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

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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 purchasing the property located at:
Street Address. & East Fees C
City, IL #1903
Permanent tax index #
(The above can be deleted if real estate not subject to the Power of Attorney.)
(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 CR 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, YOU'K 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 A AGENT. A COURT CAN TAKE AWAY THE POWERS OF YOUR AGENT IF IT FINDS THE AGENT NOT ACTING PROPERLY. YOU MAY NAME SUCCESSORAGENTS UNDER THIS FORM BUT NOT AS COAGNETS. 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 HERE THROUGHOUT YOU'L LIFETIME, EVEN AFTER YOU BECOME DISABLED, THE POWERS YOU GIVE YOUR AGENT ARE EXPLAINED MORE FULLY IN SECTION 3-4 OF THE ILLINOIS "STARUTORY SHORT FORM POWER OF ATTORNEY FOR PROPELY. LAW" OF WHICK 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 May 105 (same day as Effective Date) (month) (year)
(same day as Effective Date) (month) (year) 1. I, David Dellassi (insert name and address of Principal (person needing the POA))
hereby appoint: Rebut Velogeles (insert name and address of Agent (person who will be signing on behalf of P.u. cipal))
as my attorney-in-fact (my "agent") to act for me 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 specific powers inserted in paragraph 2 or 3 below:

Doc#: 0514734092 Eugene "Gene" Moore Fee: \$58.00 Cook County Recorder of Deeds Date: 05/27/2005 02:33 PM Pg: 1 of 5 Near North National Title 222 N. LaSalle Chicago, IL 60601

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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.
- (i) Claims and litigation.
- (k) Commodity and option transactions.
- (l) Business transactions.
- (m) Bonoving transactions.
- (n) Estate transactions.
- (o) All other property powers and transactions.

(LIMITATIONS ON AND ADDITIONS 'O THE AGENT'S POWERS MAY BE INCLUDED IN THIS POWER OF ATTORNEY IF THEY ARE SPECIFICIALLY DESCRIBED BELOW.)

2. The powers granted above snal' 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

agent):	'C
Not Applicable	
	46.
	«/ ₋
other delegable powers i	ranted above, I grant my agent the following powers (here you may add neluding, without limitation, power to make gifts, exercise powers age beneficiaries or joint tenants of sooke or amend any trust specific
other delegable powers i appointment, name or char	ncluding, without limitation, lower to make gifts, exercise power

(YOUR AGENT WILL HAVE AUTHORITY TO EMPLOY OTHER PERSONS AS NECESSARY TO F. APLE 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:)

6. (XX) This power of attorney shall become effective on

	May 12th 2005				
(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.	(XX) This power of attorney shall terminate on				
Closing For ZEMS Eniz # 1908, Chicingo IC					
(insert a date or even. such as a 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 THE FOLLOWING PARAGR $(\mathcal{I}\mathcal{H}.)$					
8.	If any agent named by r.e shall die, become in name the following (each to act alone and succe	competent, resign or refuse to accept the office of agent, I essively, in the order named) as successor(s) to such agent:			
	Not Applicable				
For purposes of this paragraph 8, a person shall 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. (II YDU WISH TO NAME YOUR AGENT AS GUARDIAN OF YOUR ESTATE, IN THE EVENT A COURT DECIDED THAT ONE SHOULD BE APPOINTED, YOU MAY, BUT ARE NOT REQUIRED TO, DO SO BY RETAINING THE FOLLOWING PARACKAPH. THE COURT WILL APPOINT YOUR AGENT IF THE COURT FINDS THAT SUCH APPOINTMENT WILL SERVE YOUR PEST 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, i nominate 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. Signed: XX (principal)					
(YOU MAY, BUT ARE NOT REQUIRED TO, REQUEST YOUR AGENT AND SUCCESSOR AGENTS TO PROVIDE SPECIMEN SIGNATURES IN THIS POWER OF ATTORNEY, YOU MUST COMPLETE THE CERTIFICATION OPPOSITE THE SIGNATURES OF THE AGENTS.)					
Specimen si	ignatures of agents (and successors)	I certify that the signatures of my agent (and successors are correct)			
XX(ag	gent)	(principal)			
XX(sı	N/A uccessor agent)	(principal)			

