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ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

1. I, MICHAEL H. BERENDT, residing at 200 N. Arlington Heights Rd., Unit 1126, Arlington Heights, IL 60004

hereby appoint: Shane E. Mowery

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 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:

(NOTE: 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
- (b) ~~Financial Institution transactions.~~
- (c) ~~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.~~
- (j) ~~Claims and litigation.~~
- (k) ~~Commodity and option transactions.~~
- (l) ~~Business operations.~~
- (m) Borrowing transactions.
- (n) ~~Estate transactions.~~
- (o) ~~All other property transactions.~~



Doc#: 1126349003 Fee: \$74.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 09/20/2011 09:14 AM Pg: 1 of 6

(NOTE: 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 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):

N/A

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):

TO EXECUTE ANY AND ALL DOCUMENTS NECESSARY FOR CONSUMMATION OF THE PURCHASE OF THAT CERTAIN PROPERTY, COMMONLY KNOWN AS 810 E. WING ST., ARLINGTON HEIGHTS, IL 60004. SEE DOCUMENT ATTACHED HERETO AS "EXHIBIT A" FOR LEGAL DESCRIPTION OF PROPERTY.

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see
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(NOTE: 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 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 persons 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.

(NOTE: Your agent will be entitled to reimbursement for all reasonable expenses incurred in acting under this power of attorney. Strike out paragraph 5 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.

(NOTE: 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:

6. *MMB* This power of attorney shall become effective on August 24, 2011.
 7. *MMB* This power of attorney shall terminate on October 30, 2011.

(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 incompetent, resign or refuse to accept the office of agent, I name the following (each to act alone and successively, in the order named) as successor(s) to such agent:

N/A

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.

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.

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.

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NOTICE TO INDIVIDUAL SIGNING THE ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

PLEASE READ THIS NOTICE CAREFULLY. The form that you will be signing is a legal document. It is governed by the Illinois Power of Attorney Act. If there is anything about this form that you do not understand, you should ask a lawyer to explain it to you.

The purpose of this Power of Attorney is to give your designated "agent" broad powers to handle your financial affairs, which may include the power to pledge, sell, or dispose of any of your real or personal property, even without your consent or any advance notice to you. When using the Statutory Short Form, you may name successor agent, but you may not name co-agents.

This form does not impose a duty upon your agent to handle your financial affairs, so it is important that you select an agent who will agree to do this for you. It is also important to select an agent whom you trust, since you are giving that agent control over your financial assets and property. Any agent who does act for you has a duty to act in good faith for your benefit and to use due care, competence, and diligence. He or she must also act in accordance with the law and with the directions in this form. Your agent must keep a record of all receipts, disbursements, and significant actions taken as your agent.


Unless you specifically limit the period of time that this Power of Attorney will be in effect, your agent may exercise the powers given to him or her throughout your lifetime, both before and after you become incapacitated. A court, however, can take away the powers of your agent if it finds that the agent is not acting properly. You may also revoke his Power of Attorney if you wish.

This Power of Attorney does not authorize your agent to appear in court for you as an attorney-at-law or otherwise engage in the practice of law unless he or she is a licensed attorney who is authorized to practice law in Illinois.

The powers you give your agent are explained more fully in Section 3-4 of the Illinois Power of Attorney Act. This form is part of that law. The "NOTE" paragraphs throughout this form are instructions.

You are not required to sign this Power of Attorney, but it will not take effect without your signature. You should not sign this Power of Attorney if you do not understand everything in it, and what your agent will be able to do if you do sign it.

Please place your initials on the following line indicating that you have read this Notice.


Principal's Initials

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11. The Notice to Agent is incorporated by reference and included as part of this form.

Signed: [Signature] Date: 8/25/11

(NOTE: This power of attorney will not be effective unless it is signed by at least one witness and your signature is notarized using the form below. The notary may not also sign as a witness.)

The undersigned witness certifies that MICHAEL H. BERENDT 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 to be of sound mind and memory. The undersigned witness also certifies that the witness is not: (a) the attending physician or mental health service provider or a relative of the physician or provider; (b) an owner, operator, or relative of an owner or operator of a health care facility in which the principal is a patient or resident; (c) a parent, sibling, descendant, or any spouse of such parent, sibling, or descendant or either the principal or any agent or successor agent under the foregoing power of attorney, whether such relation is by blood, marriage, or addition; or (d) an agent or successor agent under the foregoing power of attorney.

Dated:

ROBERT LYDON
Witness Printed Name
[Signature]
Witness Signature

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

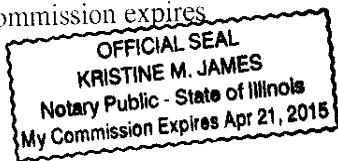
State of ILL
) SS.
County of Kane

The undersigned, a notary public in and for the above county and state, certifies that MICHAEL H. BERENDT 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 certified to the correctness of the signature(s) of the Agent(s)).

Dated: 8/25/11

Kristine M. James
Notary Public

My commission expires



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(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 THE CERTIFICATION OPPOSITE THE SIGNATURES OF THE AGENTS.)

Specimen signatures of Agent (and successors)

I certify that the signatures of my Agent and successors) are correct.

(Agent)

(principal)

(successor agent)

(principal)

(successor agent)

(principal)

(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:

Return to:

Shane E. Mowery, Esq.
2448 W. Augusta Blvd., Unit 2
Chicago, IL 60622

Property of Cook County Clerk's Office

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EXHIBIT "A"

Parcel 1: Lot 6-4, in Arlington Crossings, being a resubdivision of Arlington Market being a subdivision in the Southwest Quarter of the Southeast Quarter of Section 29, Township 42 North, Range 11 East of the Third Principal Meridian, according to the plat thereof recorded February 28, 2007, as Document No. 0705915065 and corrected by Document No. 0721144016, as recorded July 30, 2007, according to the plat thereof recorded July 1, 2010 as Document No. 1018229011, in Cook County, Illinois.

Parcel 2: A non-exclusive easement for the benefit of Parcel 1 for access, ingress, egress and utilities over, across and through the Community Area as defined in that certain Community Declaration for Arlington Crossings and Arlington Market recorded December 17, 2010 as Document No. 1035144040.

Parcel 3: A non-exclusive easement for the benefit of Parcel 1 for for access, ingress, egress and utilities over, across and through the Common Area as defined in that certain Declaration for Arlington Crossings Townhomes and Provisions relating to Easements Affecting Portions of Development Area other than the Premises recorded December 17, 2010 as Document No. 1035144041.