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RECORDING REQUESTED BY:

LSI - Ryan Maherty 700 Cherrington Parkway Coraopolis, PA 15108

WHEN RECORDED MAIL TO:

KICONIT

71/12/10/201

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Doc#: 0935004133 Fee: \$46.00 Eugene "Gene" Moore RHSP Fee:\$10.00

Cook County Recorder of Deeds
Date: 12/16/2009 02:30 PM Pg: 1 of 6

NON DURABLE POWER OF ATTORNEY

CAUTION: THIS IS AN IMPORTANT DOCUMENT. IT GIVES THE PERSON WHOM YOU DESIGNATE (YOUR "AGENT" OR "ATTORNEY IN FACT" HEREINAFTER CALLED "AGENT/AIF") BROAD POWERS TO ACTION YOUR BEHALF FOR A SPECIFIC TRANSACTION DURING A CERTAIN PERIOD OF TIME, WHICH INCLUDE POWERS TO PROMISE TO REPAY A DEBT WITH INTEREST AND MORTGAGE YOUR REAL PROPERTY FOLLOWING YOUR REVIEW OF YOUR LOAN DOCUMENTATION DURING A LOAN CLOSING TO BE CONDUCTED ON THE INTERNET. WITH RESPECT TO ANY LOSS OF, MISPLACEMENT OF, INACCURACY IN, OR FAILURE TO SIGN ANY LOAN DOCUMENTATION, YOUR AGENT/AIF WILL CONTINUE TO HAVE THESE POWERS AFTER THE LOAN CLOSING, FOR THE LIMITED PURPOSE TO REPLACE OR CORRECT SUCH LOAN DOCUMENTATION. IF THE ATTORNEY IN FACT HAS ACTUAL KNOWLEDGE OF ANY INCOMPETENCE BEFORE, DURING OR AFTER CLOSING, THE POWERS CONTAINED HEREIN WILL CEASE TO EXIST. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL OR OTHER HEALTH CARE DECISIONS FOR YOU. SIGNING THIS LIMITED POWER OF ATTORNEY IS OPTIONAL. ALTHOUGH USING A LIMITED POWER OF ATTORNEY DESIGNATING YOUR AGENT/AIF SHOULD MAKE YOUR LOAN CLOSING MORE CONVENIENT, YOU ARE NOT REQUIRED TO SIGN THIS DOCUMENT IN ORDER TO OBTAIN YOUR LOAN. BEFORE YOU DECIDE WHETHER TO SIGN OR IF YOU DO NOT UNDERSTAND THE PURPOSE OR EFFECT OF THIS FORM, YOU SHOULD CONSULT AN ATTORNEY.

BE IT KNOWN, that I, Kevin J Johnson and Adam M Johnson

Whose residence address is: 2940 N Rockwell St

Chicago, IL 60618

Make and appoint the following persons who are employees of LSI, namely: Elise Galford, Filen Hatten, Greg Perdziola, James Greene, Ryan Flaherty, Shannon Obringer, Stacey Franciscus, whose addresses are C/O LSI, at 700 Cherrington Parkway, Coraopolis, PA 15108. Each of my agents read exercise the powers conferred in this power of attorney separately, without the consent of the other agent. My agents may delegate the powers, tasks and duties to one of the other agents but to no other person. My Agents/AIFs may exercise the powers to accomplish the following specific and limited purposes:

- (A) Refinancing and/or home equity financing of the Real Estate located at 2940 N Rockwell St, Chicago, IL 60618 and legally described as (the "Property"):
- (B) To mortgage, finance, refinance, assign, transfer and in any manner deal with Property located at : 2940 N Rockwell St, Chicago, IL 60618 to effectuate the above referenced refinancing and banking transactions with US Bank National Association (hereinafter called "Lender"). See attached Exhibit A for full legal description.
- (C) To execute, acknowledge receipt of, approve, and deliver all documents including but not limited to:

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- a. Notes, Deeds, Mortgages/Deeds of Trust, Subordinations, security instruments, riders, attachments and addenda, including any documents necessary or requested as part of this transaction by the title insurer, lender or other parties to the transaction;
- b. those documents needed by governmental and taxing authorities;
- c. lien waivers, subordination/waiver of homestead and any marital rights necessary to obtain the financing; and
- d. escrow instructions, closing or settlement statements, truth in lending disclosures (including notice of my right to rescind the credit extension, if applicable), loan applications, HUD-1 and other written instruments relating to the transaction.
- (D) All other powers which I myself may have concerning the real estate transaction and refinancing of the same located at 2940 N Rockwell St, Chicago, IL 60618. ELS Order # 7519806.

Further giving and granting said Agent/AIF, full power and authority to do and perform all and every act and thing whatsoever necessary to be done in and about the specific and limited premises (setout herein) as fully, to all intents and proposes, as might or could be done if personally present, with full power of substitution and revocation, hereby ratifying and confirming all that said attorney in fact (also called agent) should lawfully do or cause to be done by virtue hereof.

