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

1130026304 Fee: \$74.00 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds Date: 10/27/2011 11:41 AM Pg: 1 of 6

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 l'over 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 agents, bul 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 this 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 to 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 Priver of Attorney Act. This form is a part of that law. The "NOTE" paragraphs throughout this form 2re 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:

STEWART TITLE COMPANY 2855 West Army Trail Road, Suite 110 Addison, IL 60101 630-889-4000

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ILLINOIS STATUTORY SHORT FORM

POWER OF ATTORNEY FOR PROPERTY

1. I, Bruce Ikawa hereby revoke all prior powers of attorney for property executed by me and appoint: Mark M. Anderson, 650 Dundee Road, Suite 475, Northbrook, Illinois 60062.

(NOTE: You may not name co-agents using this form.)

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 povers inserted in paragraph 2 or 3 below:

(NOTE: You mus. st ite 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
- (e) Stock and bond transactions.
- (d) Tangible personal property transacti w
- (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 transactions.

(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 shell be modified or limited in the following particulars:

(NOTE: 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.)

This power of attorney is limited to the purchase of the real estate located at 2676 N. Orchara Street.

Unit A, in Chicago, IL, including the execution of the purchase.	ne closing documents and loan documents to such
3. In addition to the powers granted above, I gran (NOTE: Here you may add any other delegable powexercise powers of appointment, name or change be trust specifically referred to below.)	vers including, without limitation, power to make gifts
None	

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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 paragraph 4, 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.

(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 one or both of paragraphs 6 and 7.)

6. (X) This power of attorney shall be on a effective on

October 3, 2011

(NOTE: Insert a future date or event during your lijetime, such as a court determination of your disability or a written determination by your physician that you (re incapacitated, when you want this power to first take effect.)

7. (X) This power of attorney shall terminate on

November 15, 2011

(NOTE: Insert a future date or event, such as a court determination that you are not under a legal disability or a written determination by your physician that you are not inceparated, if you want this power to terminate prior to your death.)

(NOTE: If you wish to name one or more successor agents, insert the name and address of each successor agent in paragraph 8.)

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:

None

For purposes of 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.

(NOTE: If you wish to, you may name your agent as guardian of your estate if a court decides that one should be appointed. To do this, retain paragraph 9, and the court will appoint your agent if the court finds that this appointment will serve your best interests and welfare. Strike out paragraph 9 if you do not want your agent to act as guardian.)

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- 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.

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

	Witness
Dated:	
me and the notary public and acknowledged signing and delivering voluntary act of the principal, for the uses and purposes therein set sound mind and memory. The undersigned witness also certifies the physician or mental health service provider or a relative of the physician or relative of an owner or operator of a health care facility resident; (e) a parent, sibling, descendant, or any spouse of such participal or any agent or successor agent under the foregoing perelationship is by blood, marriage, or adoption; or (d) an agent or suppower of attorney.	forth. I believe him or her to be of at the witness is not: (a) the attending vician or provider; (b) an owner, in which the principal is a patient or rent, sibling, or descendant of either ower of atterney, whether such
same person whose name is subscribed as principal to the foregoing	g power of attorney, appeared before
you wish to have a second witness, have him or her certify and sign - (Second witness) The undersigned witness certifies that	, known to mr. w be the
(NOTE: Illinois requires only one witness, but other jurisdictions n	
Dated: October 7, 2011 X	Milwitness Low
The undersigned witness certifies that Bruce Ikawa, known to me to subscribed as principal to the foregoing power of attorney, appeared acknowledged signing and delivering the instructor as the free and uses and purposes therein set forth. I believe him or her to be of sou undersigned witness also certifies that the witness is not. (a) the attestice provider or a relative of the physician or provider; (b) an owor operator of a health care facility in which the principal is a patient descendant, or any spouse of such parent, sibling, or descendant of successor agent under the foregoing power of attorney, whether such or adoption; or (d) an agent or successor agent under the foregoing	d before me and the notary public and voluntary act of the principal, for the and mind and memory. The ending physician or mental health wher, operator, or relative of an owner at or resident; (c) a parent, sibling, either the principal or any agent or the relationship is by blood, marriage,
(NOTE: This power of attorney will not be effective unless it is sign signature is notarized, using the or n below. The notary may not all	
Signed X 1 & Dw Bruce I Fave	
Dated: October 7, 2011	
11. The Notice to Agent is incorporated by reference and include	d as part of this form.

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State of Julich 164	9N)) SS.			
County of HIUS	,			
known to me to be	the same person whose before me and the witne	name is sub ss (es)	ve county and state, certifies that Bruce Ikawa, escribed as principal to the foregoing power of the foregoing power of acknowledged signing and delivering the	!_
instrument as the fi	ree and voluntary act of	the principa	al, for the uses and purposes therein set forth (and	d
certified to the con	rectness of the signature	(s) of the ag	gent(s)).	
Dated: October	7,2011		Harenel Cark	
	12/2/2		Notary Public	
My commission	e knires <u>/2/23/2</u>	<u> </u>	Kare n S. Cark	
AIOTE: Vou man	but in not required to	raguast vous	r agent and successor agent to provide specime	n
	f you include specimen:			1
	ite the signatures of the			•
	Ox		I	
Specimen signatur (and successors)	es of agent		I certify that the signatures of my agent (and successors) are genuine.	
(and successors)	\bigcap	0_	•	
Muh M.	lucha-	94	x need	
(agent) Mark M. A	Anderson		(principal) Bruce Ikawa	
			0,	
(successor agent)			(principal)	
			<i>y</i>	
(successor agent)			(principal)	
(NOTE: The name	, address, and phone nu	mber of the	person preparing this form or who assisted the	
principal	in completing this form s	should be in	serted helow.)	
Name:	Mark M. Anderson			
Address:	650 Dundee Road, Suit Northbrook, Illinois 60		8	
Phone:	847-291-0200	K		
	Prep by	\$ MT:	`	

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LEGAL DESCRIPTION

UNIT NO. "A" AND GARAGE NO. 1 IN THE 2676 NORTH ORCHARD CONDOMINIUM, AS DELINEATED ON THE SURVEY OF THE FOLLOWING DESCRIBED REAL ESTATE:

LOT 61 IN BLOCK 3 IN THE SUBDIVISION OF OUTLOT "E" IN WRIGHTWOOD, BEING A SUBDIVISION OF THE SOUTHWEST 1/4 OF SECTION 28, TOWNSHIP 40 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS: WHICH SURVEY IS ATTACHED AS EXHIBIT "B" TO THE DECLARATION OF CONDOMINIUM RECORDED APRIL 11, 1996 AS DOCUMENT 96274286, TOGHETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS, IN COOK COUNTY ILLINOIS.

Commonly known (s: 2676 North OrchardStreet

Condo A

Chicago IL 60614

PIN/Tax Code:

J-60COOP COUNTY CIENTS OFFICE 14-28-303-095-1001