### **UNOFFICIAL COF**

Doc#: 0515402209

Eugene "Gene" Moore Fee: \$58.00 Cook County Recorder of Deeds Date: 06/03/2005 03:20 PM Pg: 1 of 5

ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNE'

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(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 IN 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 SUCCESSOP AGENTS 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 HERE TYPOUGHOUT YOUR LIFETIME, EVEN AFTER YOU BECOME DISABLED. THE POWERS YOU GIVE YOUR ACENT ARE EXPLAINED MORE FULLY IN SECTION 3-4 OF THE ILLINOIS "STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY LAW" OF WHICH 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 day of	May	2005	
1. I, STEPHEN EISENBERG, 25 East Superior, Chicago, IL 60610	(month)	(year)	
(insert name and address of practice)			_
hereby appoint: TRICIA FOX, 25 East Superior, Chicago, IL 60610			
(insert name and address of agent)			
as my attorney-in-fact (my "agent") to act for me and in my name (in any way following powers, as defined in Section 3-4 of the "Statutory Short Form (including all amendments), but subject to any limitations on or additions to the or 3 below:	Traver of Atto	mey for Property	Taw'

(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.	<del>(i)</del>	Tax matters.
(b) Financial institution transactions.	( <del>j)</del>	Claims and litigation.
(c) Stock and bond transactions.	(k) —	Commodity and option transactions.
(d) Tangible personal property transactions.	<del>(1)</del>	Business operations:
(e) Safe deposit box transactions.	(m)	Borrowing transactions.
(f) Insurance and annuity transactions.	<del>(n)</del>	Estate transactions.
(g) Retirement plan transactions:	<del>(0)</del>	All other property powers and transactions

(h) Social Security, employment and military service benefits.

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

220 Stable Billion.)
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 prohibition of conditions on the sale of particular stock or real estate or special rules on borrowing by the agent):
No limitations are imposed upon my Attorney in Fact as to her ability to act on my behalf in the below matter.
3. In addition to the require granted above I many and a Community of the required above I many and a Community
3. In addition to the prowers granted above, I grant my agent the following powers (here you may add any other delegable powers including, without limitation, power to make gifts, exercise powers of appointment, name or change beneficiaries or joint tenants, or payous or amend any trust manifically.
or joint tending, or level, or amend any trust specifically reterred to below):
In my name, place, and stead, to execute my name and to do any and all other acts required to accomplish my
purchase of Unit 3503, 130 North Garland Court, Chicago, IL 60601, as may be required by Guaranteed Rate Mortgage Company, its agents and/or assigns, Near North Title Insurance Company or the Seller/Developer.
Established Company of the Seller/Developer.
YOUR AGENT WILL HAVE AUTHORITY TO EMPLO! OTHER PERSONS AS NECESSARY TO ENABLE 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 coal of the foregoing powers involving discretionary decision-making to any person or persons whom my agent may scient, 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 VANT YOUR AGENT TO ALSO BE ENTITLED TO REASONABLE COMPENSATION FOR STRVICES AS AGENT.)
5. My agent shall be entitled to reasonable compensation for services rendered as agent under this power of ttorney.
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 INTIL YOUR DEATH UNLESS A LIMITATION ON THE BEGINNING DATE OR DURATION IS MADE BY NITIALING AND COMPLETING EITHER (OR BOTH) OF THE FOLLOWING:)
6. (X) This power of attorney shall become effective on the date hereof
nsert 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. (X) This power of attorney shall terminate on the conclusion of closing
(insert a future date or event, such as court determination of your disability, when you want this power to terminate prior to your death).

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(IF YOU WISH TO NAME SUCCESSOR AGENTS, INSERT THE NAME(S) AND ADDRESS(ES) OF SUCH SUCCESSOR(S) IN THE FOLLOWING PARAGRAPH.)

