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Date: 07/11/2007 09:19 AM Pg: 1 of 5

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COVER PAGE FOR PATRICIA M. SCHULTZ POWER OF ATTORNEY

PREPARED BY: Martin Kugler
1226 S. Main St
Algonquin, IL 60102

MAIL TO: Martin Kugler
1226 S. Main St
Algonquin, IL 60102

Attorneys' Title Guaranty Fund, Inc
1 S Wacker Dr., STE 2400
Chicago, IL 60606-4650
Attn: Search Department

UNOFFICIAL COPY**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 45/3-4 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 IT TO YOU.

POWER OF ATTORNEY made this 12th day of June, 2007.
(Month)

1. I, Patricia M. Schultz
(Name and address of principal)

of the City of Chicago County of Cook in the

State of Illinois. Hereby appoint Martin V. Kugia
(Agent name)

1226 South Main Street, Algonquin, IL 60102

(Address of Agent)

of the City of Algonquin County of McHenry in the

State of Illinois, as my attorney-in-fact (my Agent) to act for me and in my name (in any way I 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 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 THE CATEGORY.)

- a) Real estate transactions for the purchase of 2141 W. Superior St., Chicago, IL 60612.
- ~~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 for the purchase of 2141 W. Superior St., Chicago, IL 60612.

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- n) ~~Estate transactions.~~
 o) ~~All other property power and transactions.~~

LIMITATIONS ON AND ADDITIONS TO THE AGENT'S POWERS MAY BE INCLUDED IN THIS POWER OR 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 there you may include any specific limitations you deem appropriate. Such as a prohibition of conditions on the sale of particular stock or real estate or special rules on borrowing by the agent.

 None

3. In addition to the powers granted above, I grant my agent the following powers (here you may add 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.

 None

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

4. My agent shall have the right be 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 delegations 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 YUR 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 MAYBE 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 DEATH UNLESS A LIMITATION ON THE BEGINNING DATE OR DURATION IS MADE BY INITIALING AND COMPLETING EITHER (OR BOTH) OF THE FOLLOWING:

6. RS) This power of attorney shall become effective on June 12, 2007
 (Insert a future date of event during your lifetime, such as court determination of your disability, when you want this power to first take effect).

7. R) This power of attorney shall terminate on: July 7, 2007
 (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 WITH TO NAME SUCCESSOR AGENT, 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:
- _____

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ATTORNEYS TITLE GUARANTY FUND, INC.

LEGAL DESCRIPTION

Legal Description:

LOT SIXTY-SEVEN (67) AND THE EAST FIVE (5) FEET AND ELEVEN (11) INCHES OF LOT SIXTY-EIGHT (68) IN BLOCK SIX (6) IN CANAL TRUSTEES' SUBDIVISION IN SECTION SEVEN (7), TOWNSHIP THIRTY-NINE (39) NORTH, RANGE FOURTEEN (14) EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index Number:

Property ID: 17-07-106-008-0000

Property Address:

2141 W. Superior St.
Chicago, IL 60612

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For purposes of this paragraph 8, a person shall be considered to be incompetent if and while the person is a minor or an adjudicated incompetent or disable person or the person is unable to give prompt and intelligent consideration to business matters, as certified by a licensed physician.

(IF YOU WICH TO NAME YOUR AGENT AS GUARDIAN O YOUR ESTATE IN THE EVENT A COURT DECIDES THAT ONE SHOULD BE APOINTEED, 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.

9. If a guardian of my estate any property is to be appointed, I nominate the agent acting under their power of attorney as such guardian, to serve without bond or surety.

10. I am fully informed as to all the contents of this form and understand the full import of this grant to my agent.

Signed *Patricia M. Schultz*

(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).

Specimen signature of agent

I certify that the signature of my agent (and successors are correct)

Agent

Principal

Successor Agent

Principal

Successor Agent

Principal

(THIS POWER OF ATTORNEY WILL NOT BE EFFECTIVE UNLESS IT IS NOTARIZED AND SIGNED BY AT LEAST ONE ADDITIONAL WITNESS USING FORM BELOW).

STATE OF IL

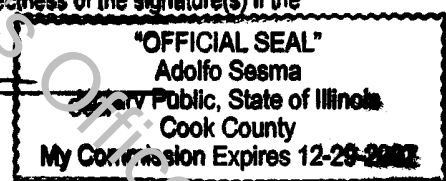
COUNTY OF Cook) SS

The undersigned notary public in and for the above county and state, certifies that Patricia

Schultz 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) if the agent(s).

Dated 6-12-07

Adolfo Sesma
Notary Public



My commission expires: 12-29-07

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 June 10, 2007

[Signature]
Witness

(THE NAME AND ADDRESS OF THE PERSON REPARING THIS FORM SHOULD ABE INSERTED IF THE AGENT WILL HAVE POWER TO CONVEY ANDY INTEREST IN REAL ESTATE).

This document was prepared by: Martin Y. Kugler 1226 S. Main St. Algonquin, IL 60102

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.