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Eugene "Gene" Moore Fee: \$38.00
Cook County Recorder of Deeds
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Property of
POWER OF ATTORNEY
TITLE OF DOCUMENT
Cook County Clerk's Office

THIS INSTRUMENT WAS PREPARED BY:

PAPPAS & BECK LLC

234 W AURKEGAN RD

GLENVIEW IL

847-724-3700

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POWER OF ATTORNEY

I, **THOMAS LOUIS WHITE**, of the Village of Glenview, County of Cook, State of Illinois (Social Security Number ~~232-36-5700~~), appoint my wife, **CAROL JANE WHITE**, of Glenview, Illinois, County of Cook, State of Illinois (referred to below as "my attorney"), my true and lawful agent and attorney. A sample of the signature of my attorney appears below. By executing this document I declare my attorney my true and lawful agent, and authorize her to take the following actions for me and in my name with reference to any interest from time to time owned by me in property, real or personal, wherever located ("property"), or other matters in which I from time to time may have a personal or financial interest, to-wit:

1. To open and enter on my behalf any safe deposit box rented or held by me along or jointly with others; at any time to deposit in such box or to remove from such box any part or all of the contents thereof, including any security or tangible personal property, as often and as freely as I could do if personally present, and to cancel or modify the lease under which such box is rented and to surrender or exchange the same.

2. To execute any and all documents requiring my signature including checks, tax returns, proxies, contracts, financial institution withdrawal slips or requests, and any and all other documents requiring my signature or to which **CAROL JANE WHITE** deems required on or in my behalf.

3. To deposit in or withdraw from any bank, trust company, savings association, safe deposit company, broker, or other depository or agent, any moneys or other property, and to examine or receive related records, including canceled checks.

4. To move, store, ship, restore, maintain, improve, insure, and safeguard any tangible property owned by me including the contents of my residence at **1120 Raleigh Road, Glenview, Illinois 60025**.

5. To prepare, sign, and file any claim or application for Social Security or military service benefits; sue for, settle, or abandon any claims to any benefit or assistance under any federal, state, local, foreign statute or regulation; control, deposit to any account, collect, receipt for, and take title to and hold all benefits under any Social Security, military service, state, federal, local, or foreign statute or regulation; and, in general, exercise all powers with respect to Social Security, military service, and governmental benefits.

6. To sell, mortgage, improve, repair, maintain, insure, and lease for any term and otherwise deal with any real property titled in my name.

7. To borrow from any source for any purpose and mortgage or pledge any property to any lender.


Thomas Louis White

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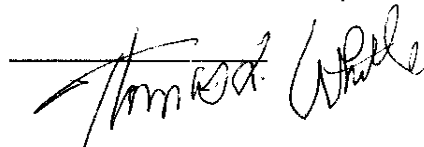
8. To demand, sue for, receive, and otherwise take steps to collect or recover all debts, rents, proceeds, interest, dividends, annuities, securities for money, goods, chattels, bequests, income from property, damages, and all other property to which I may be entitled or which are or may become due me from any person or organization; to commence, prosecute or enforce, or to defend, answer or oppose, contest and abandon all legal proceedings in which I am or may hereafter be interested; and to settle, compromise, or submit to arbitration any accounts, debts, claims, disputes, and matters now existing or which may hereafter arise between me and any other person or organization and to grant an extension of time for the payment or satisfaction thereof on any terms, with or without security.

9. To continue to carry, purchase, cancel or dispose of fire, casualty, property, or income protection, medical, hospital, life, liability, or other insurance and to pay any premiums thereon.

10. To appear and represent me in regard to and to take all actions convenient or appropriate in connection with taxes imposed by any municipal, state, United States, or foreign authority or government relating to any tax liability or refund, abatement, or credit (including interest or penalties) due or alleged to be due from or to me or any other person or organization, association, or trust for which I am responsible for the preparation, signing, executing, verifying, acknowledging, or paying of any tax due or filing of a return or report, including without limitation federal or state income or gift tax, for any and all taxable years or periods; and for such purposes to inspect or receive copies of any tax returns filed by or for me, reports or other papers or documents, compromises or adjustments of any and all claims.

11. To prepare, draw, make, sign, execute, seal, acknowledge, verify, discount, accept, endorse, with or without recourse to me, waive demand, notice, and notice of protest, file and deliver on my behalf any and all checks, orders, notes, drafts, certificates of deposit, mortgages, leases, proxies, agreements, receipts, releases, and discharges.

