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TICOR TITLE

TELINOIS 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 PROPERTYLY. 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 CIVEN 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 POWIR 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 22 day of 1000, 2006

1. I, Fencino Cimenez & Maria Imenez hereby appoint:

(my "agent") to act for me and in my name (in any way I could act in verson) 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 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.

(b) Financial institution transactions.

(c) Stock and bond transactions.

BOX 15 Doc#: 0700440065 Fee:

Doc#: 0700440065 Fee: \$62.00 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds
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- (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.
- (I) Business operations.
- (m)Borrowing transactions.
- (n) Estate transactions.
- (c) 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. 1 | he power | ers grante. | above sh | all not in | clude the | following | powers (| or shall be |
|-----------|-----------|-------------|--------------|-------------|------------|--------------|-------------|-------------|
| modified | l or limi | ited in the | fallo ving | particula | rs (here | you may i | nclude ar | ıv specific |
| | | | _ | _ | • | or condit | | • • |
| | - | | | _ | | | | |
| particula | r stock | or real | estate or | special | rules or | ı borrowir | ig by th | ne agent): |
| | | | | T | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 3. Ir | additio | n to the no | wers arante | d above 1 | l orgai ma | agent the | following | nowers |
| | | - | _ | | | _ | _ | - |
| | • | • | _ | - | | vithout lim | - * | |
| make gif | ts, exerc | ise powers | of appoint | nent, nam | e or chan | ge beneficia | aries or jo | int tenants |
| or revoke | e or amei | nd any trus | t specifical | ly referred | to below |): | _ | |
| | | | | ., | | O. | | |
| | | | | | | | | |
| | | | | | | * | <u></u> | |
| | | | | | | | 0, | |
| | | • | | | | | | |

(YOUR AGENT WILL HAVE AUTHORITY TO EMPLOY OTHER PERSONS AS NECESSARY TO ENABLE THE AGENT TO PROPERLY EXERCISE THE FOWERS 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 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 time of reference.

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(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. 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 UNTIL YOUR OBATH UNLESS A LIMITATION ON THE BEGINNING DATE OR DURATION IS MADE BY INITIALING AND COMPLETING EITHER (OR BOTH) OF THE FOLLOWING:)

| 6. (x) This power of a original 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). |
| 7. (x) This power of attorney shall terminate on $9.32-07$ (insert |
| a future date or event, such as court etermination 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.) |
| 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 the order named) as successor(s) to such agent: |
| . For purposes of this paragraph 8, a person shall be |

(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.)

considered to be incompetent if and while the person is a minor or an equidicated incompetent or disabled person or the person is unable to give prompt and incelligent

consideration to business matters, as certified by a licensed physician.

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acting under this power of attorney as such guardian, to serve without bond or security.

If a guardian of my estate (my property) is to appointed, I nominate the agent

| 10. I am fully informed as to all the conter import of this grant of powers to my agent. Sign | ned (principal) 347-64-2245 | | | | | |
|--|--|--|--|--|--|--|
| (YOU MAY, BUT ARE NOT REQUIRED TO SUCCESSOR AGENTS TO PROVIDE SPECIMINGLUDE SPECIMEN SIGNATURES IN TO MUST COMPLETE THE CERTIFICATION OF AGENTS.) | MEN SIGNATURES BELOW. IF YOU HIS POWER OF ATTORNEY, YOU | | | | | |
| Specimen signatures of agent (and successors) | I certify that the signatures of my agent (and successors) are correct. | | | | | |
| (agent) | (principal) | | | | | |
| (successor agent) | (principal) | | | | | |
| (successor agent) | (principal) | | | | | |
| State of | C | | | | | |
| The undersigned, a notary public in and for the above county and state, certifies that, known to me to be the same person whose name is | | | | | | |
| subscribed as principal to the foregoing power of additional witness in person and acknowledged the free and voluntary act of the principal, for the certified to the correctness of the signature(s) of the signature of the signa | of attorney, appeared before me and the signing and delivering the increment as uses and purposes therein sectorth (and | | | | | |
| Dated: 8-22-06 Notary Public Yukhuh H Candona My commission expires 7-13-09 | "OFFICIAL SEAL" LILIBETH H. CARDONA Notary Public, State of Illinois My Commission Expires 07/13/09 | | | | | |
| The undersigned witness certifies that <u>Frna</u> the same person whose name is subscribed a attorney, appeared before me and the notary delivering the instrument as the free and volunta purposes therein set forth. I believe him or her to | s principal to the foregoing power of public and acknowledged signing and ary act of the principal, for the uses and | | | | | |

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

| | Signed & Maria James |
|--|--|
| | Signed Maria Jenns (principal) 345- 93-242 |
| | ED TO, REQUEST YOUR AGENT AND |
| SUCCESSOR AGENTS TO PROVIDE SPE | ECIMEN SIGNATURES BELOW. IF YOU |
| | THIS POWER OF ATTORNEY, YOU |
| | N OPPOSITE THE SIGNATURES OF THE |
| AGENTS.) | |
| Specimen signatures of agent | I certify that the signatures of my agent |
| (and successors) | (and successors) are correct. |
| (agent) | (principal) |
| (successor agent) | (principal) |
| (successor agent) | (principal) |
| | 06, |
| (successor agent) | (principal) |
| State of) SS. | |
| County of | |
| - · · · · · · · · · · · · · · · · · · · | r the above county and state, certifies that |
| | to be the same person whose name is |
| | ver of attorney, appeared before me and the |
| the free and voluntary act of the principal, for | ged signing and delivering the incrument as the uses and purposes therein ser forth (and |
| certified to the correctness of the signature(s) | of the agent(s)). "OFFICIAL SEAL" |
| 11 00 21 | WOFFICIAL SEAL SLILIBETH H. CARDONA |
| Dated: X 30 GO Notary Public X July H. Cander | Notary Public, State of Illinois |
| My commission expires $7-13-09$ | My Commission Expires 07/13/09 |
| commission expires 7 15 0 1 | 1 |
| The undersigned witness certifies that Mo | CINICI I I KNOWN to me to be |
| ha sama naraan uuhasa nama is suhaariha | d as minainal to the foressine married of |

The undersigned witness certifies that Managery , 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.

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Dated: 100-04
Witness Kaulu Saulu

(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:

Nery & Richardson, 4298 W. 60 9t., Onrago, In 60629

The requirement of the signature of an additional witness imposed by this amendatory Act of the 91st General Assembly applies only to instruments executed on or after the effective date of this amendatory Act of the 91st General Assembly.