

ATTORNEYS'
TITLE
GUARANTY
FUND,
INC.

Doc#: 0819035057 Fee: \$44.00 Eugene "Gene" Moore RHSP Fee: \$10.00 Cook County Recorder of Parallel

Cook County Recorder of Deeds Date: 07/08/2008 09:35 AM Pg: 1 of 5

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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 VILL 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 ACFIFTS 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 IT PMINATES IT, YOUR AGENT MAY EXERCISE THE POWERS GIVEN HERE THROUGHOUT YOUR LIFETIME, EVEN AFTEK 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 FOKE IS A PART (SEE THE BACK OF THIS FORM). THAT LAW EXPRESSLY PERMITS THE USE OF ANY DIFFERENT FORM OF YOWER 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	24th Day	_day of	Jun	Month	, 2	OO §	_,	0/5/	
1. I,	Grego	ry D. S	Shouldi	ce						CO	
	12 Lo	ci Ct.,	Pitts	field,	MA Nam	01201 e and Address	of Principal				_
hereby	appoint:	Se	cott Z.	Berma							
	-:	9	816 N.	Keele:	Nan	KOKie ne And Addre	TI500) 7 6			_

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:

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ATG FORM 403 © ATG (REV. 2/01)

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(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 b. Financial institution transactions c. Stock and bond transactions d. Tangible personal property transactions c. Safe deposit box transactions f. Insurance and annuity transactions	g.—Retirement plan transactions h.—Social Scourity, employment, and military — service benefits i.—Tax-matters j.—Claims and litigation k.—Commodity and option transactions—	Business operations Borrowing transactions Estate transactions All ether property powers and transactions
(LIMITATIONS ON AND ADDITIONS TO T IF THEY ARE SPECIFICALLY DESCRIBED	HE AGENT'S POWERS MAY BE INCLUDED I BELOW.)	IN THIS POWER OF ATTORNEY
	the following powers or shall be modified or limit deem appropriate, such as a prohibition or condit the agent):	
This Power is limited to the e	xecution of any and all documents	relative to the purchase
of that certain property cormc	n'y known as 505 N. McClurg Court	, #4501, Chicago, IL 60611
including, but not limited to	purchase documents, title document	ts, government documents,
and loan/mortgage documents. 3. In addition to the powers granted above, I including, without limitation, power to make revoke or amend any trust specifically referr	grant my agent the following powers (here you a gifts, exemise powers of appointment, name or old to below): NONE	may add any other delegable powers hange beneficiaries or joint tenants or
	9/	
	7	
PROPERLY EXERCISE THE POWERS GIDISCRETIONARY DECISIONS. IF YOU W	TO EMPLOY OTHER PERSONS AS NECESSARANTED IN THIS FORM, BUT YOUR ACLYANT TO GIVE YOUR AGENT THE RIGHT : S, YOU SHOULD KEEP THE NEXT SENTEN	NT WILL HAVE TO MAKE ALL TO DELEGATE DISCRETIONARY
making to any person or persons whom n	rument to delegate any or all of the foregoing pov ny agent may select, but such delegation may be is acting under this power of attorney at the time	e amended or revoked by any agent
UNDER THIS POWER OF ATTORNEY, ST	EIMBURSEMENT FOR ALL REASONABLE E RIKE OUT THE NEXT SENTENCE IF YOU D OMPENSATION FOR SERVICES AS AGENT.)	OO NOT WANT YOUR AGENT TO
5. My agent shall be entitled to reasonable com	pensation for services rendered as agent under this	s power of attorney.
ABSENT AMENDMENT OR REVOCATION	AMENDED OR REVOKED BY YOU AT AN ON, THE AUTHORITY GRANTED IN THIS POWER IS SIGNED AND WILL CONTINUE	POWER OF ATTORNEY WILL

LIMITATION ON THE BEGINNING DATE OR DURATION IS MADE BY INITIALING AND COMPLETING EITHER (OR

BOTH) OF THE FOLLOWING:)

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6/26/08 his power of attorney shall become effective on future date or event during your lifetime, such as court determination of your disability, when you want this power to first take effect.) 7/26/08 his 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.) 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 successive'y, 'n the order named) as successor(s) to such agent: 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 the person is unable to give prompt and intelligent consideration to business matters, as certified by a licensed physician. (IF YOU WISH TO NAME YOUR AGENT AS CUARDIAN 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 ACENT 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 (my property) is to be appointed, I now more 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 my agent. Shouldice (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.) I certify that the signatures of my agent (and successors) are Specimen signatures of agent (and successors): correct. Principal 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 WITNESS, USING THE FOLLOWING FORM.)

2005

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TATE OF TELEMOTE Massichusello
COUNTY OF GOOK BOOKShive) SS
The undersigned, a notary public in and for the above county and state, certifies that <u>Gregory D. Shouldice</u> nown to me to be the same person whose name is subscribed as principal to the foregoing power of attorney, appeared before me and ne additional witness in person and acknowledged signing and delivering the instrument as the free and voluntary act of the principal, or the uses and purposes therein set forth, and certified to the correctness of the signature(s) of the agent(s). Dated: June 24, 2008
ANTHORASIMIANO Notary Public ANTHORASIMIANO Notary Public On Monwealth of Massachusetts My commission expires My commission expires Date
The undersigned witness conclus that <u>Gregory D. Shouldice</u> , 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 igning 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 men ory.
Dated: June 24, 2008 **XX Amanda J. Killeen Witteess Amanda J. Killeen Witteess
THE NAME AND ADDRESS OF THE PERSON PREPALING THIS FORM SHOULD BE INSERTED IF THE AGENT WILL HAVE POWER TO CONVEY ANY INTEREST IN REAL LISTATE.)
This document was prepared by: Scott Z. Berman, Actorney at Law
9816 N. Keeler, Skokje, IL 60076

The requirement of the signature of an additional witness imposed by the amendatory Act of the 91st General Assembly applies only to instruments executed on or after the effective date of June 9, 2000. (P.A. 86-736.)

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STREET ADDRESS: 505 N. MCCEURS COURT COLL CONT. 4501

CITY: CHICAGO COUNTY: COOK

TAX NUMBER: 17-10-218-004-0000

LEGAL DESCRIPTION:

PARCEL 1:

UNIT NUMBER 4501 IN PARKVIEW AT RIVER EAST CONDOMINIUMS AS DELINEATED ON A SURVEY OF THE FOLLOWING DESCRIBED REAL ESTATE: PART OF BLOCK 3 IN CITYFRONT CENTER, BEING A RESUBDIVISION IN THE NORTH FRACTION OF SECTION 10, TOWNSHIP 39 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED FEBRUARY 24, 1987 AS DOCUMENT 87106320, IN COOK COUNTY, ILLINOIS; WHICH SURVEY IS ATTACHED AS EXHIBIT "E" TO THE DECLARATION OF CONDOMINIUM RECORDED AS DOCUMENT NUMBER 0811410154, AS AMENDED FROM TIME TO TIME; TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS.

PARCEL 2:

NON-EXCLUSIVE EASEMENT AND THE BENEFIT OF PARCEL 1 AND OTHER PROPERTY AS CREATED BY THE RECIPROCAL EASEMENT AND ANEXEMENT FOR PARKVIEW RECORDED APRIL 23, 2008 AS DOCUMENT NUMBER 0811410153 AND AMENDED AND RESTATED DECLARATION OF RECIPROCAL EASEMENT, RECORDED MAY 19, 2008 AS DOCUMENT 0814016053.