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925133819

Doc#: 0925133019 Fee: \$46.00 Eugene "Gene" Moore RHSP Fee:\$10.00

Cook County Recorder of Deeds

Date: 09/08/2009 08:31 AM Pg: 1 of 6

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POWER OF ATTORNEY

Prepared by a Mail to: Lovi Potochnik 164 W. Huron Street # 412 Up It. 60610

W BOX 334 CT

8816178

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POWER OF ATTORNEY made this 29 <sup>TH</sup> day of JULY (month) (year).
1. I, SUHML BUTT 2041 WEST CARROLL CHICAGO IL 60612 (insert name and address of principal)
hereby appoint: LORI POTOCHNIK 164 WEST HURON CHILAGO IL 60612 (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 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 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 ANTED TO 11...
HROUGH THE TITLE OF 11...

1) Real estate transaction.
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, employment and military service benefits.
Tax matters.

1 aims and litigation.

2 d option transactions. GRANTED TO THE AGENT. TO STRIKE OUT A CATEGORY YOU MUST DRAW A LINE

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

2. 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):

#### **NO LIMITATIONS**

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

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referred to below):

To take any and all actions necessary to consummate the purchase and closing of the
property commonly known as 164 WEST HUROW CHICAGO IL 60617
(YOUR AGENT WILL HAVE AUTHORITY TO EMPLY 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 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 have 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 ENTITLD TO REIMBURSEMENT FOR ALL REASONABLE EXPENSES INCURRED IN ACTING UNDER THIS POWER OF ATTORYNEY. STRIKE OUT THE NEXT SENTENCE IF YOU DO NOT WANT YOUR AGENT TO ALSO BE ENTITLED TO REASONABLE COMPENSATION FOR SERVICES AS AGENT.)
5. My agent shall be entitled to reasonabic compensation for services rendered as agent under this power of attorney.
(THIS POWER OF ATTORNEY MAY BE AMENDED OR REVOKED BY YOU AT ANY TIME AND IN ANY MANNER. ABSENT AMENDMENT OR REVOCATION, THE AUTHORITY GRANTED IN THIS POWER OF ATTORNEY WILL BECOME FFFECTIVE 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.
6. ( ) This power of attorney shall become effective on 8-15-09 (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).
7. ( ) This power of attorney shall terminate on 8-31-09 (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.)

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State of	)		
County of	bi )		
is subscribed as princip witness in person and a	pal to the foregoing power of acknowledged signing and de or the uses and purposes there	_, known to me to be the sa attorney, appeared before m livering the instrument as the	me person whose name e and the additional e free and voluntary
Dated: 2974 Ti	DLY 2009	(SEAL)	**********
Mimoda	Notary Public	"OFFICIAL SEAL" ANEMARIE AIELL Notary Public, State of Illin My Commission Expires Oct. Os	0 8
My commission expire	SOF5 2010	2	
WITNESS	0/2		
before me and the notar	name is subscribed as princi ry public and acknowledged e principal, for the uses and p	pal to the foregoing power of signing and delivering the in	strument as the free
Dated:	(SEAL)	0/1	_ Witness
	ND ADDRESS OF THE PER GENT WILL HAVE POWE		
This document was pre	pared by:		CO

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8. If any agent named by me agent, I name the following (each such agent:	shall die, become incomp to act alone and successiv	etent, resign or refuse to accept the office of vely, in the order named) as successor(s) to
For purposes of this paragraph, a p is a minor or an adjudicated incomintelligent consideration to business	petent or disabled person	to be incompetent if and while the person or the person is unable to give prompt and a licensed physician.
REQUIRED TO DO SO BY RETA APPOINT YOUR AGENT IF THI	E SHOULD BE APPOINT AINING THE FOLLIWN E COURT FINDS THAT WELFARE. STRIKE OU	AN OF YOUR ESTATE, IN THE EVENT FED, YOU MAY, BUT ARE NOT IG PARAGRAPH. THE COURT WILL SUCH APPOINTMENT WILL SERVE JT PARAGRAPH IF YOU DO NOT
9. If a guardian of my estate (this power of attorney as such guar the contents of this form and up Signed  (Principal,	dian, to serve without bou	pinted, I nominate the agent acting under and or security. I am fully informed as to all a grant of powers to my agent.
(YOU MAY, BUT ARE NOT RECAGENTS TO PROVIDE SPECIM SIGNATURES IN THIS POWER CERTIFICATION OPPOSITE TH	EN SIGNATURES BELO OF ATTORNEY, YOU M	YOUR AGENT AND SUCCESOR OW. IF YOU INCLUDE SPECIMEN MUST COMPLETE THE E AGENTS.)
Specimen signatures of Agent (and successors)	I certify that the (and successors)	signatures of my Agent are correct.
	(agent)	(principal)
	(successor agent)	(principal)
	_ (successor agent)	(principal)
(THIS POWER OF ATTORNEY W SIGEND BY AT LEAST ONE AD	/ILL NOT BE EFFECTI DITIONAL WITNESS, I	VE UNLESS IT IS NOTARIZED AND JSING THE FORM BELOW.)

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STREET ADDRESS: 164 USEST NUMBER FICIAL COUNTY

CITY: CHICAGO COUNTY: COOK

TAX NUMBER: 17-09-210-017-1014

#### **LEGAL DESCRIPTION:**

UNIT NUMBER 164-4 "A", IN THE HURON-WELLS CONDOMINIUM AS DELINEATED ON A SURVEY OF THE FOLLOWING DESCRIBED REAL ESTATE: PARCEL 1: THE SOUTH 20 FEET OF LOT 1 IN BLOCK 2 IN NEWBERRY'S ADDITION TO CHICAGO, A SUBDIVISION OF THE EAST 1/2 OF THE WEST 1/2 OF THE NORTHEAST 1/4 OF SECTION 9, TOWNSHIP 39 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS ALSO PARCEL 2: THE WEST 19 FEET OF LOT 13 AND THE EAST 3 FEET OF LOT 14 IN BLOCK 2 IN NEWBERRY'S ADDITION TO CHICAGO IN SECTION 9, TOWNSHIP 39 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS ALSO THE WEST 22 FEET OF LOT 14 IN BLOCK 2 IN NEWBERRY'S ADDITION TO CHICAGO IN SECTION 9, TOWNSHIP 39 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, ALL IN COOK COUNTY, ILLINOIS; WHICH SURVEY IS ATTACHED AS EXHIBIT A TO THE DECLARATION OF WI.
DED A.
SOMMON B.
OR COOK COUNTY CRAFTS OFFICE CONDOMINIUM PICCRDED AS DOCUMENT 25206179; TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS IN COOK COUNTY, ILLINOIS