

Doc#: 0519333060 Eugene "Gene" Moore Fee: \$36.00

Date: 07/12/2005 08:45 AM Pg: 1 of 7

Cook County Recorder of Deeds

POWER OF ATTORNEY

To be recorded in the County of;

Cook

PIN#: 31-07-405-092-0000

See attached Legal Description

After recording return to:
SFX FUNANCIAL
BRIAN OURAND
5335 WISCONSIN AVE., NW, STE. 850
WASHINGTON DC, 20015

7.DX

BOX 334 CTI

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ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

(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 EXECUSE 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, DISBURSEMEN'S AND SIGNIFICANT ACTIONS TAKEN AS AGENT. A COURT CAN TAKE AWAY THE FOWERS OF YOUR AGENT IF IT FINDS THE AGENT IS NOT ACTING PROPERLY. YOU MAY NAME SUCCESSOR AGENTS UNDER THIS FORM BUT NOT CO-AGENTS.

UNLESS YOU EXPRESSLY LUMIT THE DURATION OF THIS POWER IN THE MANNER PROVIDED BELOW, UNTIL YOU REVOKE THIS POWER OR A COURT ACTING ON YOUR BEHALF TERM ATES IT, YOUR AGENT MAY EXERCISE THE POWERS GIVEN HERE THROUGHOUT YOU? LIFETIME, EVEN AFTER YOU BECOME DISABLED. THE POWERS YOU GIVE YOUR AGENT 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 17 TO YOU.)

POWER OF ATTORNEY made this 14th day of Juve (month) 2003	√(/ear). I,
Antoire Walker (insert name and address of principal) hereby appoin Brim J. OURAND	t: (insert datae and
address of agent) as my attorney-in-fact (my "agent") to act for me and in my	y name (in any way I
could act in person) with respect to the following powers, as defined in Section	
Short Form Power of Attorney for Property Law" (including all amendments)	•
limitations on or additions to the specified powers inserted in paragraph or be	NOW:

(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.

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SHOULD KEEP THE NEXT SENTENCE, OTHERWISE IT SHOULD BE STRUCK OUT.)

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.)

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 ZOWER 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:)

() This account of ottomory shall become affective on
() This power of attorney shall become effective on . (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).
() This power of attorney shall terminate on (insert a future 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 THE FOLLOWING PARAGRAPH.)
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:
For purposes of this paragraph, 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.

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

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

The powers granted above sha't rot included imited in the following particulars (nere you	.	
appropriate, such as a prohibition or condition	•	cular stock or real estate
or special rules on borrowing by the agent):),	
	4	
	1//,	·
	C)	•
	70.	•
		<i>'</i>
In addition to the powers granted above, I gra	ant my agent the follo	wing nowers there you
may add any other delegable powers including		<u> </u>
exercise powers of appointment, name or	change beneficiaries o	r joint tagants or revoke
or amend any trust specifically referred to belo	ow):	
		
-	······································	
VI		

(YOUR AGENT WILL HAVE AUTHORITY TO EMPLOY 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

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(IF YOU WISH TO NAME YOUR AGENT AS GUARDIAN OF YOUR ESTATE, IN THE EVENT A COURT DECIDES THAT ONE SHOULD BE APPOINTED, YOU MAY, BUT ARE NOT REQUIRED TO, DO SO BY 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 IF YOU DO NOT WANT YOUR AGENT TO ACT AS GUARDIAN.)

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. 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.
(1) 11 11
Signed N. Me
(principal)
(YOU MAY, BUT ARE NOT REQUIRED TO, REQUEST YOUR AGENT AND SUCCESSOR
AGENTS TO PROVIDE SPECTMEN SIGNATURES BELOW. IF YOU INCLUDE
SPECIMEN SIGNATURES IN THIS POWER OF ATTORNEY, YOU MUST COMPLETE
THE CERTIFICATION OPPOSITE THE SIGNATURES OF THE AGENTS.)
Specimen signatures of I certify that the signatures of my agent
agent (and successors) (and successors) are correct.
(agent) (principal)
(successor agent) (principal)
(successor agent) (principal)
~/ ₄ ,
(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 District of Columbia
,
County of
The undersigned, a notary public in and for the above county and state, certifies that
A three walks, 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: 444 205 (SEAL)

Helen H. Do Notary Public, District of Columbia My Commission Expires 8-14-2009

6/14/2005

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My commission expires Notary Public My commission expires 1/2/2009. The undersigned witness certifies that
Antar Calle, 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 notary public and acknowledged
signing and delivering the instrument as the free and voluntary act of the principal, for the uses and
purposes therein set forth. I believe him or her to be of sound mind and memory.
•
Dated: 6/14/65 (SEAL) Witness
Witness
Thirties of the second of the
(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:
Brian Ourand Or SFX
53.35 Wisconsin Ave, NW, Spe. 850
washington, DE 20015
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1.0
County Clork's Office

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STREET ADDRESS: 6 ATHENA COURT CITY: TIME EVEN PARTY

CITY: TINLEY PARK

COUNTY: COOK

TAX NUMBER: 31-07-405-092-0000

LEGAL DESCRIPTION:

LOT 23 AND 24 IN BLOCK 2 IN ODYSSEY CLUB PHASE I, A PLANNED UNIT DEVELOPMENT, BEING A SUBDIVISION OF PART OF THE SOUTHEAST 1/4 AND THE NORTHEASTERLY 1/4 OF SECTION 7, TOWNSHIP 35 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

Property of County Clark's Office