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 O 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 TEROUGHOUT 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 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 DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU.)

MANNER PROVIDED BELOW, UNTIL YOU REVOKE THIS POWER OR A COURT ACTING ON YOUR BEHALF TERM EXERCISE THE POWERS GIVEN HERE TRROUGHOUT YOUR LIFETIME, EVEN AFTER YOU BECOME DISABLED AGENT ARE EXPLAINED MORE FULLY IN SECTION 3-4 OF THE ILLINOIS "STATUTORY SHORT FORM POWEL LAW" OF WHICH THIS FORM IS A PART (SEE THE BACK OF THIS FORM). THAT LAW EXPRESSLY PERMITTORY OF POWER OF ATTORNEY YOU MAY DESIRE, IF THERE IS ANYTHING ABOUT THIS FORM THAT Y SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU.)	. The powers you R of attorney fo S the use of an	U GIVE YOUR OR PROPERTY Y DIFFERENT
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POWTR OF ATTORNEY made this 2nd day of DECEMBER	1999	
North North	TEM	٧
1. I, IMAN HASSAN a/k/a IMAN M. HASSAN		
(['SERY MANG AND ADDRESS OF PRINCIPAL)		
hereby appoint: MOHAMED HASSAN a/k/a MOHAMED A. HASSAN		
(TWO LE MAND ADDRESS OF AGENT)		
as my attorney-in-fact (my "agent") to 10°, for me and in my name (in any way I could act to the following powers, s defined in Section 3-4 of the "Statutory Short Form Power of (including all amendments), but subject to any limitations on or additions to the spe paragraph 2 or 3 below: (YOU MUST STRIKE OUT ANY ONE OR MORE OF THE FOLLOWING CATEGORIES OF POWERS YOU DO NOT FAILURE TO STRIKE THE TITLE OF ANY CATEGORY WILL CAUSE THE POWERS DESCRIBED IN THAT CATE	Attorney for Pricified powers in WANT YOUR AGE	operty Law inserted in
(a) Real estate transactions. (b) Financial institution transactions. (c) Stock and bond transactions. (d) Tangible personal property transactions. (e) Safe deposit box transactions. (f) Insurance and annuity transactions. (g) Retirement plan transactions. (h) Social Security, employe by \$ (m) Sorrowing transactions. (i) Tax matters. (j) Claims and litigation. (k) Commodity and option transactions.		
(LIMITATIONS ON AND ADDITIONS TO THE AGENT'S POWERS MAY BE INCLUTED IN THIS POWER SPECIFICALLY DESCRIBED BELOW.)	OF ATTORNEY I	F THEY ARI
2. The powers granted above shall not include the following power. or shall be following particulars (here you may include any specific limitations you deam appropria or conditions on the sale of particular stock or real estate or special rules in corrow	ite, such as a j	prohibition
).c	
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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, 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):

