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Doc#: 0809235052 Fee: \$44.00 Eugene "Gene" Moore RHSP Fee:\$10.00

Cook County Recorder of Deeds Date: 04/01/2008 10:29 AM Pg: 1 of 5

Property of Cook County Clerk's Office

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First American Title Insurance Company

ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

| POWER OF ATTORNEY made this | 3rd | day of | Harch | | 2008 | (year). |
|---|---------------------------------------|-------------|--|---------------------------------|----------------------|------------|
| | 12454 Fig | tree St, | Son Diegoj Ca | 92131 | | |
| I, Listie E. Devaney) | Ola Fa | (insert r | name and address of the second half all the second half all the second half all the second half address of the second half all | of principal) he 60513 (inse | reby appoint name an | nt: d |
| | | | | | | |
| person) with respect to the following | powers, as d | etined in | Section 3-4 of the | limitations on | or additio | ns to the |
| Attorney for P operty Law" (including | ng all amend | ments), t | ut subject to any | minations on | or addition | in to use |
| specified powers i serled in paragraph | or below: | | | - | | |
| O/X | | | | | | |
| (a) Real estate transa tir ns. | | | | | | |
| (b) Financial institution transacti | | | | | | |
| (c) Stock and bond transact (CF). | | | | | | |
| (d) Tengible personal property | MINISTRUMB. | | | | | |
| (a) Safe deposit box transactions | F | | | | | |
| (f) Insurance and annuity transa | | | | | | |
| (g) Retisement plan transactions | | Aurica I | · | | | |
| (h) Social Security, employment | -ema-minimal) | C1 (**100 t | encho. | | | |
| (i) Far matters. | | |) | | | |
| (j) Claims and Hagation. | | | | | | |
| (k) Commodity and option trans | acaelis. | | | | | |
| (!) Business operations. | | | 46 | | | |
| (m) Borrowing transactions. | | | / / X. | | | |
| (n) Estate transactions. | -1-ttim | , | | | | |
| (a) All other property powers di | ad transaction | 15. | | | | |
| | | | | | | |
| The powers granted above s following particulars (here prohibition or conditions or | VOD MAY INC | hide anv | specific limitation | ns yeu ozem a | ppropriate, | Sucii as a |
| the agent): | | | | 0 | | |
| | | | | | O_{c} | |
| | · · · · · · · · · · · · · · · · · · · | | | | | <u> </u> |
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| | ····· | | | | | <u></u> |
| | | | | | | |
| | | | | | | |

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| 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): |
|---|
| |
| |
| My agent shall have the right by written instrument to delegate any or all of the foregoing powers involving discretionary accision-making to any person or persons whom my agent may select, but such delegation may be amended or revered by any agent (including any successor) named by me who is acting under this power of attorney at the time of reference. |
| My agent shall be entitled to reasonable compensation for services rendered as agent under this power of attorney. |
| (X) This power of attorner shall become effective on <u>March 1, 2008</u> (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). (X) This power of attorney shall terminate on <u>April 30, 2008</u> |
| (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 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 ramed) as successor(s) to such agent: |
| For purposes of this paragraph, a person shall be considered to be incompetent if and while the person is a minor or an adjudicated incompetent or disabled person or the person is unable to give prompt and intelligent consideration to business matters, as certified by a licensed physician. |
| If a guardian of my estate (my property) is to be appointed, I nominate the ager, acting under this power of attorney as such guardian, to serve without bond or security. 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 Principal) (Principal) |

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I certify that the signatures of my Specimen signatures of agent (and successors) are correct. agent (and successors (principal) (agent) (principal) (successor agent) (principal) (successor agent) State of)SS County 61 The undersigned, a potary public in and for the above county and state, certifies that known to me to be the same person whose Leslie E. Devaney 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) of the agent(s)). **Notary Public** (SEAL) Dated: My commission expires LECUE E. DEUANEL The undersigned witness certifies that 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 delive ing the instrument as the free and voluntary act of the principal, for the uses and purposes therein set forth. I be tieve him or her to be of sound mind and memory. Witness (SEAL) Dated: This document was prepared by:

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STREET ADDRESS: 1515 UNIOFFICIAL CONT 616/PS-54

COUNTY: COOK

CITY: CHICAGO

TAX NUMBER: 17-22-110-107-1054

LEGAL DESCRIPTION:

UNIT 616 AMD P54 TOGETHER WITH IT UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS IN PRAIRIE HOUSE AT CENTRAL STATION CONDOMINIUM, AS DELINEATED AND DEFINED IN THE DECLARATION RECORDED FEBRUARY 3, 2003 AS DOCUMENT NO. 0030163876, AS AMENDED FROM TIME TO TIME, IN THE NORTHWEST FRACTIONAL QUARTER OF SECTION 22, TOWNSHIP 39 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

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