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Doc#: 0930735080 Fee: \$48.00 Eugene "Gene" Moore RHSP Fee:\$10.00

Cook County Recorder of Deeds Date: 11/03/2009 11:37 AM Pg: 1 of 7

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POWER OF ATTORNEY

NSA (25059

The Olympia Clark's Organica

BOX 334 CTI

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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 WILL HAVE TO USE DUE CARE TO ACT FOR YOUR BENEFIT AND IN ACCORDANCE WITH THIS FORM AND KEEP A RECORD OF RECEIPTS, DISBURSEMEN'S AND SIGNIFICANT ACTIONS TAKEN AS AGENT. A COURT CAN TAKE AWAY THE POWFRS 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 (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.)

III W.S CHICAE	POWER OF ATTORNEY made this day of <u>OUT.</u> (month) <u>2007</u> (year). I, KIM ENG J PANDPI. #4D, (insert name and address of principal) hereby appoint: 50, LL 60616 VAL ENG, 227 W. FULLY (Insert name and
	address of agent) as my attorney-in-fact (my "agent") to act for me and in my name (in any vay I
	could act in person) with respect to the following powers, as defined in Section - of the "Statutor"
	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.

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	(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.
	(i) Tax matters.
	(j) Claims and litigation.
	(k) Corare lity and option transactions.
	(l) Business operations.
	(m) Borrowing transactions.
	(n) Estate transaction s.
	(o) All other property reversand transactions.
(L	IMITATIONS ON AND ALIDETIONS TO THE AGENT'S POWERS MAY BE INCLUDED
İN	THIS POWER OF ATTORNEY IF THEY ARE SPECIFICALLY DESCRIBED BELOW.)
	The powers granted above shall rot include the following powers or shall be modified or
	limited in the following particulars (not 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):

WONE.

In addition to the powers granted above, I grant my agent the following powers (here you

exercise powers of appointment, name or change beneficiaries or joint tenan's or revoke

may add any other delegable powers including, without limitation, power to make gifts,

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

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

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.

(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 en itled to reasonable compensation for services rendered as agent under this power of attorney.

(THIS POWER OF ATTORN FY MAY BE AMENDED OR REVOKED BY YOU AT ANY TIME AND IN ANY MANNER. ACSENT AMENDMENT OR REVOCATION, THE AUTHORITY GRANTED IN THIS POWER OF ATTORNEY WILL BECOME 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 (O'X BOTH) OF THE FOLLOWING:)

I his power of attorney shall become effective on
10/4/09 . (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).
This 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.)
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 successively, in the order named) as successor(s) to such agent:
. For purposes of this paragraph, 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.

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MY COMMISSION EXPIRES

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(IF YOU WISH TO NAME YOUR AGENT AS GUARDIAN 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 AGENT IF THE COURT FINDS THAT SUCH APPOINTMENT WILL SERVE YOUR BEST INTERESTS AND WELFARE. STRIKE OUT PARAGRAPH IF YOU DO NOT WANT YOUR AGENT TO ACT AS GUARDIAN.)

If a guardian of my estate (my property) is to be appointed, I nominate the agent acting under this power of attorney as such guardian, to serve without bond or security. 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.

Signed

(principal)			
(YOU MAY, BUT ARE N	CT REQUIRED TO, RI	EQUEST YOUR AGENT A	ND SUCCESSOR
		RES BELOW. IF YOU I	
		FATTORNEY, YOU MUS	
		•	
THE CERTIFICATION O	PPOSITE THE SIGNA	TURES OF THE AGENTS	S.)
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Specimen signatures of	不	I certify that the signatures	
agent (and successors)	((and successors) are com	ect.
	(agent)	10000	(principa
. \		0,	
	(successor agent)		(principal)
	(successor agent)		(principal)
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		CV,	
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		NAL WITNESS, USING T	
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Charac liinalare	`		
State of /LL/No/S County of COOK	_)		CO
a Cank) SS.		Cv
County of COOK	_)		
	=	ove county and state, certific	
KIM ENG	_, known to me to be the	e same person whose name	is subscribed as
principal to the foregoing po	ower of attorney, appeared	d before me and the addition	onal witness in
person and acknowledged si	gning and delivering th	e instrument as the free an	d voluntary act of the
		th (, and certified to the corre	•
signature(s) of the agent(s)		(SEAL)	•
MA Chausa			······
1 Victorian		S SERVINGE	M J. FIGHEROA

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, Notary Public
My commission expires Nov. 13, 2010 The undersigned witness certifies that
Kim ENG, 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.
Dated: 19 4 0 9 (SEAL) Witness Witness Witness WY P. MY COMMISSION EXPIRES NOVEMBER 13, 2010 (THE NAME AND ADDRESS OF THE PERSON PREPARING THIS FORM SHOULD INSERTED IF THE AGENT WILL HAVE POWER TO CONVEY ANY INTEREST IN REAL
ESTATE.) May to and
This document was prepared by:
James J. 7/2013, P.G.
- 6091 N. NOTTH WIST HIGHWAY
Chilago, 12 6000
115046/-1/91
T COUNTY CIEPTS OFFICE

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STREET ADDRESS: 3548. SOUTH PRAIRIE STREET

CITY: CHICAGO COUNTY: COOK

TAX NUMBER: 17-34-309-064-0000

LEGAL DESCRIPTION:

LOT 35 IN ROBERTSON AND FITCH'S SUBDIVISION OF THE WEST 1/2 OF THE NORTHWEST 1/4 OF THE NORTHWEST 1/4 OF THE NORTHWEST 1/4 OF SECTION 34, TOWNSHIP 39 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Property of County Clerk's Office

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