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COR TITLE 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, UNIT 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 YOUF AGENT ARE EXPLAINED MORE FULLY IN SECTION 3 - 4 OF THE ILLINOIS "STATUTORY STORT 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 TO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT 10 YOU.)

POWER OF ATTORNEY made this 29 day of Maych (month) 2008 (Jear). I,

2hu0 Jia Liao (insert name and address of principal) hereby appoint:

Shiulang Kwan Liu (insert name and address of agent) 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 - of the "Statutery 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 or 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.



Doc#: 0810846092 Fee: \$74.00 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds Date: 04/17/2008 03:27 PM Pg: 1 of 6

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(D)	Financial institution transactions.
(c)	Stock and bond transactions.
(d)	Tangible personal property transactions.
(e)	Safe deposit box transactions.
(f)	Insurance and annuity transactions.
	Retirement plan transactions.
(h)	Social Security, employment and military service benefits.
(i)	Tax matters.
0	Claims and litigation.
(k)	Commodity and option transactions.
(1)	Busin's operations.
(m	Borrov no transactions.
(m)	Fetate team at tions

(o) All other property powers and transactions.

(LIMITATIONS ON AND ADDITIONS TO THE AGENT'S POWERS MAY BE INCLUDED IN THIS POWER OF ATTORNLY IF THEY ARE SPECIFICALLY DESCRIBED BELOW.)

The powers granted above shall or include the following powers or shall be modified or limited in the following particulars here you may include any specific limitations you deem appropriate, such as a prohibition or o indicions on the sale of particular stock or real estate or special rules on borrowing by the agent):

Sign accuments related to the refinance of property.

Address: 28325100mis

Chicago II. 60608.

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 to mis or revoke or amend any trust specifically referred to below):

(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

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

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 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 YOUR AGENT TO ALSO BE ENTITLED TO REASONABLE COMPENSATION FOR SERVICES AS AGENT.)

My agent shall be entitled to reasonable compensation for services rendered as agent under this power of attorney.

(THIS POWER OF ATTURNEY MAY BE AMENDED OR REVOKED BY YOU AT ANY TIME AND IN ANY MANNER ADSENT 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:)

(7) This power of attorney shall 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).
10
(/) This power of attorney shall terminate on (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 WISH TO NAME SUCCESSOR AGENTS, INSERT THE NAME(S) AND
ADDRESS(ES) OF SUCH SUCCESSOR(S) IN THE FOLLOWING PARAGRAPH.)
If any agent named by me shall die, become incompetent, resign a 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, 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 relatters, as certified by a licensed physician.

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(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 IF YOU DO NOT WANT YOUR AGENT TO ACT AS GUARDIAN.)

If a guardian of my estate (my property) is to be appointed, I nominate the agent acting under this power of atterney 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 Zour fin	Lino_		
(principal)			
(YOU MAY, BUT ARE NOT REC AGENTS TO PROVIDE SPECIME SPECIMEN SIGNATURES IN THE THE CERTIFICATION OPPOSIT	EN SIGNATURES HIS POWER OF AT	BELOW. IF YOU INCL TORNEY, YOU MUST C	UDE
Specimen signatures of	T	vertify that the signatures of n	ny agent
agent (and successors)		nd successors) are correct.	•
(ag	301)		(principal)
(500	cessor agent)	25	(principal)
(Suc	ccessor agent)	C	(principal)
(THIS POWER OF ATTORNEY AND SIGNED BY AT LEAST (BELOW.)	WILL NOT BEEF ONE ADDITIONAL	FECTIVE UNLESS I(18) WITNESS, USING THE	NOTARIZED FORM
State of <u>Illinois</u>) SS.			Co

The undersigned, a notary public in and for the above county and state, certifies that $Z_{NO} = S_{NO} = S_{NO} = S_{NO}$, 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) of the agent(s)). Dated: 3-29-08 (SEAL)

County of _ Cook





NOFFICIAL C

	Notary Public
フトック	My commission expires $\frac{8/7/3011}{1000}$. The undersigned witness certifies that
<u></u>	Jia Liao, 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: 3-29-08
	Witness
	(THE NAME AND ASSESS 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:
	<u>Ce Leon Liv</u>
	<u> </u>
	<u> </u>
	When recorded Please return to:
	"OFFICIAL SEAL" Linda M Hand Notary Public, State of Illinois Commission Expires 87/2011 When recorded prease including the service of the control of the c
۶	Scal Contral Dank. DI
<u> </u>	"OFFICIAL SEAL" Rosevelt Ra.
Ĭ	Notary Public, State of Hinois
٤.,	Commission Expires 8/7/2011
	Wartinez
	Attn: walan

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TICOR TITLE INSURANCE COMPANY

ORDER NUMBER: 2000 000638138 CH STREET ADDRESS: 2832 S. LOOMIS ST.

CITY: CHICAGO COUNTY: COOK COUNTY

TAX NUMBER: 17-29-313-039-0000

LEGAL DESCRIPTION:

LOT 28 IN R. J. SHERMAN'S SUBDIVISION OF LOT 1 IN BLOCK 19 IN CANAL TRUSTEES' SCT.
AN. IN
ODERATION OF COOK COUNTY CLERK'S OFFICE SUBDIVISION OF SECTION 29, TOWNSHIP 39 NORTH, RANGE 14 EAST OF THE THIRD

PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS