ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

Doc#: 0510242257 Eugene "Gene" Moore Fee: \$32.00 Cook County Recorder of Deeds Date: 04/12/2005 01:11 PM Pg: 1 of 5

(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 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 A 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 AGENIC 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 AFILE THROUGHOUT YOUR LIFETIME, EVEN AFTER YOU BECOME DISABLED. THE POWERS YOU GIVE YOUR AGENT ARE EXPLAINED MORE FULLY " SECTION 3-4 OF THE ILLINOIS "STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY LAW" OF WHICH THIS FORM IS A PART (SETHE BACK OF THIS FORM). THAT LAW EXPRESSLY PERMITS THE USE OF ANY DIFFERENT FORM OF POWER OF ATTORNEY YOU MAY DESIRE. TO THE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO

POWER OF ATTORIES made this 28 day of March, 2005.

1. I, CHRISTINE M. KOW ALSKI of Palatine, IL, hereby appoint: KENNETH T. KOWALSKI of Palatine, IL, 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 rowers, 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 FOI LOWING CATEGORIES OF POWERS YOU DO NOT WANT YOUR AGENT TO HAVE. FAILURE TO STRIKE THE TITLF 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.)

First American Title Order # (a) Real estate transactions.

- Financial institution transactions.
- Stock and bond transactions.
- Tangible personal property transactions
- (e) Safe deposit box transactions.
- (f) ____Insurance and annuity transactions.
- Retirement plan transactions.
- Social Security, employment and military service benefits.
- Tax matters.
- Claims and litigation.
- Commodity and option transactions.
- Business operations.
- (m) Borrowing transactions.
- (n)Estate transactions.
- 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.)

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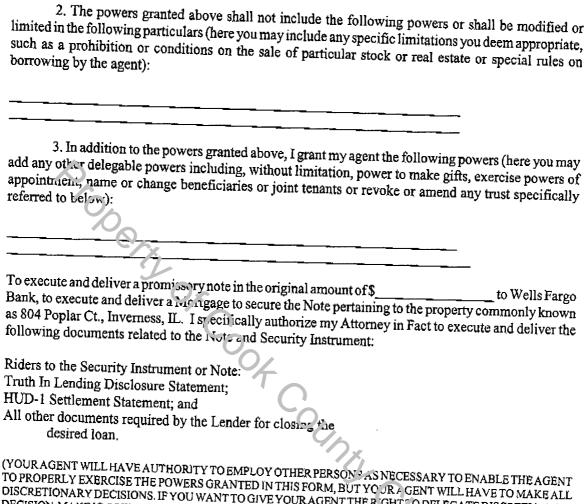
LEGAL DESCRIPTION - EXHIBIT A

Legal Description: Unit No. 108, in The Estates at Inverness Ridge Condominiums, as delineated on a plat of survey of the following described tract of land: Lot 1, in the Estates at Inverness Ridge--Unit 1, being a subdivision of part of the West half of Section 24, Township 42 North, Range 9 East of the Third Principal Meridian, according to the plat thereof recorded April 11, 2001 as document no. 00101292526; which survey is attached as Exhibit "B" to the Declaration of Condominium Ownership recorded October 2, 2002 as document no. 0021080525, as amended from time to time, together with its undivided percentage interest in the common elements, all in Cook County, Illinois.

Permanent Index #'s: 01-24-100-021-0000 Vol. 0001 and 01-24-100-024-0000 Vol. 0001

Popla.

Probably Of Cook Colling Clark's Office Property Address: 804 Poplar Drive, Inverness, Illinois 60010



DISCRETIONARY DECISIONS. IF YOU WANT TO GIVE YOUR AGENT THE RIGHT, O DELEGATE DISCRETIONARY DECISION-MAKING POWERS TO OTHERS, YOU SHOULD KEEP THE NEXT SEN'. ENCE, 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

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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. This power of attorney shall become effective on the date above written.

(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 when the above real estate transaction closes.

(insert a fiture date or event, such as court determination of your disability, when you want this power to terminate prior to your death)

(IF YOU WISH TO NAME SUCCESSOR AGENTS, INSERT THE NAME(S) AND ADDRESS(ES) OF SUCH SUCCESSOR(S) IN 11' L'I OLLOWING 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 (each to act alone and successively, in the order named) as successor(s) to such agent:

None

For purposes of this paragraph 8, a person site? 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. (IF YOU WISH TO NAME YOUR AGENT AS GUARDIAN OF YOUR ESTATE, IN THIS EVENT A COURT DECIDES THAT ONE SHOULD BE APPOINTED, YOU MAY, BUT ARE NOT REQUIRED TO, DO SO LY 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.)

9. If a guardian of my estate (my property) is to be appointed, Luctuinate 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.

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CHRISTINE M. KOWALSKI

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(THIS POWER OF AT	TORNEY WILL NOT BE EFFECTIVE UNLESS IT IS NOTARIZED, USING THE FORM BELOW.)
State of Illinois)
County of Lake) ss.)

The undersigned, a notary public in and for the above county and state, certifies that CHRISTINE M., KOWALSKI known to me to be the same person whose name is subscribed as princir_1 to the foregoing power of attorney, appeared before me in person and acknowledged signing and selivering the instrument as the free and voluntary act of the principal, for the uses and purposes therein set forth.

My commission expires:

The undersigned witness certified that CIPISTINE M. KOWALSKI known to me to be the same

person whose name is subscribed as principe' 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 there in set forth. I believe him or her to be of sound mind My Clarks Office

Dated:

Witness

This document was prepared by: Richard J. Nakon & Associates 121 East Liberty Street Ste.3 Wauconda, Illinois 60084 (847)526-0626

& mail to