MUST DRAW A LINE THROUGH THE TITLE OF THAT CATEGORY.)

(a) Real Estate Transaction, BEING HELOC LOAN MOFTGAGE DOCUMENTS WITH CITIZENS FINANCIAL SERVICES, FSB

(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 hall 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 year 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 1'1E 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 FE

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.

14.32-214.027

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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:)

ō. (X)	This power of attorney shall become effective onJANUARY 27, 2005
7. (X) HAVE BEEN SIGNED	This power of attorney shall terminate on ONCE ALL DOCUMENTS NECESSARY FOR THE LOAN AND RECORDED.
	ME SUCCESSOR AGENTS, INSERT THE NAME(S) AND ADDRESS(ES) OF SUCH SUCCESSOR(S) IN
8. If any age following (each to act a	ent named by me shall die, become incompetent, resign or refuse to accept the office of agent, I name the lone and successively, in the order named) as successor(s) to such agent:
For purpose of this paragineompetent or disable da licensed physician.	graph 8, a person shall be considered to be incompetent if and while the person is a minor or an adjudicated person or the person is unable to give prompt and intelligent consideration to business matters, as certified by
(IF YOU WISH TO MAK	EVOVD LODGE
	ME 'O'JR AGENT AS GUARDIAN OF YOUR ESTATE, IN THE EVENT A COURT DECIDES THAT OINTLD, YOU MAY, BUT ARE NOT REQUIRED TO, DO SO BY RETAINING THE FOLLOWING DURT WILL AI POINT YOUR AGENT IF THE COURT FINDS THAT SUCH APPOINTMENT WILL TERESTS AN'J WELFARE. STRIKE OUT PARAGRAPH 9 IF YOU DO NOT WANT YOUR AGENT
	TOOK AGEN
9. If a guardi such guardian, to serve w	an of my estate (my property) is to be appointed, I nominate the agent acting under this power of attorney as
	informed as to all the contents of this form, and understand the full impact of this grant of powers to may
10. I am fully agent.	informed as to all the contents of this form, and understand the full impact of this grant of powers to may Sign d (Principal)
10. I am fully gent. YOU MAY, BUT ARE N	informed as to all the contents of this form, and understand the full impact of this grant of powers to may Sign d (Principal) OT REQUIRED TO, REQUEST YOUR AGENT AND SUC/ESSOR AGENTS TO PROVIDE S BELOW. IF YOU INCLUDE SPECIMEN SIGNATURE: IN THIS POWER OF ATTORNEY, YOU CERTIFICATION OPPOSITE THE SIGNATURES OF THE ACCESTS.)
10. I am fully gent. YOU MAY, BUT ARE N	of required to, request your agent and successor agents to provide Selow. If you include specimen signatures in this power of attorney, you certification opposite the signatures of the agents.) I certify that the signatures of my agent (and successor)
10. I am fully gent. YOU MAY, BUT ARE N	informed as to all the contents of this form, and understand the full impact of this grant of powdrs to may Sign d (Principal) OT REQUIRED TO, REQUEST YOUR AGENT AND SLICK ENSOR ACENTED TO PROCEED.
10. I am fully igent. YOU MAY, BUT ARE N PECIMEN SIGNATURE IUST COMPLETE THE	of required to, request your agent and successor agents to provide Selow. If you include specimen signatures in this power of attorney, you certification opposite the signatures of the agents.) I certify that the signatures of my agent (and successor)
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10. I am fully agent. YOU MAY, BUT ARE N PECIMEN SIGNATURE IUST COMPLETE THE	informed as to all the contents of this form, and understand the full impact of this grant of powers to may Sign.d (Principal) OT REQUIRED TO, REQUEST YOUR AGENT AND SUCCESSOR AGENTS TO PROVIDE SELOW. IF YOU INCLUDE SPECIMEN SIGNATURE: IN THIS POWER OF ATTORNEY, YOU CERTIFICATION OPPOSITE THE SIGNATURES OF THE ACTIVITY.) I certify that the signatures of my agent (and successors) are correct. (Principal)

(THIS POWER OF ATTORNEY WILL NOT BE EFFECTIVE UNLESS IT IS NOTARIZED, USING THE FORM BELOW.)

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State of	FLORIDA)		
County of) ss.		
	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 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: Dated:				
	Modery Public - State of Florida MyCommission Expires Mor 19, 2008 Commission # DD288101 Bonded By National Notary Assn.	Notary Public Notary		
(THE NAME HAVE POWE	E AND ADDRESS OF THE PERSON PREPARING T	HIS FORM SHOULD BE INSERTED IF THE ACEDIT WILL		

HAVE POWER TO CONVEY ANY IN TEPEST IN REAL ESTATE.)

This document was prepared by:

Robert C. Griffin, 1117 West Belmont Ave., , Chicago, ILLINOIS 60657

FLDL H65216339085 11-27-01 3-23-06

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APPENDIX

NAME: DENIS C. HARRINGTON

STREET ADDRESS: 2142 N. SEMINARY

CITY: CHICAGO STATE: ILLINOIS ZIP: 60614

OR

RECORDER'S OFFICE BOX NO.

LEGAL DESCRIPTION:

LOT 47 IN BLOCK 5 IN THE NORTHWEST 1/4 OF BLOCK 10 IN SHEFFIELD'S ADDITION TO CHICAGO IN SECTION 32, TOWNSHIP 40 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

STREET ADDRESS:

21/21: SEMINARY CHICAGO, IL 60614

PERMANENT TAX INDEX NUMP ck 14-32-214-027

THE SPACE ABOVE IS NOT PART OF OF ACIAL STATUTORY FORM. IT IS ONLY FOR THE AGENT'S USE IN RECORDING THIS FORM WHEN NECESSARY FOR REAL ESTATE TRANSACTIONS.