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Doc#: 0916022074 Fee: \$46.00 Eugene "Gene" Moore HHSP Fee:\$10.00 Cook County Recorder of Deeds

Date: 06/09/2009 02:00 PM Pg: 1 of 6

Above Space For Recorder's Use Only

DOOP! 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 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 THROUGHOUT 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. 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.)



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POWER OF ATTORNEY made this day of May 21 (month), 0 9 (year).
I, William J. Ward, 3272 Jack's Run Road, White Oak, PA 15131 hereby appoint: Jeffrey Ward, 1243 S. Wabash, Unit 205, Chicago, IL 60605 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 (a), (b), and (m) 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 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. (b) Financial institution transactions. (c) Stock and bond transactions. (d) Tangible personal property consections. (e) Safe deposit box transactions. (f) Insurance and annuity transactions. (g) Retirement plan transactions. (h) Social Security, employment and military service benefits. (i) Tax matters. (j) Claims and litigation. (k) Commodity and option transactions. (l) Business operations. (m) Borrowing transactions. (n) Estate transactions. (o) All other property powers and transactions.
(LIMITATIONS ON AND ADDITIONS TO THE AGENT'S POWERS MAY & INCLUDED IN THIS POWER OF ATTORNEY IF THEY ARE SPECIFICALLY DESCRIBED BELOW.)
The powers granted above shall not 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 conditions on the sale of particular stock or real estate or special rules on borrowing by the agent.):
Only those powers necessary to close the purchase of 565 W. Quincy, Unit 513, Chicago, IL.

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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):

Any	and	all	powers	necessary	to	close	the	purchase	of	565	<u>W.</u>	Quincy,	Unit	<u>513</u>
Chic	ago,	IL.		•								•		

(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 STRICKEN.)

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 a neaded 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 ATTORNEY MAY BE AMENDED OR REVCKED BY YOU AT ANY TIME AND IN ANY MANNER ABSENT AMENDMENT OR REVOCATION, THE AUTHORITY GRANTED IN THIS POWER OF ATTORNEY WILL BECOVE 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:)

(insert a future date or event during your lifetime	ve on May 20, 2009 ne, such as court determination of your disability,
when you want this power to first take effect).	
This power of attorney shall terminate on (insert a future date or event, such as court dete power to terminate prior to your death).	June 15, 2009ermination of your disability, when you want this

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If any agent named by me shall die, become incomagent, I name the following (each to act alone successor(s) to such agent:	e and successively, in the order named) as
None.	For
purposes of this paragraph, a person shall be co person is a minor or an adjudicated incompetent give prompt and intelligent consideration to b physician.	nsidered to be incompetent if and while the or disabled person or the person is unable to
(IF YOU WISH TO NAME YOUR AGENT AS EVENT A COURT DECIDES THAT ONE SHO ARE NOT REQUIRED TO, DO SO BY RETA	OULD BE APPOINTED, YOU MAY, BUT
THE COURT WILL APPOINT YOUR AGEN APPOINTMENT WILL SERVICE YOUR BES' OUT PARAGRAPH IF YOU DO NOT WANT YO	T IF THE COURT FINDS THAT SUCH INTERESTS AND WELFARE. STRIKE
If a guardian of my estate (my property) is to be this power of attorney as such guardian, to serve y as to all the contents of this form and implementand agent. Signed (Principal)	without bond or security. I am fully informed
(Principal) (YOU MAY, BUT ARE NOT REQUIRED TO REAGENTS TO PROVIDE SPECIMEN SIGNATURES IN THIS POWER OF THE CERTIFICATION OPPOSITE THE SIGNATURE OF THE SIGNATU	ATURES BELOW. IF YOU INCLUDE OF ATTORNEY, YOU MUST COMPLETE
Specimen signatures of agent (and successors)	I certify that the signatures of my agent (and successors) are cor ect
(agent)	(principal)
(successor agent)	(principal)
(successor agent)	(principal)

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(THIS POWER OF ATTORNEY WILL NOT BE EFFECTIVE UNLESS IT IS NOTARIZED AND SIGNED BY AT LEAST ONE ADDITIONAL WITNESS, USING THE FORM BELOW.) State of County of Alleman The undersigned, a notary public in and for the above county and state, William J. Ward personally 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 to the correctness of the signature(s) of the agent(s)). (SEAL) COMMONWEALTH OF PENINSYLVANIA The undersigned witness certifies that William J Ward personally 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. (SEAL) Dated: / (THE NAME AND ADDRESS OF THE PERSON PREPARING THIS FORM SHOULD BE INSERTED IF THE AGENT WILL HAVE POWER TO CONVEY ANY I'NTEREST IN REAL ESTATE.) This document was prepared by: Thompson & Thompson

19 S. LaSalle St. Suite 302

Chicago, IJ

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Exhibit A

Parcel 1:

Unit 513, together with the exclusive right to use Parking Space P-11, Storage Space SL-513, limited common elements, in the 565 W. Quincy Condominium, as delineated and defined on the plat of survey of part of the following described real estate:

The West 10 inches of 1 or 15 and all of Lots 16, 17, 18, 19, 20 and 21 in the Subdivision of Block 46 of School Section Addition to Chicago in Section 10. Township 39 North, Range 14, East of the Third Principal Meridian in Cook County, Illinois.

Which Survey is attached as fixed libit D to the Declaration of Condominium recorded December 23, 2008 as document number 0835831047, as amended from time to time, together with their undivided percentage interest in the common elements.

Parcel 2:

Non-exclusive easements appurtenant to Low for the benefit of Parcel 1 as created by the Declaration of Covenants, Conditions, Restrictions and Reciprocal Easement, for 565 W. Quincy Street, Chicago, Illinois dated April 9, 2009 and recorded April 14, 2009 as document number 0910444041, as more particularly described and defined therein.

PIN

17-16-113-010,-0000