This Power of Attorney is effective immediately and is limited to the specific transaction described above. This Power of Attorney shall not be effective in the event of my disability or incapacity. I may revoke this Power of Attorney at any time by providing written notice to my Agent/AIF at Closing Stream Department C/O LSI, 700 Cherrington Parkway Coraopolis, PA 15108. When the Power of Attorney is recorded, any revocation will not be effective as to third parties until the revocation is recorded in the same county or other established governmental authority for the recording of Powers of Attorney. This Power of Attorney will terminate upon the proper recording of all documents necessary or requested as part of this transaction by the title insurer, lender or other parties to the transaction, except with respect to any loss of, misplacement of, inaccuracy in, or failure to sign any closing or loan documentation. With respect to any loss of, misplacement of exist for the limited purpose to replace or correct such documentation.

Conflict of Interest Disclosure. My Agent/AIF can enter into transactions with me or or my behalf in which my Agent/AIF is personally interested as long as the terms of the transaction are fair to me and I have agreed to such an action. I also understand that LSI receives fees for escrow any title services from the closing. I further understand that these fees will be detailed on my Settlement Statement that accompanies my loan documents.

I understand that this Power of Attorney is not an approval of my loan application request or a commitment by Lender to make a mortgage loan. Should my loan application request not be approved by Lender, this Power of Attorney will be null and void.

TO INDUCE ANY THIRD PARTY TO ACT, I AGREE THAT ANY THIRD PARTY RECEIVING AN EXECUTED COPY OR FACSIMILE OF THIS INSTRUMENT MAY ACT ON THIS INSTRUMENT. ANY REVOCATION OR TERMINATION OF THIS INSTRUMENT WILL BE INEFFECTIVE AS TO SUCH THIRD PARTY UNTIL SUCH THIRD PARTY HAS ACTUAL OR CONSTRUCTIVE NOTICE OF SUCH REVOCATION OR TERMINATION. I, FOR MYSELF AND FOR MY HEIRS, EXECUTORS, LEGAL REPRESENTATIVES AND ASSIGNS, AGREE TO INDEMNIFY AND HOLD HARMLESS ANY SUCH THIRD PARTY FROM AND AGAINST ANY AND ALL CLAIMS THAT MAY ARISE AGAINST SUCH THIRD PARTY BY REASON OF SUCH THIRD PARTY HAVING REASONABLY RELIED ON THE PROVISIONS OF THIS INSTRUMENT.

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undersigned authority that I sign and execute the and that I sign it willingly, or willingly direct anot	is instrument as my power of attorney for a refinance her to sign for me, that I execute it as my free and power of attorney and that I am eighteen years of age
or stade, or sound filled and under no constraint	or andre angence.
Dated: November 30, 2009	K 991
	Kevin J Johnson
Dated: November 30, 2009	at my
	Adam M Johnson
Dated:, 20	
70	
Dated:, 20	
Ox	
State of <u>Illine</u> ;	
County of Cook	
Johnson and Adam M Johnson, the principal(s), proved to me on the basis of satisfactory eviden subscribed to the within instrument and acknowled his/her/their authorized capacity(ies), and that by person(s), or the entity upon behalf of which the OFFICIAL THOMAS FI	dedged to me that he/she/they executed the same in y his/her/their signatures(s) on the instrument the person(s) acted, executed the instrument.
NOTARY PUBLIC - S MY COMMISSION E	ESS my hand and official seal.
	SIGNATURE OF NOTARY
COMMISSION EXPIRE	s 10/26/4

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ACKNOWLEDGMENT OF ATTORNEY-IN-FACT

I, AGENT, have read the attached power of attorney and am the person identified as the attorney-in-fact (the "agent") for the principal. I hereby acknowledge that in the absence of a specific provision to the contrary in the power of attorney or in state law., when I act as agent:

I shall exercise the powers for the benefit of the principal.

I shall keep the assets of the principal separate from my assets.

I shall exercise reasonable caution and prudence.

I shall keep a full and accurate record of all actions, receipts and disbursements on behalf of the principal.

Clort's Orgica

AGENT

Signature of Attorney-in Fact

Date

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State of PA
County of ALEGHENY
On this, the day of
WITNESS my 'and and official seal
Notary Public 3 2 2 2 2
My Commission Expires:
NOTARIAL SEAL STACEY FRANCISCUS Notary Public MOON TWP, ALLEGHENY COUNTY My Commission Expires Apr 12, 2011
Cotto

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Order ID: 7510806

Loan Number: 2300000259

EXHIBIT A LEGAL DESCRIPTION

The following described property:

Lot 8 and the North 8 feet of Lot 9 in Block 1 in F.C. Gehrke's Subdivision of part of Lot 6 in Richon and Bauermeister's Subdivision of the West half of the Northeast quarter of section 25, Township 40 North, Range 13 East of the third Principal Meridian, in Cook County, Illinois.

Assessor's Farcel Number:

gel Num.

Observed of County Clarks Office

7610 12/9/2009 76124015/1