



POWER OF ATTORNEY FOR PROPERTY

POWER OF ATTORNEY made this

13 day of Oct. 1999

1. Patricia L. Troian
(NAME AND ADDRESS OF PRINCIPAL)

1207 W Sigwalt hereby

appoint: Timothy D. Troian
(NAME AND ADDRESS OF AGENT)

1207 W. Sigwalt

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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:

The agent is authorized to: buy, sell, exchange, rent, and lease real estate (which term includes, without limitation, real estate subject to a land trust and all beneficial interests in and powers of direction under any land trust); collect rent, sale proceeds and earnings from real estate; convey, assign and accept title to real estate; grant easements, create conditions and release rights of homestead with respect to real estate; create land trusts and exercise all powers under land trusts; hold, possess, maintain, repair, improve, subdivide, manage, operate and insure real estate; pay, contest, protest, and compromise real estate taxes and assessments; and, in general, exercise all powers with respect to real estate which the principal could if present and under no disability.

2. The powers granted above shall not include the following powers or shall be modified or limited in the following particulars:

None

3. In addition to the powers granted above, I grant my agent the following power:

None

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 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.

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

6. This power of attorney shall be come effective on: Oct 27, 1999
(insert a future date or event when you want this power to first take effect)

7. This power of attorney shall terminate on: Oct 28, 1999
(insert a future date of event which causes this power to terminate prior to your death)

(IF YOU WISH TO NAME SUCCESSORS AGENTS, INSERT THE NAME(S) AND ADDRESS(ES) OF SUCH SUCCESSOR(S) IN THE FOLLOWING PARAGRAPH.)

8. If my 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:

None

For purposes of this paragraph 8, a person shall be considered to be incompetent if and while the person is a minor or is 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.

Lot 6 in Surrey Ridge West, Unit No 1,
Being a subdivision of Part of the East 1/2
of Section 8, and the West 1/2 of Section
9, Township 41 North, Range 11, East
of the Third Principal Meridian,
Cook County, Illinois.

ATGF, INC

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9. If a guardian of the estate (my property) is to be appointed, I request 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 power to my agent.

Signed Patricia L Trojan
(PRINCIPAL)

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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)
[Signature]
(AGENT)

(SUCCESSORS AGENT)

(SUCCESSORS AGENT)

I certify that the signatures of my agent (and successors) are correct.
Patricia L Trojan
(PRINCIPAL)

(PRINCIPAL)

(PRINCIPAL)

(THIS POWER OF ATTORNEY WILL NOT BE EFFECTIVE UNLESS IT IS NOTARIZED, USING THE FORM BELOW.)

STATE OF Illinois
COUNTY OF Cook

The undersigned, a notary public in and for the above County and State, certifies that Patricia L Trojan
& Timothy Trojan

known to me to be the same person whose name is subscribed as principal to the foregoing power of attorney, appeared before me 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: 10/14/99

(Seal) JENNIFER MARIE ANDERSON
JENNIFER MARIE ANDERSON
NOTARY PUBLIC
MY COMM. (NOTARY PUBLIC) 0012/0102
My commission expires 11/20/02

(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.)

This document was prepared by: Garr + Schueter, 50 Turner, Elk Grove Village, IL 60007

Mail for

Street Address: 1614 S. Princeton Ave
Permanent Tax Index Number: 08-09-309-016

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