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Doc#: 0629333045 Fee: \$36.00 Eugene "Gene" Moore RHSP Fee:\$10.00

Cook County Recorder of Deeds Date: 10/20/2006 07:54 AM Pg: 1 of 7

RETURN TO:

KATHERN RUFF
STEPHEN LEWIS
233 E. 13TH STREET, #1894
CHICAGO, IL 60605

No. 5514 P. 1

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 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 SUCCESSOR AGENTS UNDER THIS FORM BUT NOT CO-AGENTS.

UNLESS YOU EXPRESSLY L'MIT THE DURATION OF THIS POWER IN THE MANNER PROVIDED BELOW, UN'TIL YOU REVOKE THIS POWER OR A COURT ACTING ON YOUR BEHALF 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 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 TO YOU.)

	OWER OF ATTORNEY made this 15 day of SEPT (month) 2004 (year). I, ENNEUD LEWIS (insert name and address of principal) hereby appoint:			
	FATHERYN L. RUFF	(insert paragrand		
address of agent) as my attorney-in-fact (my "agent") to act for me and in my name (in any v. could act in person) with respect to the following powers, as defined in Section - of the "Statut"				
Short Form Power of Attorney for Property Law" (including all amendments), but subject to a				
	limitations on or additions to the specified powers inserted in paragraph or	below:		

(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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CHICAGO TITLE INSURANCE COMPANY

ORDER NUMBER: 1401 AC0604401 FSA

STREET ADDRESS: 233 E. 13th STREET

1804

CITY: CHICAGO

COUNTY: COOK

TAX NUMBER:

LEGAL DESCRIPTION:

PARCEL 1:

UNITS 1804, 1805, GU-236 AND GU-237 IN MUSUEM POINTE CONDOMINIUMS AS DELINEATED ON A SURVEY OF THE FOLLOWING REAL ESTATE:

THAT PART OF LOT 50 10T 51 AND OUTLOT 6 IN MUSEUM PARK SUBDIVISION, BEING A RESUBDIVISION OF LOTS 1 TO 4, INCLUSIVE, IN CONOR'S SUBDIVISION, BEING A SUBDIVISION OF PART OF FXACTIONAL SECTION 22, TOWNSHIP 39 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS AS DELINEATED ON THE SURVEY ATTACHED TO THE DECLARATION OF CONDOMINIUM RECORDED AS DOCUMENT 0435019027, AS AMENDED FROM TIME TO TIME, IN COOK COUNTY, ILLINOIS.

PARCEL 2:

THE EXCLUSIVE RIGHT TO USE STORAGE SPACES S-138, S-2 AND S-10 LIMITED COMMON ELEMENTS AS DELINEATED ON THE SURVEY ATTACLED TO THE DECLARATIN OF CONDOMINIUM RECORDED AS DOCUMENT 0435019027, AS AMENDED IROM TIME TO TIME.

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IS AS DELINEATED ON 1...
ED AS DOCUMENT 0435019027, AS A.

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09/25/06

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- (b) Financial institution transactions.
- (c) Stock and bend 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) Tex metters.
- (i) Claims and litigation.
- (k) on nodity and option transactions.
- (I) Business operations.
- (m) Borrey or g transactions.
- (n) Estate trans, words.
- (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.)

The powers granted above shell not include the following powers or shall be modified or limited in the following particulars there you may include any specific limitations you deem appropriate, such as a prohibition or continions on the sale of particular stock or real estate or special rules on borrowing by the agent):
7 0.
D/L
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 tenan's or revoke or amend any trust specifically referred to below):
N/A:

(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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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 ATTO ONEY MAY BE AMENDED OR REVOKED BY YOU AT ANY TIME AND IN ANY MANNER. APSENT AMENDMENT OR REVOCATION, 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 BECOMING DATE OR DURATION IS MADE BY INITIALING AND COMPLETING EITHER (CR NOTH) OF THE FOLLOWING:)

This power of attorney shall become effective on	. (insert a future date
or event during your lifetime, such as court determination of	
power to first take effect).	C
This power of attorney shall terminate on	(insert a future date
or event, such as court determination of your disability, wh prior to your death)	
(IF YOU WISH TO NAME SUCCESSOR AGENTS, INSI ADDRESS(ES) OF SUCH SUCCESSOR(S) IN THE FOLI	
If any agent named by me shall die, become incompetent, agent, I name the following (each to act alone and successivel such agent:	-
, For	purposes of this paragraph, a
person shall be considered to be incompetent if and while the incompetent or disabled person or the person is unable to give business matters, as certified by a licensed physician.	•

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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 power of attorney as such gu	y property) is to be ap		the agent acting under this
contents of this form and u			
Signed / July (principal)	My		
(YOU MAY, BUT ARE NO AGENTS TO PROVIDE SI SPECIMEN SIGNATURE THE CERTIFICATION OF	PECIMEN SIGNATUR S IN THIS POWER OF	RES BELOW. IF Y FATTORNEY, YOU	OU INCLUDE I MUST COMPLETE
Specimen signatures of agent (and successors)	94	I certify that the sign (and successors) as	
	(agent)	0	(principal)
	(successor agent)	40,-	(principal)
	(successor agent)		(principal)
(THIS POWER OF ATTO AND SIGNED BY AT LE BELOW.)			ING TILL FORM
State of	_)) SS.		
County of	J		
The undersigned, a notary principal to the foregoing poperson and acknowledged signal.	, known to me to be the wer of attorney, appeare	e same person whose od before me and the	name is subscribed as additional witness in
principal, for the uses and signature(s) of the agent(s)	purposes therein set fo	rth (, and certified to the <u>(</u> (SEAL)	ne correctness of the
		"Of D Notai)	PUNA CONTROL OF TOWN PUNISHED EXPIRE A 1723

, Notary Public	
My commission expires The under	signed witness certifies that
, known to me to be the same person wh	nose name is subscribed as principal to
the foregoing power of attorney, appeared before me and th	
signing and delivering the instrument as the free and voluntar	
purposes therein set forth. I believe him or her to be of sound	
purposes and out to the it would be on south	Feedelectococcoccoccoccoccoccoccoccoccoccoccocc
Bated; Pli Store (SEAL)	"OFFICIAL SEAL" DINA 14 DIXON
Witness	Notary Public Ports of Pisois
Witness	My Commission Expire and the State of the St
(THE NAME AND ADDRESS OF THE PERSON PRE	PADING THIS FORM SHOULD BE
INSERTED IF THE AGENT WILL HAVE POWER TO C	
ESTATE.)	ONVETTANT INVENTOR IN NOSAL
This document was prepared by:	
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	Vsc.
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