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210030416 19th

Doc#: 1025833085 Fee: \$70.00 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds Date: 09/15/2010 11:11 AM Pg: 1 of 5

rder's use only)

IN

BOX 333-CT

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 DUTY ON YOUR AGENT TO EXERCISE GRANTED POWERS. BUT WHEN A POWER IS EXERCISED, YOUR AGENT WILL HAVE TO USE DUE CARE TO ACT FOR YOUR BENEFIT AND IN ACCORDANCE WITH THIS FORM. A COURT CAN TAKE AWAY THE POWERS OF YOUR AGEN 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 O 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. THAT LAW EXPRESSLY PERMITS THE USE OF ANY DIFFERENT FORM OF POWER OF ATTORNEY YOU MAY DESIRE. IF THERE IS ANYTHING ABOUT THIS FORM THA YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU.)

Power of Attorney made this 2010.

I, JOSHUA CHEN, of 3040 Cookson Avenue, Elgin, Illinois 60124, hereby appoint RUTH CHEN 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 power, 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 2 or 3 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. T STRIKE OUT A CATEGORY YOU MUST DRAW A LINE THROUGH THE TITLE OF THAT CATEGORY.)

(a) Real estate transactions. (g) Retirement plan transactions
(b) Financial institution transactions (h) Social Security, employment and (c) Stock and bond transactions.
(d) Tangible personal property.

(e) Safe deposit box transactions.

(g) Retirement plan transactions
(h) Social Security, employment and (m) Borrowing transactions.

(n) Estate transactions.

(l) Business operations.
(n) Estate transactions.

(o) All other property powers and (j) Claims and litigations (ii) Claims and litigations.

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(f) Insurance and annuity transactions. (k) Commodity and option train

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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.)

- 2. The powers granted above shall not include the following powers or shall be modified or limited to 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): Executing, acknowledging and delivering all contracts, deeds, notes, trust deeds, mortgages, assignments of rent, waivers of homestead rights, affidavits, bill of sale and other instruments necessary to sell the property located at 127 S. Walnut Avenue, Arlington Heights, Illinois 60005.
- 3. 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):

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

4. My agent shall have the right ry 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 i 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 F YOU DO NOT WANT YOUR AGENT TO ALSO BE ENTITLED TO REASONABLE COMPENSATION FOR SERVICES AS AGENT.)

5. 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 OF THE BEGINNING DATE CR. SURATION I MADE BY INITIALING AND COMPLETING EITHER [OR BOTH] OF THE FOLLOWING:)

- 6. This power of attorney shall become effective on June 25, 2010.
- 7. This power of attorney shall terminate on September 25, 2010.

(IF YOU WISH TO NAME SUCCESSOR AGENTS, INSERT THE NAME[S] AND ADDRESS[ES] OF SUCH SUCCESSOR[S] IN THE FOLLOWING PARAGRAPH.)

8. If any agent named by me shall die, become legally disabled, resign or refuse to act, I name

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the following (each to act alone and successively, in the order named) as successor to such agent: Not Applicable.

For purposes of this Paragraph 8, 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. (IF YOU WISH TO NAME A GUARDIAN OF YOUR PERSON OR A GUARDIAN OF YOUR ESTATE, OR BOTH, IN THE EVENT A COURT DECIDES THAT ONE SHOULD BE APPOINTED, YOU MAY, BUT ARE NOT REQUIRED TO, DO SO BY INSERTING THE NAME[S] OF SUCH GUARDIAN[S] IN THE FOLLOWING PARAGRAPHS. THE COURT WILL APPOINT THE PERSON NOMINATED BY YOU IF THE COURT FINDS THAT SUCH APPOINTMENT WILL SERVE YOUR BEST INTERESTS AND WELFARE. YOU MAY, BUT ARE NOT REQUIRED TO, NOMINATE AS YOUR GUARDIAN[S] THE SAME PERSON NAMED IN THIS FORM AS YOUR AGENT.)

- 9. If a gual disn 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.
- 10. 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				
	<u> </u>	0/	JOSHUA CHEN	
		4		
			()	

(YOU MAY, BUT ARE NOT REQUIRED 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 THIS CERTIFICATION OPPOSITE THE SIGNATURES OF THE AGENTS.)

Specimen signature of agent.	I certify that the signatures of my agent (and success agent) are correct.			
(agent)	(principal)			
(successor agent)	(principal)			
(successor agent)	(principal)			

(THIS POWER OF ATTORNEY WILL NOT BE EFFECTIVE UNLESS IT IS NOTARIZED, USING THE

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FORM BELOW) STATE OF SS **COUNTY OF**

The undersigned, a notary public in and for the above county and state, certifies that JOSHUA CHEN is known to me to be the same persons whose names are subscribed as principal to the foregoing power of attorney, appeared before me 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 certifies to the correctness of the signature(s) of the agent(s).

06/20/10

TOTAL MEAL! rd J. De Los Pi Cook County ion Expires January 29, 2014

My commission expires: 01/29 (2014

The undersigned witness certifies that JOSHUA CHEN is known to me to be the same persons whose names are subscribed as principal to the foregoing power of attorney, appeared before me and the notary public and acknowledged signing and delivering t a instrument as the free and voluntary act of the principal, for the uses and purposes therein set forth. It believe him or her to be of sound mind and memory.

Dated: 06/26/10

Chiptih Chen

VViness SSS CONTRACTOR OF THE CONTRACT

Legal Description: See attached legal description.

Street Address:

127 S. Walnut Avenue, Arlington Heights, Illinois 60005

Permanent Tax Index Number:

thepared By: Mad to: Joshua Chen 3040 Cookson aux Elgn, IL Leolay

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CHICAGO TITLE INSURANCE COMPANY

ORDER NUMBER: 1409 ST5117860 TNC

STREET ADDRESS: 127 S. WALNUT

CITY: ARLINGTON HEIGHTS

COUNTY: COOK

TAX NUMBER: 03-31-204-011-0000

LEGAL DESCRIPTION:

LOTS 14 AND 15 IN SUNNY VIEW SUBDIVISION, BEING A SUBDIVISION OF THAT PART OF THE EAST 1/2 OF THE NORTHEAST 1/4 OF SECTION 31, TOWNSHIP 42 NORTH, RANGE 11, EAST OF THE TATRO PRINCIPAL MERIDIAN, DESCRIBED AS FOLLOWS: BEGINNING AT THE NORTHERST CORNER OF THE EAST 1/2 OF THE NORTHEAST 1/4 OF SECTION 31, RUNNING THENCE EAST 514.60 THE EAST 1/2 OF THE NORTHEAST THENCE SOUTH 958.67 FEET TO THE NORTH LINE OF SOUTH STREET, THENCE WEST 315.89 FEET TO THE WEST LINE OF SAID EAST 1/2 OF THE NORTHEAST 1/4 OF SECTION 31, THENCE NORTH ALONG SAID WEST LINE OF THE EAST 1/2 OF THE NORTHEAST 1/4 OF SECTION 31, TO THE POINT OF BEGINNING, ACCORDING TO THE PLAT THEREOF RECORDED AUGUST 11, 1925 AS DOCUMENT 9001567, IN COOK COUNTY, ILLINOIS.

LEGALD

KC1

08/16/10