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ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY

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



Doc#: 0734005174 Fee: \$30.00 Eugene "Gene" Moore RHSP Fee:\$10.00

Cook County Recorder of Deeds Date: 12/06/2007 03:54 PM Pg: 1 of 4

YOUR AGENT TO EXERCISE GRANTED POWERS; BUT WHEN A POWER IS EXERCISED, YOUR AGENT VILL HAVE TO USE DUE CARE TO ACT FOR YOUR BENEFIT AND IN ACCORDANCE WITH THIS FORM. A COURT CAN TAKE AWAY THE POWERS OF YOUR AGENT IF IT FINDS THE CENT NOT ACTING PROPERLY. YOU MAY NAME SUCCESSOR AGENTS under this form but no 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 CM. 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 ATTACHED). THAT LAW EXPRESSLY PERMITS THE USE OF AND DIFFERENT FORM OF POWER OF ATTORNEY YOU MAY DESIRE. (IF THERE IS AFTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU.)

POWER OF ATTORNEY	made this <u>22n</u>	day of Oct	ober	2007.
	unnis M.			
hereby appoint:	Mary K	. Kaspar		
as my attorney-in-i way I could act defined in Section Property Law" (incl	in person) with 3-4 of the "Sta	h respect to the stutory Short For	following p	owers, as

(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.)

on or additions to the specified powers inserted in paragraph 2 or 3

- (a) Real estate transactions.
- Ginancial institution transactions. (b)
- Stock and bond transactions. (c)
- Tangible personal property transactions. (d)
- Safe deposit box transactions: (e)
- Ensurance and ensuity transactions. (f)
- (g) Retirement plan transactions:
- (h) Social Security, amployment and military service benefits.
- (L) Tax matters.

below:

- (t) Claims and litigation.
- Commodity and option transactions.

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- (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 (h	ere you
may include any specific limitations you deem appropriate, suc	h as a
prohibition or conditions on the sale of particular stock or real	estate
or special rules on borrowing by the agent):	
	· · · · · · · · · · · · · · · · · · ·
3. In addition to the powers granted above, I grant my ag	ant the
following powers (here you may add any other delegable powers, in	cluding,
without limitation, ofwer to make gifts, exercise powers of appo	intment,
name or change beneficiaries or joint tenants or revoke or am	end any
trust specifically referred to below);	
	<del></del>
	D
(YOUR AGENT WILL HAVE THE AUTHORITY TO EMPLOY OTHER PERSONS AS N	ECESSARY
TO ENABLE THE AGENT TO PROPERLY EXERCISE THE POWERS GRANTED IN TH	IS FORM,
BUT YOUR AGENT WILL HAVE TO MAKE ALL DISCRETIONARY DECISIONS. IF	YOU WANT
TO GIVE YOUR AGENT THE RIGHT TO DELEGATE DISCRETIONARY DECISION	N-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 emended 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 REASONAUTE 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 MATTER. 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:)

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det		nati								as court
on (ii	7. nsert	Nov	e m	ber ire di	his p	ower acco	of a such as c	ttornay ourt det	shall ermination	terminate n of your r death.
(II	F YC	OU W	ISF	TO N	ME SUC	CESSO		insert	THE NAM	E (S) AND
	Bign	or	refu	se to	sot, I	name		ing (each	to act	disabled, alone and t:
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	i koj				\$ _*		, 31	Buen 1	(pr	incipai)

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(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 signatures of agent (and successors)	I certify that the signature of my agent (and successors)
· • 1/	are correct.
May tasper	Dinnes M. Kaspar)
(successor agent)	(principal)
(successor agent)	(principal)
$O_{\mathcal{K}}$	
(THIS POWER OF ATTORNEY WILL) NOT BE USING THE FORM ATTACHED.)	EFFECTIVE UNLESS IT IS NOTARIZED,
State of ILLINOIS )ss.  County of Dupage )ss.	
County of Dunas	
The undersigned, a notary public in certifies that	person and acknowledged signing and salventsive act of the principal, set forth, (and certified to the
Dated: 10-22-2007	
	2 - ( the
	Notary Public
My commission	expires: September 7, 2011
(THE NAME AND ADDRESS OF THE PERSINSERTED IF THE AGENT WILL HAVE POWESTATE.)	
This document was prepared by: # Return	
Mary Laspar	
706 & Olive A	OFFICIAL SEAL
artinoton Ht. 16 6000	Notary Public - State of Minols My Commission Expires Sep 7, 2011
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