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1030812094 Fee: \$44.00 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds

Date: 11/04/2010 10:53 AM Pg: 1 of 5

(The above space for Recorder's use only)



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 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 BEHAL! 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 THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU.)

Power of A	ttorney made this day of	. 20 <u>10</u> .
1.	Judith Minor 2S216 Riverside Ave, Warrenville, IL 60555	
hereby appoint:	Burton Minor	0

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. TO STRIKE OUT A CATEGORY YOU MUST DRAW A LINE THROUGH THE TITLE OF THAT CATEGORY.

(a) Real estate transactions.	(g) Retirement plan transactions	(I) Business operations.
(b) Financial institution transactions.	(h) Social Security, employment and	(m) Borrowing transactions.
(c) Stock and bond transactions	Military service benefits	(n) Estate transactions.
(d) Tangible personal property transactions.	/// Tax matters	(a). All other property powers
(c) Safe deposit box transactions.	(j) Claims and litigation.	and transactions
(f) Insurance and annuity transactions	(k) Commodity and option 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.)

- 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 purchase: 18 Allen, Elgin, IL 60120.
- 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 revolvator 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 CHARTED 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 NEXT SENTENCE, OTHERWISE IT SHOULD BE STRUCK OUT.)

4. 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.)

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 8-COME EFFECTIVE AT THE TIME THIS POWER IS SIGNED AND WILL CONTINUE UNTIL YOUR DEATH UNLESS A LIMITATION OF THE BEGIL NING DATE OR DURATION IS MADE BY INITIALING AND COMPLETING EITHER [OR BOTH] OF THE FOLLOWING:)

- 6. This power of attorney shall become effective on October 15, 2010
 (insert a future date or event, such as court determination of your disability, when you want this power to first take effect)
- 7. This power of attorney shall terminate on November 5, 2010
 (insert a future date or event, such as court determination of your disability, when you want this power to first take effect)

(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 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.

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(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 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 cagent, 	contents of this form and understand the full import of this grant of powers to m
ayent,	Signed Judish Minor
0,	/
700	Signed
YOU MAY, BUT ARE NOT REQUIRED TO REQUEST	T YOUR AGENT AND SUCCESSOR AGENTS TO PROVIDE SPECIMEN SIGNATURES
BELOW. IF YOU INCLUDE SPECIMEN SIGNATURE OPPOSITE THE SIGNATURES OF THE AGENTS.)	S IN THIS POWER OF ATTORNEY, YOU MUST COMPLETE THIS CERTIFICATION
Specimen signature of agent	I nortify that the signatures of my agent land supposed and an accept on
Burton D Mine	I certify that the signatures of my agent (and successor agent) are correct.
Burton Minor	Judith Minor
(successor agent)	(principal)
(a	фицирал
(successor agent)	(principal)
THIS POWER OF ATTORNEY WILL NOT BE EFFECTI	VE UNLESS IT IS NOTARIZED, USING THE FORM BELOW)
STATE OF ILLINOIS 14)	
) SS	
COUNTY OF Kane	
The undersigned, a notary public in and fo	r the above county and state, certifies that Judith Minor, known to me to be the

The undersigned, a notary public in and for the above county and state, certifies that Judith Minor, known to me to be the same person whose name is 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).

Dated: 6 OCT 2010

Per tell

Notary Public

"OFFICIAL SEAL"
Jennifer Kanchwala
Notary Public, State of Illinois
Kane County
My Commission Expires April 16, 2011

My commission expires: APRIL 16,201

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`The undersigned witness certifies that Judith Minor 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. Budget (

RETURN TO:

Bridget Minor

This document prepared by Robert J. Galgan, Jr.; 340 W. Butterfield Rd., #1A; Elmhurst, IL 60126

Oct 6,2010

Legal Description: See attached.

"OFFICIAL SEAL" Jennifer Kanchwala Notary Public, State of Illinois Kane County

My Commission Expires April 16, 2011

Street Address: 18 Allen, Elgin, IL 60120

Permanent Tax Index Number:

204 County Clark's Office 06-18-4(3-007

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ATTORNEYS' TITLE GUARANTY FUND, INC.

LEGAL DESCRIPTION

Legal Description:

LOT 21 IN 2ND ADDITION TO HIGH VIEW HILLS, BEING A SUBDIVISION OF PART OF THE SOUTH EAST 1/4 AND PART OF THE SOUTH WEST 1/4 OF SECTION 18, TOWNSHIP 41 NORTH, RANGE 9 EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED FEBRUARY 27, 1957 AS DOCUMENT 16836013, IN COOK COUNTY, ILLINOIS.

Perty Or Cook County Clerk's Office

Permanent Index Number:

Property ID: 06-18-403-007

Property Address:

18 Allen Drive Elgin, IL 60120