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

4. My agent shall have the right by written instrument or 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.

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(CROSS OUT NEXT SENTENCE IF YOU DO NOT WAS AGENT.)	NT YOUR AGENT TO ALSO BE ENTITLED TO REASONABLE COMPENSATION FOR SERVICES		
5. My agent shall be entitled to recattorney.	asonable compensation for services rendered as agent under this power of		
REVOCATION, THE AUTHORITY GRANTED IN THIS	OR REVOKED BY YOU AT ANY TIME AND IN ANY MANNER. ABSENT AMENDMENT OR POWER OF ATTORNEY WILL BECOME EFFECTIVE AT THE TIME THIS POWER IS SIGNED A LIMITATION ON THE BEGINNING DATE OR DURATION IS MADE BY INITIALING AND WING:		
6. () This power of attorney sha	all become effective onDECEMBER 2nd, 1999		
(IMPERT A PUTORS DATE OR EVENT PORTIES YOUR LIFETIME, SUCH AS COURT	DETECTION OF YOOR DESABLLITY, WHEN YOU SHAP		
THE POWER TO TAKE SPEECT)			
7. () This power of attorney sha	all terminate onDECEMBER 9th, 1999		
	(IMBERT A FUTURE DATE OR STREET, SUCH AS COORT DETERMINATION OF TOOK DISABILITY, WHEN YOU MANY THIS POWER TO TRIMINATE PRIOR TO TOOK DRAYN)		
(IF YOU WISE TO NAME SUCCESSOR AGENTS, I PARAGRAPH.)	NSERT THE NAME(S) AND ADDRESS(ES) OF SUCH SUCCESSOR(S) IN THE FOLLOWING		
8. If any agent named by me shall of name the following (e.ch to act alone a	die, become incompetent, resign or refuse to accept the office of agent, and successively, in the order named) as successor(s) to such agent:		
	n/a		
For purposes of this paragraph 8, a perso or an adjudicated incompetent or disal consideration to business matter, as cer	n shall be considered to be incompetent if and while the person is innor oled person or the person is unable to give prompt and intelligent ctified by a licensed physician.		
APPOINTED, YOU MAY, BUT ARE NOT RECURED T	RDIAN OF YOUR ESTATE, IN THE EVENT A COURT DECIDES THAT ONE SHOULD BE TO, DO SO BY RETAINING THE FOLLOWING PARAGRAPH. THE COURT WILL APPOINT YOUR NIMENT WILL SERVE YOUR BEST INTERESTS AND WELFARE. STRIKEOUT PARAGRAPH 9 TARDIAN.)		
9. If a guardian of my estate (my poof attorney as such guardian, to serve wi	reporty) is to be appointed, I nominate the agent acting under this power lt.out bond or security.		
10. I am fully informed as to all the powers to my agent.	he concents of this form and understand the full import of this grant of		
, , ,	Signed $XI = A \times A$		
	REQUEST YOUR AGAIT AND SUCCESSOR AGENTS TO PROVIDE SPECIMEN SIGNATURES IN THIS POWER-OF-FATORNEY, "YOU MUST COMPLETE THE CERTIFICATION OPPOSITE		
Specimen signatures of agent (and successors)	I certify that the signatures of my agent (and successors) are correct.		
See V	PERMIPE		
XXIII	V.ac. 4		
	HIMPU O		
	TIVE UNLESS IT IS NOTARIZED, USING THE FORM BELOW.)		
STATE OF Illinois			
<u> </u>)		
COUNTY OF COOK	§ OFFICIAL SEAL		
The undersigned, a notary public in and known to me to be the same person whose nathefore me in person and acknowledged signincipal, for the uses and purposes there agent(s)).	ALIA M ZEGAR I for the adopt county and state certifies that IMAN M. HASSAN me is subscribed an Activity by the MCE doing power of attorney, appeared ning and delivering the instrument of the ein set forth (and certified to the consecutions of the signature(s) of the		
Dated: 12-02-99	- Re h. 2.111		
(SEAL)	NO PARY PUBLIC		
-	ALIA M. ZEGAR Hy commission expires: 03-31-02		
	ARING THIS FORM SHOULD BE INSERTED IF THE AGENT WILL HAVE POWER TO CONVEY		
ANY INTEREST IN REAL ESTATE.)	**************************************		
This document was prepared by:	OFFICIAL SEAL ALIA M ZEGAR		
	NOTARY PUBLIC, STATE OF ILLINOIS		
	MY COMMISSION EXPIRES:03/31/02		

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Cot Cot Court 1/1 1 Corts Office

The same of the

OFFICIAL SEAL

ALIA M ZEGAR

AUTO MAY 10. SEATE OF HUMONS

MY COMMISSION EXPIRES 0949 1002

COMMISSION EXPIRES 0949 1002

ORRICHAL SEAL

MO CANY PULLIF TEATE OF JULIADIS &

Name

UNOFFICIAL COPY SAM ZEGAR

SAM ZEGAR 6000 W. 79th St BURBANK IL 60459

City, State, Zip

Street, Address

OR RECORDER'S OFFICE BOX NO.

Marie Land

LEGAL DESCRIPTION:

LOT 14 IN MAPLE LEAF ESTATES SUBDIVISION, BEING A RESUBDIVISION OF LOT 6 IN BARTLETT'S HARLEM AVENUE ACRES, BEING A SUBDIVISION OF THE SOUTH ½ OF THE NORTH ½ OF THE SOUTHEAST 1/4 OF SECTION 1, TOWNSHIP 37 NORTH, RANGE 12, EAST OF THE THIRD PATNCIPAL, IN COOK COUNTY, ILLINOIS.

County Clerk's Office
09147945

STREET ADDRESS: 9213	9213 South Beloit, Bridgeview, Illinois 60455		
PERMANENT TAX INDEX NUMBER:	23-01-403-015-0000	Volume 151	

THE SPACE ABOVE IS NOT PART OF OFFICIAL STATUTORY FORM. IT IS ONLY FOR THE AGENT'S USE IN RECORDING THIS FORM WHEN NECESSARY FOR REAL ESTATE TRANSACTION.