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STATE OF ILLINOIS

COUNTY OF COOK

Doc#: 0616404026 Fee: \$30.00 Eugene "Gene" Moore RHSP Fee: \$10.00 Cook County Recorder of Deeds

Date: 06/13/2006 08:42 AM Pg: 1 of 4

POWER OF ATTORNEY

Real Pacate Transaction

SALE OF: 4738 N. Elston, unit #201, Chicago, Il 60630

PIN: 13-15-106-039-1003

LEGAL DESCRIPTION:

UNIT NUMBER 201A AND THE EXCLUSIVE RIGHT TO THE USE OF PARKING SPACE 201A, A LIMITED COMMON ELEMENT, IN THE PROPOSED MAYFAIR COURTS CONDOMINIUM I, AS DELINEATED ON A SURVEY OF THE FOLLOWING DESCRIBED REAL ESTATE: LOTS 1 TO 11, BOTH INCLUSIVE AND LOT 18 (EXCEPT THE NORTH 42 FEET THEREOF) IN BLOCK 2 IN M.D. BROWNS RESUBDIVISION OF SLOCKS 1 AND 2 IN MONTROSE IN THE EAST 1/2 OF THE NORTHWEST 1/4 OF SECTION 15, TOWNSHIP 40 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MEI IDIAN (EXCEPT FROM SAID PROPERTY TAKEN AS A TRACT THAT PART LYING SOUTHEASTERLY OF A LINE DRAWN PERPENDICULAR TO THE NORTHWEST TALLY LINE OF THEREOF THROUGH A POINT THEREIN 284.76 FEET NORTHWEST 1/4 OF THE SOUTHEAST CORNER THEREOF AND EXCEPT THAT PART LYING NORTH WESTERLY AND NORTHERLY OF THE FOLLOWING DESCRIBED LINES. PEGINNING AT A POINT ON THE NORTHEASTERLY LINE OF SAID TRACT 417.76 ICL I NORTHWESTERLY OF THE SOUTHEAST CORNER

THEREOF; THENCE SOUT 4 43 DEGREES 24 MINUTES 06 SECONDS WEST AT RIGHT ANGLES THERETO 76.0 LET; THENCE NORTH 88 DEGREES 16 MINUTES 54 SECONDS WEST 73.68 FEET TO A CORNER OF LOT 9 AFORESAID AND THE TERMINUS OF SAID LINES) IN COOL COUNTY, ILLINOIS.

ALSO: THE NORTH 8 FEET OF LOTS 1.7 THT. OUGH 23 BOTH INCLUSIVE, IN N.D. BROWN'S RESUBDIVISION OF BLOCKS (AND 2 IN MONTROSE, BEING A SUBDIVISION OF THE NORTHWEST 1/4 AND TIEL ORTH 1/2 OF THE SOUTHWEST 1/4 OF SECTION 15, TOWNSHIP 40 NORTH, RANGE 3 FAST OF THE THIRD PRINCIPAL MERIDIAN, AND THE EAST 1/2 OF LOTA OF A SUBDIVISION OF THE NORTH 1/2 OF SECTION 16, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT RECORDED JUNE 23, 1873, IN BOOK 5 OF PLATS, PAGE 20 IN AFORESAID SECTIONS 15 [N] 16, IN COOK COUNTY, ILLINOIS; WHICH SURVEY IS ATTACHED AS EXTIBIT "A" TO THE DECLARATION OF CONDOMINIUM RECORDED AS DOCUMENT NUMBER 95228666; TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS IN COOK COUNTY, ILLINOIS.

Prepared by:

After recording mail to:

Joseph Shun Ravago, Atty at Law 5757 N. Lincoln Ave., ste 19 Chicago, Il 60659

P.N.T.N.

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ILLINOIS STATUTORY OFFICIAL COPY

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 EXERCISE GRANTED POWERS; BUT WHEN A POWER IS 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 SUCCESSOR AGENTS UNDER THIS FOR COUT 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 BELIALF TERMINATES IT, YOUR AGENT MAY EXERCISE THE POWERS GIVEN HERE THROUGHOUT YOUR 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 OF POWER OF ATTORNEY FOR PROPERTY LAW" OF WHICH THIS FORM IS A PART (SEE THE ATTACHED). THAT LA V EXPRESSLY PERMITS THE USE OF ANY DIFFERENT FORM OF POWER OF ATTORNEY YOU MAY DES RE. 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 16 day of May, 2006

