



DURABLE POWER OF ATTORNEY

OF

Mario Alberto Arroyo

I. PRINCIPAL AND ATTORNEY-IN-FACT

I, Mario Alberto Arroyo, who resides at 5600 West 78th Street, Burbank, Illinois 60459, appoint the following person to serve as my attorney-in-fact, to act for me in any lawful way with respect to the subjects indicated below.

Name: Lydia Esperanza Brandt
Address: 9028 South Utica
Evergreen, Illinois 60805

If Lydia Esperanza Brandt resigns or is unable or unwilling to serve as my attorney-in-fact, I appoint the following person to serve as my successor attorney-in-fact:

Name: Maria Estella Talis
Address: 15030 South Lawndale
Midlothian, Illinois 60445

II. EFFECTIVE TIME

This Power of Attorney shall become effective immediately, and shall not be affected by any subsequent disability or incapacity of the principal. This is a Durable Power of Attorney.

Pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and any similar state laws, and exclusively for the purpose of making a determination of my incapacitation or incapability of managing my financial affairs and obtaining an affidavit of such incapacitation by a physician, I authorize any health care provider to disclose to the person named herein as my "attorney-in-fact," any pertinent individually identifiable health information sufficient to determine whether I am by reason of illness or mental or physical

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disability incapacitated or incapable of managing my financial affairs. In exercising such authority, my attorney-in-fact shall constitute my 'Personal Representative' as defined by HIPAA.

III. POWERS OF ATTORNEY-IN-FACT

My attorney-in-fact shall have the power to act in my name, place and stead in any way which I myself could do with respect to the following matters to the extent permitted by law:

YOUR ATTORNEY-IN-FACT SHALL BE AUTHORIZED TO ENGAGE ONLY IN THOSE ACTIVITIES THAT ARE INITIALED.

PERSONAL PROPERTY TRANSACTIONS:
Buy or otherwise acquire ownership or possession of, sell or otherwise dispose of, mortgage, pledge, assign, lease, insure, maintain, improve, pay taxes on, and otherwise manage tangible personal property and interests thereof that I now own or later acquire.

BANKING TRANSACTIONS:
Conduct any business with banks and other financial institutions, including but not limited to the following:

- Signing and endorsing all checks and drafts in my name.
- Withdrawing funds from accounts.
- Opening, maintaining and closing accounts or other banking arrangements.
- Hiring safe deposit boxes, entering into them and removing articles from them.
- Borrowing money, pledging property as security, and negotiating terms of debt payments.
- Applying for and receiving letters of credit, credit cards and traveler's checks, and giving an indemnity or other agreement in connection with letters of credit.

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(X)

INSURANCE AND ANNUITY TRANSACTIONS:

- Obtain, modify, renew, convert, rescind, pay the premium on or terminate insurance and annuities of all types for myself and for my family and other dependents.
- Designate the beneficiary of the contract, but the attorney-in-fact may be named a beneficiary of the contract, or an extension, renewal, or substitute for it, only to the extent the attorney-in-fact was named as a beneficiary under a contract procured by the principal before signing this Power of Attorney.
- Surrender and receive the cash value, borrow against or pledge any insurance or annuity policy.

(X)

LEGAL ACTIONS:

To act for me in all legal matters, whether claims in my favor or against me, including but not limited to retaining attorneys on my behalf; appearing for me in all actions and proceedings, commencing actions in my name, signing all documents, submitting claims to arbitration or mediation, settling claims and paying judgments and settlements.

(X)

PERSONAL AND FAMILY CARE:

To do all acts necessary to maintain the customary standard of living of my spouse, children and other individuals customarily or legally entitled to be supported by me, including, but not limited to, providing and paying for medical care, shelter, clothing, food, usual vacations, education, transportation, and dues for social organizations.

My attorney-in-fact is empowered to take all further action, including the payment of expenditures and the preparation and execution of all documents, as the attorney-in-fact deems necessary or appropriate in order to fully effectuate the purposes of the foregoing matters.

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IV. GENERAL PROVISIONS

1. Reliance By Third Parties. I hereby agree that any third party receiving a duly executed copy or copy of this document may rely on and act under it. Revocation or termination of this Power of Attorney shall be ineffective as to the third party unless and until actual notice or knowledge of the revocation or termination has been received by the third party. I, for myself and for my heirs, executors, legal representatives and assigns, hereby agree to indemnify and hold harmless any third party from any and all claims because of reliance on this instrument in good faith.
2. Severability. If any provision hereof is found to be invalid or unenforceable, such invalidity or unenforceability shall not affect the other provisions of this document, and such other provisions shall be given effect without the invalid or unenforceable provision.
3. Revocation. I may revoke this Power of Attorney at any time.
4. Accounting. My attorney-in-fact shall provide an accounting for all funds handled and all acts performed as my attorney-in-fact, but only upon my request or the request of a personal representative or a fiduciary acting on my behalf. Any requirement of my attorney-in-fact to file inventories and accounts with the county clerk or with the court is specifically waived.
5. Compensation and Reimbursement. My attorney-in-fact shall not be compensated for services provided on my behalf pursuant to this Power of Attorney. My attorney-in-fact shall be reimbursed for all reasonable expenses incurred relating to his or her responsibilities under this Power of Attorney.
6. No Personal Benefit. Except as specifically provided for in this document, my attorney-in-fact is prohibited from personally benefiting from any transaction engaged in or on my behalf, or from using my assets to discharge any of his or her own legal obligations, excluding me and those I am legally obligated to support.
7. Commingling of Funds. My attorney-in-fact is not permitted to commingle my funds and assets with his or her own.

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8. Liability of Attorney-in-Fact. All persons or entities who in good faith endeavor to carry out the provisions of this Power of Attorney shall not be liable to me, my Estate, or my heirs, for any damages or claims arising because of their actions or inactions based on this Power of Attorney. My Estate shall indemnify and hold them harmless. A successor attorney-in-fact shall not be liable for acts of a prior attorney-in-fact.

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IN WITNESS WHEREOF, the undersigned has executed this Power of Attorney on the date set forth below.

Date: 06/28/2010



Signature of Mario Alberto Arroyo

Property of Cook County Clerk's Office

This document was prepared by:

Name: Mario Alberto Arroyo

Address: 5600 West 78th Street
Burbank, Illinois 60459

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ACKNOWLEDGMENT OF NOTARY PUBLIC

State of Illinois

County of COOK

On this 26th day of June, 2010, before me, the undersigned Notary Public, personally appeared Mario Alberto Arroyo, personally known to me (or proved to me on the basis of satisfactory evidence) to be the individual who signed the foregoing Power of Attorney and acknowledged to me that he or she executed the same in his or her authorized capacity, and that by such signature, the person executed the instrument.

Witness my hand and seal.

Signature of Notary Public: Rocio Flores



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WITNESS

By signing as a witness, I am acknowledging the signature of the principal who signed in my presence, and the fact that he or she stated that this Power of Attorney reflects his or her wishes and is being executed voluntarily. I believe the principal to be of sound mind. I have not been appointed as attorney-in-fact by the principal, am not related to him or her by blood, marriage or adoption, and, to the best of my knowledge, am not entitled to any portion of his or her Estate under his or her will.

1. *Renee Zarycki*
(Signature of witness)

Renee Zarycki
(Print Name)

3960 W. 95th St.
(Address)

Evergreen Park, IL 60805
(City, State ZIP)