12. To appoint and employ, with or without compensation, any accountants, attorneys at law, investment counsel, agents, servants, or other persons, including their agents and associates, and to dismiss or discharge the same and to appoint or employ any others in their stead as my true and lawful attorneys, to appear and represent me as to all matters covered by this power of attorney, or for any other purpose, including, but not limited to, appearances before the Treasury Department of the United States, the Tax Court of the United States, the United States Court of Claims, or any other court of the United States or the District Of Columbia, or any state, municipal, or foreign court, and any department or official of the United States government or any state, municipal, or foreign government, with full power and authority to such agents and attorneys to do any and all acts convenient or appropriate in connection with such matters,



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including the specific acts described above, and to substitute attorneys and agents subsequent to the date of such appointment and prior to any revocation thereof, and to delegate or revoke the authority so granted to them.

13. To pay, as my attorney shall think fit, any debts, or interest, payable by me, or taxes, assessments, and expenses due and payable or to become due and payable for my use and benefit.

14. To substitute and appoint in my attorney's place and stead (on such terms and at such salary or compensation as my attorney shall think fit) one or more attorney or attorneys to exercise for me as my attorney or attorneys any or all of the powers and authorities hereby conferred, and to revoke any such appointment from time to time, and to substitute or appoint any other or others in the place of such attorney or attorneys, as my attorney shall, from time to time think fit.

15. To pay my ordinary household expenses, to arrange for and pay the costs of the services of a companion for me, medical, nursing, hospital, convalescent, and other health care and treatment, including admission to hospitals, nursing homes, nursing care facilities, and consent to treatment; to execute any contract pursuant to the Nursing Home Care Reform Act of 1979, which might be necessary to admit me to a nursing home or nursing care facility; and to make application for insurance, pension, or employee benefits related to such health care and treatment.

16. To employ any medical doctor, surgeon, dentist, radiologist, nurse, anesthesiologist, orthopedist, urologist, cardiologist, pathologist, or other medical personnel for my care or treatment.

17. To dismiss or discharge any of those mentioned persons in the previous paragraph named, and to appoint or employ another or others in their stead.

18. To consent to or refuse any medical treatment, procedures, surgery, or any other course of conduct with respect to my well being that **CAROL JANE WHITE** believes, in **CAROL JANE WHITE'S** sole discretion, to be proper. I further state herein that I do not want my life to be prolonged nor do I want life-sustaining treatment to be provided or continued if **CAROL JANE WHITE** believes the burdens of the treatment outweigh the expected benefits. I want **CAROL JANE WHITE** to consider the relief of suffering, the expense involved and the quality as well as the possible extension of my life in making decisions concerning life-sustaining treatment, and to sign this paragraph to confirm my wishes.



THOMAS LOUIS WHITE

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19. Finally (without prejudice to and in enlargement of the authority above conferred), to execute each and every instrument, to undertake each and every obligation, and to take from time to time any and all action of whatsoever nature and with relation to any matters whatsoever, whether or not specifically mentioned herein, and to exercise in respect thereto as full and complete power and discretion as I myself might or could do.

20. To sell, lease, or otherwise utilize or dispose of my entire interest in the Seat at the Board of Trade which I am the owner or have an interest.

In the event that **CAROL JANE WHITE** is unable to act as my Attorney, I hereby appoint my son, **DAVID ROBERT WHITE**, as my Successor Attorney.

Without any conveyance or order of court, my Successor Attorney shall have all the powers granted to the original Attorney and shall assume all the duties imposed upon the original Attorney. No Successor Attorney shall have any responsibility to inquire into the acts of any predecessor Attorney, nor shall any Successor Attorney be liable for any act or omission of any predecessor Attorney of which the Successor Attorney has no actual knowledge. Any person may, without liability, rely on the written certification of a Successor Attorney that such Successor has been duly appointed and has power to act.

My attorney shall exercise or omit to exercise the powers and authorities granted herein in each case as my attorney in my attorney's own absolute discretion deems desirable or appropriate under existing circumstances. I hereby ratify and confirm as good and effectual, at law or in equity, all that my attorney, and any agents and attorneys appointed by my attorney, and their agents, associates, and substitutes, may do by virtue hereof. However, despite the above provisions, nothing herein shall be construed as imposing a duty on my attorney to act or assume responsibility for any matters referred to above or other matters even though my attorney may have power or authority hereunder to do so.