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UNOFFICIAL CC (THIS POWER OF ATTORNEY WILL NOT BE EFFECTIVE UNLESS IT IS NOTORIZED, USING THE FORM BELOW.) Principal to the foregoing Power of Attorney, appeared before me, and the additional witness, this day in person, and acknowledged signir g and delivering the instrument as the free and voluntary act of the principal, for the uses and purposes therein set fortla County Clark's Office Prepared by and Name: Street Address: 1035 5. Your 201 City, St, Zip: Bersenille Fr 40106

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EXHIBIT A

PARCEL 1:

UNIT 1908 AND GARAGE UNIT G-228 IN THE 2 EAST ERIE CONDOMINIUM AS DELINEATED AND DEFINED ON THE PLAT OF SURVEY OF THE FOLLOWING DESCRIBED PARCELS OF REAL ESTATE:

PARTS OF LOTS 7 AND 8 TOGETHER WITH THE WEST 30 FEET OF LOT 9 IN BLOCK 39 OF ASSESSOR'S DIVISION OF PARTS OF BLOCKS 33 AND 53, AND BLOCKS 39, 46 AND 47 IN KINZIE'S ADDITION TO CHICAGO, BEING A SUBDIVISION OF THE NORTH FRACTION OF SECTION 10, TOWNSHIP 39 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF, RECORDED JULY 28, 1860, ALL IN COOK COUNTY, ILLINOIS.

WHICH SURVEY IS APTACHED AS EXHIBIT B TO THE DECLARATION OF CONDOMINIUM RECORDED MAY 10, 2005 AS DOCUMENT NUMBER 0513022149, AS AMENDED FROM TIME TO TIME, TOGETHER WITH THEIR UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS.

PARCEL 2:

NON-EXCLUSIVE EASEMENTS AS CREATED BY RECIPROCAL EASEMENT AGREEMENT MADE BY AND BETWEEN STATE AND ERIE LEVEL PAP (NERS LLC, AN ILLINOIS LIMITED LIABILITY COMPANY AND THE CHICAGO AND NORTHEAST ILLINOIS COUNCIL OF CARPENTERS DATED MARCH 27, 2000 AND RECORDED APRIL 7, 2000 AS DOCUMENT NULL BER 00246970, OVER THE LAND DESCRIBED THEREIN, AND SUBJECT TO ITS TERMS, INCLUDING THOSE PURSUANT TO SECTIONS 3.2 THROUGH 3.9, AND 21.3 BY SAID AGREEMENT.

PARCEL 3:

EASEMENT FOR THE BENEFIT OF PARCEL 1 AS CREATED BY SUJ-TECIPROCAL EASEMENT AGREEMENT PERTAINING TO THE RESIDENTIAL, RETAIL AND GAPAGE PORTIONS OF THE PROPERTY COMMONLY KNOWN AS 2 EAST ERIE, CHICAGO, ILLING'S MADE BY STATE & ERIE LEVEL PARTNERS LLC, AN ILLINOIS LIMITED LIABILITY COMPANY DATED AS OF MAY 9, 2005 AND RECORDED MAY 9, 2005 AS DOCUMENT NUMBER 0512904178 FOR STRUCTURAL MEMBERS, FOOTINGS, CAISSON, FOUNDATIONS, COLUMNS AND BEAMS AND ANY OTHER SUPPORTING COMPONENTS, UTILITIES OR OTHER SERVICES, ENCROACHMENTS, AND MAINTENANCE OF FACILITIES.

PIN: 17-10-107-008-0000, 17-10-107-012-0000, and 17-10-107-014-0000