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After Recording Return To: MICHELE BIANCHI, ESQ. 721 N. LASALLE STREET CHICAGO, IL. 60610

Doc#: 0630042196 Fee: \$34.00 Eugene "Gene" Moore RHSP Fee: \$10.00 Cook County Recorder of Deeds Date: 10/27/2006 01:35 PM Pg: 1 of 6

Prepared By: MICHELE BIANCHI, ESQ. 721 N. LASALLE STREET CHICAGO, IL. 60610

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>
> POWER OF ATTORNEY

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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 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 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 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). "HAT LAW EXPRESSLY PERMITS THE USE OF ANY DIFFERENT FORM OF POWER OF ATTORNEY YOU MAY DESIRE. IF THERE IS ANYT ING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU.)

	Charles the same of the same o
	ATTORNEY made this 5th day of October (month) 2006. (year)
1. I,l hereby appoin	t: Muchele Brinchi ddress of agent) as my atterior in fact (my "agent") to act for me and in my
	Michele Branchi
name (in any v	vay I could act in person) with respect to the following powers, as defined in
Section 3-4 of	the "Statutory Short Form Fower of Attorney for Property Law" (including
all amendment	ts), but subject to any limitations on or additions to the specified powers
inserted in par	agraph 2 or 3 below:
•	(a) Real estate transactions.
(YOU MUST STRIKE	(b) Financial institution transactions.
OUT ANY ONE OR MORE OF THE	(c) Stock and bond transactions.
FOLLOWING	(d) Tangible personal property transactions.
CATEGORIES OF POWERS YOU DO	
NOT WANT YOUR	(e) Safe deposit box transactions.
AGENT TO HAVE. FAILURE TO STRIKE	(f) Insurance and annuity transactions.
THE TITLE OF ANY	(g) Retirement plan transactions.
CATEGORY WILL CAUSE THE POWERS	(h) Social Security, employment and military service benefits. (i) Tax matters
DESCRIBED IN THAT	benefits.
CATEGORY TO BE	(i) Tax matters.
GRANTED TO THE AGENT. TO STRIKE	(j) Claims and litigation.
OUT A CATEGORY	(k) Commodity and option transactions.
YOU MUST DRAW A	(1) Business operations.
TITLE OF THAT	Mr. and the state of the state
CATEGORY.)	(m) Borrowing transactions.

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

(o) All other property powers and transactions.

(n) Estate transactions.

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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 or conditions on the sale of particular stock or real estate or special rules on borrowing by the agent):		
N/A		
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):		
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 BY I 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 decisics making to any person or persons whom		
my agent may select, but such delegation may be arrended or revoked by any agent		
(including any successor) named by me who is acting ander 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.)		
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 BY YOU AT ANY TIME AND IN ANY MANNER. A SENT 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 BEGINNING DATE OR DURATION, IS MADE BY INITIALING AND COMPLETING EITHER (OR BOTH) OF THE FOLLOWING:)		
6. This power of attorney shall become effective on: October 5, 2006		
(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. This power of attorney shall terminate on: October 27, 2006		
(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.)		

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the office of agent, I name the following (each t named) as successor(s) to such agent:	-
N/A	
For purposes of this paragraph 8, a person sha while the person is a minor or an adjudicated is unable to give prompt and intelligent considerations of the properties of the person of the properties of the person	ncompetent or disabled person or the person
(IF YOU WISH TO NAME YOUR AGENT AS GUARDIAN OF YOUR EST APPOINTED, YOUM, Y, JUT ARE NOT REQUIRED TO, DO SO BY RET APPOINT YOUR AGENT TO THE COURT FINDS THAT SUCH APPOINT STRIKE OUT PARAGRAPH & TO YOU DO NOT WANT YOUR AGENT TO	ADVING THE FOLLOWING PARAGRAPH. THE COURT WILL MENT WILL SERVE YOUR BEST INTERESTS AND WELFARE.
9. If a guardian of my estate (my property acting under this power of attorney as such guardian)) is to be appointed, I nominate the agent ardian, to serve without bond or security.
10. I am fully informed as to all the content import of this grant of powers to my agent.	
Signed / MM// / Og	(principal)
(YOU MAY, BUT ARE NOT REQUIRED TO, REQUEST YOUR AGENT A BELOW. IF YOU INCLUDE SPECIMEN SIGNATURES IN THIS POWER (OPPOSITE THE SIGNATURES OF THE AGENTS.)	ND SUCCESSOR / GEN 'S TO PROVIDE SPECIMEN SIGNATURES OF ATTORNEY, YOU MUST COMPLETE THE CERTIFICATION
Specimen signatures of agent (and successors)	I certify that the signatures of my agent (and successors) are correct
Agent	Principal
Agent	Principal

Principal

Agent

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(THIS POWER OF ATTORNEY WILL NOT BE EFFECTIVE UNLESS IT IS NOTARIZED, USING THE FORM BELOW.)
State of Illinois) County of Cook) SS.
County of Cook) 33.
The undersigned, a notary public in and for the above county and state, certifies that
is subscribed 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 certified to the correctness of the signature(s) of the agent(s)).
Dated: (SEAL)
Notary Public
Notary Public
My commission expires 09/28/2008
(THE NAME AND ADDRESS OF THE PERSON PREPARING THE FORM SHOULD BE INSERTED IF THE AGENT WILL HAVE POWER TO CONVEY ANY INTEREST IN REAL ESTATE.)
This document was prepared by:
This document was prepared by: Nichele Bianchi, Esq. 721 N. La Salle, St. 240 Chgo, I. 1. 60610
721 N. La Salle, St. 240
Chgo, I. 1. 60610
The undersigned witness certifies that, 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: 10/5/06 (SEAL) Witness
Jane sera
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.)

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STREET ADDRESS: 4335 N MOZART STREET CIAL COPY

CITY: CHICAGO

COUNTY: COOK

TAX NUMBER: 13-13-307-045-1002

LEGAL DESCRIPTION:

UNIT 2 IN 4335 NORTH MOZART AVENUE CONDOMINIUM AS DELINEATED AND DEFINED ON THE PLAT OF SURVEY OF THE FOLLOWING DESCRIBED PARCEL OF REAL ESTATE:

ALL OF LOT 38 AND 39 (EXCEPT THE NORTH 12.50 FEET THEREOF) IN BLOCK 1 IN ROSE PARK, A SUBDIVISION OF THE EAST 1/2 OF THE SOUTHWEST 1/4 OF SECTION 13, TOWNSHIP 40 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS, WHICH SURVEY IS ATTACHED AS EXHIBIT "B" TO THE DECLARATION OF CONDOMINIUM RECORDED OCTOBER 10, 2001 AS DOCUMENT NUMBER 0010942753, AS AMENDED FROM TIME TO TIME, TOGETHER WITH ITS UNDIVIDED INTEREST IN THE COMMON ELEMENTS.

THE C.

PROPORTING OF COOK COUNTY CLORES OFFICE