Doc#: 0806057170 Fee: \$46.50

Eugene "Gene" Moore

Cook County Recorder of Deeds

Date: 02/29/2008 01:26 PM Pg: 1 of 2 700 ILOG 4440 / 3-3. Ellective June, 200

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AMERICAN LEGAL FORMS 9 1990 Form No. 800 CHICAGO, IL (312) 332-1922

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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 ROPERTY 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 ATTORING YOU MAY DESIRE. IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO

-	TOU SHOULD ASK A LAWYER T
l	Butter of Attorney made the 210 1
- 11	1. 1. MARGARET AUGUST MARY 2607
-	1/42 (1/42)
	Approver of Attorney made this 26 day of January 2607 1. 1. MARGARET M WELS # 11436 S Homan hereby appoint: Bobert Torise insert name and address of principal)
\parallel	
$\ $	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 TITLE OF ANY CATEGORY WILL CAUSE TURE OF THE FOLLOWING CAUSE TURE OF THE FOLLOWING CATEGORY WILL CAUSE TURE OF THE FOLLOWING CAUSE TURE OF THE FOLLOWING C
	(Including all amendments), but subject to any limitations as as defined in Section 3-4 of
	(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 THROUGH THE TITLE OF THAT CATEGORY.) (a) Real estate transactions.
	TITLE OF ANY CATEGORY WILL CAUSE THE POWERS DESCRIBED IN THAT CATECORY TO BE GRANTED TO THE AGENT. TO STRIKE OUT A CATEGORY YOU MUST DRAW (a) Real estate transactions. (g) Retirement plan transactions (g) Retirement plan transactions
1	(a) Real estate transactions
ĺ	(b) Financial institution transcribed (g) Retirement plan have
ĺ	(I) Business operations (II) Social Security, employment of the state
	(f) Insurance and annuity transactions.
	(i) Claims and litigation. (b) All other property powers and transactions. (c) All other property powers and transactions.
	The area of AND ADDITIONS TO THE AGENT'S POWERS MAY BE INCLUDED IN THE
Į,	LIMITATIONS ON AND ADDITIONS TO THE AGENT'S POWERS MAY BE INCLUDED IN THIS POWER OF ATTORNLY IT THEY ARE SPECIFICALLY DESCRIBED BELOW.) mitations you deem appropriate, such as a prohibition or conditions on the sale of posticular.
	powers or shall be modified or limited in the following sorticulars (b.
-	2. The powers granted above shall not include the following powers or shall be modified or limited in the following carticulars (here you may include any specific mitations you deem appropriate, such as a prohibition or conditions on the sale of particular stock or real estate or special lules on borrowing by the agent):
_	obstanting by the agent):
_	
	2 (
ΟV	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, ver to make gifts, exercise powers of appointment, name or change beneficiaries or joint tenants or revoke or amend any trust specifically referred to below):
	gris, exercise powers of appointment, name or change beneficiation and any other delegable.
_	go deficitioning or joint tenants or revoke or amend any trust specifically and
	process specifically referred to below):
OU.	R AGENT WILL HAVE AUTHORITY TO EMPLOY OTHER PERSONS AS NECESSARY TO ENABLE THE AGENT TO PROPERLY EXERCISE THE POWERS GRANTED IN THIS ON-MAKING POWERS TO OTHERS, YOU SHOULD KEEP THE NEXT SENTENCE, OTHERWISE IT SHOULD BE SEEN THE RIGHT TO DELEGATE DISCRETION.
ikm Cisi	ON-MAKING BOURD WILL HAVE TO MAKE ALL DISCRETIONARY TO ENABLE THE ACENT TO SOCIETY
	BUT YOUR AGENT WILL HAVE AUTHORITY TO EMPLOY OTHER PERSONS AS NECESSARY TO ENABLE THE AGENT TO PROPERLY EXERCISE THE POWERS GRANTED IN THIS ON-MAKING POWERS TO OTHERS, YOU SHOULD KEEP THE NEXT SENTENCE, OTHERWISE IT SHOULD BE STRUCK OUT.)
om	4. My agent shall nave the right by written instrument to delegate any or all of the foregoing source. 4. My agent shall nave the right by written instrument to delegate any or all of the foregoing source.
٠	- and may select, but such delegation may be delegated any or all of the foregoing as