1. I, DARA JAVIER DUMAGPI, of 4624 N. Keineth Avenue, # 2, Chicago, IL 60630 hereby appoints, my Lawyer, JOSEPH SHUN RAVACO, of 5757 N. Lincoln Avenue, Chicago, IL 60659 as my attorney-in-fact (my "agent") to act for me and in my name (in any way we 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 specified powers inserted in paragraph 2 or 3 below:

(YOU MUST STRIKE OUT ANY ONE OR MORE OF THE FOLLOWING CATECORIES OF POWERS YOU DO NOT WANT YOUR AGENT TO HAVE. FAILURE TO STRIKE THE TITLE CF 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 transaction only.
- (b) Financial institution transactions.
- (c) Stock and bond transactions.
- (d) Tangible personal property transactions.
- (e) Safe deposit box transactions.
- (f) Insurance and annuity transactions.
- (2) Retirement plan transactions.
- (h) Social Security, employment and military service benefits.

- (I) Tax matters.
- (j) Claims and litigation.
- (k) Commodity and option transactions.
- (1) 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 ATTORNEY IF THEY ARE SPECIFICALLY DESCRIBED BELOW.)

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 limitation you deem appropriate, such as a prohibition or conditions on the sale of particular stock or real estate or special rules on borrowing by the agent):

The real estate transaction of the property described as follows:

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SEE ATTACHED LEGAL DESCRIPTION

Commonly known as: 4738 N. Elston, Unit 201, Chicago, IL 60630

Property Index Number: 13-15-106-039-1003

Specifically, only relating to executing the documents required to waive homestead rights.

3. In addition to the powers 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 revoke or amend any trust specifically referred to below):
<u>N/A</u>
(YOUR AGEN'T VILL 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 D'SCRETIONARY 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 the foregoing powers involving discretionary decision-making to any rerson 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 SERVING 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 5 Y YOU AT ANY TIME AND IN ANY MANNER. ABSENT AMENDMENT OR REVOCATION, THE AUTHORY GRANTED IN THIS POWER OF ATTORNEY WILL BECOME EFFECTIVE AT THE TIME THIS POWER IS 5 GNED AND WILL CONTINUE UNTIL YOUR DEATH UNLESS A LIMITATION ON THE BEGINNING DATE CR DURATION IS MADE BY INITIALING AND COMPLETING EITHER (OR BOTH) OF THE FOLLOWING:)
6. X This power of attorney shall become effective on May 16, 2006.
a. When my agent receives written notice that I am disabled. I shall be deemed disabled for purposes of this instrument if two physicians familiar with my condition, who are both legally competent, both certify in writing that advanced age, illness or hire cause has impaired my ability to make my own health care decisions.
7. This power of attorney shall terminate on
a. X Upon the completion of the of the real estate transaction previously mentioned.
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 order named) as successor(s) to such agent:
N/A (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 9 IF YOU DO NOT WANT YOUR AGENT TO ACT AS GUARDIAN.)

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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. 11. The POA is not affected by the subsequent disability of the Signed: principal. ER DUMAGPI (YOU MAY BUT ARE NOT REQUIRED TO, REQUEST YOUR AGENT AND SUCCESSOR AGENTS TO PROVIDE SPECIMEN SIGNATURES BELOW. IF YOU INCLUDE SPECIMEN SIGNATURES IN THIS POWER OF ATTORNEY, YOU MUST COMPLETE THE CERTIFICATION OPPOSITE THE SIGNATURES OF THE AGENTS.) I certify that the signature Specimen signatures of agent (and successors) of my agent (and successors) are correct (agent) (principal) (successor agent) (principal) (THIS POWER OF ATTORNEY W'LL NOT BE EFFECTIVE UNLESS IT IS NOTARIZED, USING THE FORM ATTACHED.) State of Illinois) SS County of Cook) The undersigned, a notary public in and for the above county and state, certifies that Dara Javier Dumagpi known to me to be the same person whose name is subscripted as principal to the foregoing power of attorney, appeared before me 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 critified to the correctness of the signature(s) of the agent(s)). Dated: 5 16 2006 OFFICIAL KIMBERLY GLASPER My commission expires: 2/29/08 The undersigned witness certifies that Dara Javier Dumagpi, known to me to be the sain a 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. (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: Joseph Shun Ravago

Attorney At Law

773.878.1819

5757 N. Lincoln Ave., Ste. 19 Chicago, Illinois 60659

9. If a guardian of my estate (my property) is to be appointed, I nominate the agent acting under this power