If any power or authority hereby sought to be conferred upon my attorney should be invalid or not exercisable for any cause or not recognized by any person or organization dealing with my attorney, the remaining powers and authorities given to my attorney hereunder shall nevertheless continue in full force and effect.

Each person, partnership, corporation, or other legal entity relying or acting upon this power of attorney shall be entitled to presume conclusively that this power of attorney is in full force and effect unless written notice shall have been given by me to such person, partnership, corporation, or other legal entity that this power has been revoked. In addition, revocation of the appointment of my attorney shall not be effective until my attorney has received actual notice of its revocation in writing from me and delivered to my

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attorney; until receipt of such actual notice, my attorney shall not be liable to me for any action taken by my attorney.

No person, partnership, corporation, or legal entity relying upon this power of attorney shall be required to see to the application and disposition of any moneys, stocks, bonds, securities, or other property paid to or delivered to my attorney, or my attorney's substitute, pursuant to the provisions hereof.

It is my intent that this power of attorney shall remain in full force and effect that the power granted herein shall continue without interruption until my death unless previously revoked by me. This power of attorney shall not be affected by my disability except as provided by statute.

If I am adjudged to be a disabled person, I name **CAROL JANE WHITE** as guardian of my person and estate. I excuse **CAROL JANE WHITE** from giving bond or security.

In conclusion I state that I am fully informed as to all the contents of this durable power of attorney and understand the full import of the power given to **CAROL JANE WHITE** hereunder.

Reproductions of this executed original (with reproduced signatures) shall be deemed to be original counterparts of this Durable Power of Attorney.

Specimen signature of my attorney:



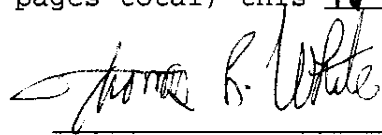
CAROL JANE WHITE

Specimen signature of my successor attorney:

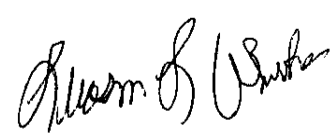


DAVID ROBERT WHITE

I CERTIFY to the correctness of the signature of my attorney and I execute this POWER OF ATTORNEY (six pages total) this 19th day of March 2005.



THOMAS LOUIS WHITE



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CERTIFICATION

We, the undersigned witnesses, saw **THOMAS LOUIS WHITE** in our presence, sign this instrument on page five and at its end; he then declared it to be a Power of Attorney, and he requested us to act as witnesses to it; we believed him to be of sound mind and memory and not under duress or constraint of any kind; and then we, in his presence and in the presence of each other, signed our names as attesting witnesses; all of which was done on the date of this instrument.

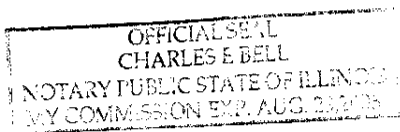
WITNESSES:

Name	Address
<u><i>[Signature]</i></u>	<u>234 WAUKEGAN ROAD</u> <u>GLENVIEW, IL 60025</u>
<u>Louis N. Scherb</u>	<u>3050 Crestwood Ln</u> <u>Glenview, IL 60025</u>

STATE OF ILLINOIS)
) SS
 COUNTY OF COOK)

The undersigned, a notary public in and for the above county and state, certified that **THOMAS LOUIS WHITE**, personally known to me to be the same person whose name is subscribed to the foregoing Power of Attorney, appeared before me in person, and acknowledged that he signed and delivered the instrument as his free and voluntary act, for the uses and purposes therein set forth.

GIVEN under my hand and notarial seal, this 10th day of March, 2005.



[Signature]
 NOTARY PUBLIC

This document was prepared by:

PAPPAS & BELL, LLC.
 Attorneys At Law
 234 Waukegan Road
 Glenview, Illinois 60025
 (847) 724-3700

[Signature]

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Property Address: 1120 RALEIGH
GLENVIEW, IL 60025

PIN #: 04-35-207-053

Lot 7 in North Shore Club View, being a subdivision of the East 635.08 feet and of the North 0 feet (except the East 635.08 feet thereof) of block 4 in Hutchings Addition to Oak Glen, being a subdivision of the Southwest 1/4 of the Northeast 1/4 of Section 35, Township 42 North, Range 12 East of the Third Principal Meridian, (except the South 60 feet West of Road), in Cook County, Illinois.

Property of Cook County Clerk's Office

CASE NUMBER 05-04667