4. My agent shall nave 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

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5. My agent shall be entitled to easy to ble on pensation or services a endered as agent under the case of SERVICES AS AGENT.)
5. My agent shall be entitled to each ble or pensition procedures rendered as agent under this power of attorney. (THIS POWER OF ATTORNEY MAY BE AMENDED OR REVOKED BY YOU AT ANY THE GRANTED IN THIS POWER OF ATTORNEY AND BE AMENDED OR REVOKED BY YOU AT ANY THE
GRANTED IN THIS POWER OF ATTORNEY MAY BE AMENDED OR REVOKED BY YOU AT A SHOULD THIS POWER OF altorney.
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 the completion of the following:)
6. () This power of attorney shall become effective on
tinsert a future date or event during your lifetime
(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
The state of the s
(IF YOU WISH TO NAME SLICCESSOR A CE
(IF YOU WISH TO NAME SUCCESSOR AGENTS, INSERT THE NAME(S) AND ADDRESS(ES) OF SUCH SUCCESSOR(S) IN THE FOLLOWING PARAGRAPH.) in the order named) as successor(s) to
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:
the person is unable to give prompt and intelligence.
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 disabled person or (IF YOU WISH TO NAME YOUR ACEN AS GUARDIAN OF YOUR ESTATE, IN THE EVENT A COURT DECIDES THAT ONE SHOULD BE APPOINTED, YOU MAY, BUT ARE WILL SERVE YOUR BEST INTERESTS AND WELF ARE. STRIKE OUT PARAGRAPH 9 IF YOU DO NOT WANT YOUR AGENT IF THE COURT FINDS THAT SUCH APPOINT THE STRIKE OUT PARAGRAPH 9 IF YOU DO NOT WANT YOUR AGENT IF THE COURT FINDS THAT SUCH APPOINT TO NOT WANT YOUR AGENT.
10. I am fully informed as to all the section () informed as the sectio
9. If a guardian of my estate (my property is to be 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 payagent.
Signed Signed Mary of Mary
(YOU MAY, BUT ARE NOT REQUIRED TO, REQUEST YOUR AGENT AND SUCCESSOR AGENTS TO PROVIDE SPECIMEN SIGNATURES BELOW. IF YOU INCLUDE SPECIMEN SIGNATURES OF THE AGENTS.)
SIGNATURES IN THIS POWER OF ATTORNEY, YOU MUST COMPLETE THE CERTIFICATION OPPOSITE THE SIGNATURES BELOW. IF YOU INCLUDE SPECIMEN Specimen signatures of agent (and successors)
Specimen signatures of agent (and successors) CENTIFICATION OPPOSITE THE SIGNATURES OF THE AGENTS.)
certify that the signatures of my agent (and successors) are correct.
(agent)
(principal)
(Successor agent)
(principal)
(Successor agent)
(THIS POWER OF ATTORNEY WILL NOT BE EFFECTIVE UNLESS IT IS NOTARIZED AND SIGNED BY AT LEAST ONE ADDITIONAL WITH ESS, USING THE FORM BELOW.) County of (Ook
State of (CLINICIS
County of (OOK) SS
The ungersigned, a notan-out to the second of the second o
known to rige to be the CLTTCT, Complete the contract of the c
acknowledged signing and believe of the restruction of the foregoing power of attorney, appeared before me and the additional witness in person and Dated: My COMM98 5
Dated: MY COMMISS 53. Dated: MY COMMISS 53. Dated: MY COMMISS 53. Dated: MY COMMISS 54. Dated: MY COMMISS 55.
(SEAL)-
The undersigned witness certifies that My commission expires Notage Public
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 Dated: Dated:
Dated: 7 1 0 7
(THE NAME AND ADDRESS OF THE PERSON POSSOR
This document was prepared by
(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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