For purposes of this paragraph 8, a person shall be considered to be incompetent if and while the person is a adjudicated incompetent or disabled person or the person is unable to give prompt and intelligent combusiness matters, as certified by a licensed physician.  (IF YOU WISH TO NAME YOUR AGENT AS GUARDIAN OF YOUR ESTATE, IN THE EVENT DECIDES THAT ONE SPOULD BE APPOINTED, YOU MAY, BUT ARE NOT REQUIRED TO, RETAINING THE FOLLOWING PARAGRAPH. THE COURT WILL APPOINT YOUR AGENT IF THE FINDS THAT SUCH APPOINTMENT WILL SERVE YOUR BEST INTERESTS AND WELFARE. STARAGRAPH 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 the 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 my agent.  Signed STEPHEN EISENTY G (principal)  (YOU MAY, BUT ARE NOT REQUIRED TO, REQUEST YOUR AGENT AND SUCCESSOR ACT PROVIDE SPECIMEN SIGNATURES BELOW. IF YOU INCLUDE SPECIMEN SIGNATURES IN THE OF ATTORNEY, YOU MUST COMPLETE THE CERTIFICATION OPPOSITE THE SIGNATURES AGENTS.)  Specimen signatures of I certify that the signatures of my agent (and successors)	agent, I name
RETAINING THE FOLLOWING PARAGRAPH. THE COURT WILL APPOINT YOUR AGENT IF TO FINDS THAT SUCH APPOINTMENT WILL SERVE YOUR BEST INTERESTS AND WELFARE. ST 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 the 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 my agent.  Signed  STEPHEN EISENDE G (principal)  (YOU MAY, BUT ARE NOT REQUIRED TO, REQUEST YOUR AGENT AND SUCCESSOR ACPROVIDE SPECIMEN SIGNATURES BELOW. IF YOU INCLUDE SPECIMEN SIGNATURES IN THOSE ATTORNEY, YOU MUST COMPLETE THE CERTIFICATION OPPOSITE THE SIGNATURES AGENTS.)  Specimen signatures of  I certify that the signatures	sideration to
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Signed Alphu (Cirable)  STEPHEN EISENT & G (principal)  (YOU MAY, BUT ARE NOT REQUIRED TO, REQUEST YOUR AGENT AND SUCCESSOR ACPROVIDE SPECIMEN SIGNATURES BELOW. IF YOU INCLUDE SPECIMEN SIGNATURES IN THOS ATTORNEY, YOU MUST COMPLETE THE CERTIFICATION OPPOSITE THE SIGNATURES AGENTS.)  Specimen signatures of I certify that the signatures	is power of
OF ATTORNEY, YOU MUST COMPLETE THE CERTIFICATION OPPOSITE THE SIGNATURES IN THE AGENTS.)  Specimen signatures of  I certify that the signatures	of powers to
To signature	TO BOSTON
are correct.	
(agent) (principal)	
(successor agent) (principal)	
(successor agent) (principal)	

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(THIS POWER OF ATTORNEY WILL NOT BE EFFECTIVE UNLESS IT IS NOTARIZED AND SIGNED BY AT LEAST ONE ADDITIONAL WITNESS, USING THE FORM BELOW.)

State of ILLINOIS	)	
County of COOK	)	SS
	)	

The undersigned, a notary public in and for the above county and state, certifies that <u>STEPHEN EISENBERG</u>, 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 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: 10 23 255 (SEAL)

OFFICIAL SEAL

KRISTIMA GUALMADO

NOTARY PUBLIC - STATE OF ILLINO

MY COMMISSION EXPIRES: 08-02-06

Knotre Gyclo
Notary Public

My commission expires\_

3/06

The undersigned witness certifies that <u>STEPHEN EISENBERG</u>, known to me to be the same person whose name is subscribed as principal to the foregoing power of actorney, appeared before me and the notary public and acknowledged signing and delivering the instrument as the free and vountary act of the principal, for the uses and purposes therein set forth. I believe him or her to be of sound mind and mentory.

Dated: \_5/23/05 (SEAL)

Witness

(THE NAME AND ADDRESS OF THE PERSON PREPARING THIS FORM SHOULD BE INSERTED IF THE AGENT WILL HAVE POWER TO CONVEY ANY INTEREST IN REAL ESTATE.)

This document was prepared by:

MAIL

ALAN M. DEPCIK, ESQ.

120 West Madison Street, Suite 1412

Chicago, IL 60602

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#### Exhibit A

#### Parcel 1:

Unit 3503 and Parking Space Unit P-3-46 together with the exclusive right to use of the Limited Common Element Storage Space numbered S807-12 in The Heritage at Millennium Park Condominium as delineated and defined on the Plat of Survey of the following described parcels of real estate:

Part of Lots 1 to 6, inclusive, in Block 12 in Fort Dearborn Addition to Chicago in the Southwest Fractional Quarter of Section 10, Township 33 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois.

Which Survey is attached at Exhibit "C" to the Declaration of Condominium recorded December 16, 2004 as document number 0435103109, as amended from time to time, together with their undivided percentage interest in the Common Elements.

#### Parcel 2:

Easement appurtenant for the benefit of Parc'i 1 as created by the Declaration of Covenants, Conditions, Restrictions and Easements recorded December 16, 2004 as document number 0435103107 for ingress and egress, for maintenance, structural support, use of facilities, encroachments, common we'll's utilities and permanent canopy over the land described therein. (Said land commonly referred to as the retail parcel.)