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STEWART TITLE COMPANY 2055 W. Army Trail Road, Suite 110 Addison, IL 60101 630-889-4000



Doc#: 1006840149 Fee: \$48.00 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds Date: 03/09/2010 12:20 PM Pg: 1 of 7

6075212/4

# JLLINOIS 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 (VITHOUT 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 (SEE THE BACK
OF THIS FORM). THAT LAW EXPRESSLY PERMITS THE USE OF ANY DIFFERENT
FORM OF POWER OF ATTORNEY YOU MAY DESIRE.

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IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU.)

POWER OF ATTORNEY made this 23rd day of FEBRUARY (month) 2010 (year). l, JEAN K. HOLLEY (insert name and address of principal) hereby appoint: **DONALD B. HOLLEY** (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 - of the "Statutory Short Form Power of Attorney for Property Law" (including fit 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 AGINT. TO STRIKE OUT A CATEGORY YOU AT COME OFFICE MUST DRAW A LINE THROUGH THE TITLE OF THAT CATEGORY.)

- (a) Real estate transactions.
- (b) Financial institution transactions.
- (e) 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.
- (i) Claims and litigation
- (k) Commodity and option transactions.
- (1) Business operations.
- (m)Borrowing transactions.
- (n) Estate transactions.
- (o) All other property powers and transactions.

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(LIMITATIONS ON AND ADDITIONS TO THE AGENT'S POWERS MAY BE 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):                                 |
|  |
|  |
|  |
| 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):                                      |

to execute and deliver mortgages, screes, HUD Settlement Statements, and all other mortgages loan and other papers and documents all in connection with the acquisition and mortgage financing of the repleasant described herein.

(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 A'LL

DISCRETIONARY DECISIONS. IF YOU WANT TO GIVE YOUR AGENT THE R'GHT TO

DELEGATE DISCRETIONARY DECISION-MAKING POWERS TO OTHERS, YOU

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

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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 REVOKED BY YOU AT ANY TIME AND IN ANY MANNER. ABSENT 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 (OR BOTH) OF THE FOLLOWING):

(X) This power of attorney shall become effective on

FEBRUARY 26, 2010 (insert a ruture date or event during your lifetime, such as court determination of your disability, when you want this power to first take effect).

(X) This power of attorney shall terminate on

MARCH 10, 2010 (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 incompe<br>agent, I name the following (each to act alone and suc |  |
|--|--|
| successor(s) to such agent:  | seessively, in the order named) as             |
|  |  |
|  | For purposes of this                           |
| paragraph, a person shall be considered to he incompe  | etent if and while the person is a minor or an |
| adjudicated incompetent or disabled person or the per-   |  |
| consideration to business matters, as certified by a lice  |  |

(IF YOU WISH TO NAME YOUR AGENT AS GUARDIAN OF YOUR ESTATE, IN THE

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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.)

(YOU MAY, BUT ARE NOT REQUIPED TO, REQUEST YOUR AGENT AND SUCCESSOR AGENTS TO PROVIDE SPECIMEN SIGNATURES BELOW. IF YOU INCLUDE SPECIMEN SIGNATURES IN THIS POWER OF ATTORNEY, YOU MUST COMPLETE THE CERTIFICATION OPPOSITE THE SIGNATURES OF THE AGENTS.)

Specimen signatures of

County of Du Page

|                                  |                      | To be my that the signature. | or my       |
|----------------------------------|----------------------|------------------------------|-------------|
| agent (and successors)           |                      | agen: (and successors) are   | correct.    |
| -                                | (agent)              | <u>C</u>                     | _(principal |
|                                  | (successor agent)    | (Op)                         | _(principal |
|                                  | (successor agent)    | T'6                          | _(principal |
|                                  |                      | CCTIVE UNLESS IT IS NOTARI   | ZED C       |
| AND SIGNED BY AT LEA.<br>BELOW.) | ST ONE ADDITIONAL WI | TNESS, USING THE FORM        |             |
| State of <u>ILLINOIS</u>         | )                    |                              |             |

)SS.

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The undersigned, a notary public in and for the above county and state, certifies that JEAN K. HOLLEY, 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 certified to the correctness of the signature(s) of the agent(s).

| Dated: 224 lo (SEAL) | OFFICIAL SEAL<br>MARY T. McSHANE  |
|----------------------|---|
| man T. Mc Shane      | NOTARY PUBLIC - STATE OF ILLINOIS<br>MY COMMISSION EXPIRES SEPTEMBER 28, 2011 |
| Notary Public        | <del>400000000000000000000000000000</del>                                     |

My commission expires Sept. 28, 2011.

The undersigned witness certifies that **JEAN K. HOLLEY** 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 pur lose) therein set forth. I believe him or her to Junit Clout? be of sound mind and memory.

Dated: 2-24-10 (SEAL)

(THE NAME AND ADDRESS OF THE PERSON PREPARING THIS FORM SHOULD BE INSERTED IF THE AGENT WILL HAVE POWER TO CONVEY ANY INTEREST IN REAL ESTATE.)

This document was prepared by:

Neal M. Ross

Neal M. Ross & Associates

233 E. Erie Street, Suite #300

Chicago, IL 60611

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#### LEGAL DESCRIPTION

Unit 3 together with its undivided percentage interest in the common elements in 2632 North Wayne Condominium, as delineated and defined in the Declaration recorded as document number 08054203, in Section 29, Township 40 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois.

The exclusive right to use Garage Space Number P3 a Limited Common Element as delineated on the survey attached to the declaration aforesaid recorded as document 08054203.

OFFICE PIN# 14-29-307-068-1003

Commonly known as: Unit #3 2632 N. Wayne Chicago, Illinois