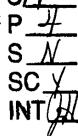


Doc#: 1200333071 Fee: \$66.00 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds Date: 01/03/2012 10:38 AM Pg: 1 of 4

POWER OF ATTORNEY FOR PROPERTY
THIS POWER OF ATTORNEY made this day of DECEMBER, 2011.
1. MICHEAL L. TAM 1155 N. DEARBORN ST. #802, CHICAGO, IL 60610 hereby
appoint JUL E A. DAMORE, 1155 N. DEARBORN ST. #802, CHICAGO, IL 60610
appoint JUNE A. DAMORE, 1155 N. DEARBORN ST. #802, CHICAGO, IL 00010  (name and address of agent)
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 the laws of the State of Illinois, 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 OF MORE OF THE FOLLOWING CATEGORIES OF POWERS YOU
DO NOT WANT YOUR AGENT TO HAVE JAILURE TO STRIKE THE TITLE OF ANY CATEGORY WILL
CAUSE THE POWERS DESCRIBED IN THAT CASEGORY 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 (i) Tax-matters
(b) Financial institution transactions ————————————————————————————————————
— (c) Stock and bond transactions — (k) Commodity transactions
— (d) — Tangible personal property transactions — (l) — Business operations
(g) Retirement plan transactions (o) All other property powers
——————————————————————————————————————
military service benefits
THE POWER
(LIMITATIONS ON AND ADDITIONS TO THE AGENTS POWERS MAY BE INCLUDED IN THIS POWER
OF ATTORNEY IF THEY ARE SPECIFICALLY DESCRIBED BELOW.)
the state of the s
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):
NO EXCEPTIONS
3. In addition to the powers granted above, I grant my agent the following powers (here you may add
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):
Change beneficiaries of John Condition of Toronto of Landau and
NO ADDITIONAL POWERS
(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

Bac 334





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KEEP THE NEXT SENTENCE, OTHER WISE 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 TO 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 DECOME 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. (X) This Power of Atomicy shall become effective upon execution and SHALL BE EFFECTIVE SOLELY FOR THE CLOSING ON THE PURCHASE OF 4118 N. MOZART ST., CHICAGO, IL 60618 ON DECEMBER [4, 2011.

(insert future date or event in your lifetime when you want this power to take effect)

7. (X) This Power of Attorney shall term rate on <u>UPON COMPLETION OF CLOSINGS OF REAL ESTATE TRANSACTIONS REGARDING purchase of 1118 N. MOZART ST., CHICAGO, IL 60618 on DECEMBER U, 2011</u> (insert iture date or event when you want this power to terminate prior to your death)

(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, regign 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:

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 YOUR AGENT AS GUARDIAN OF YOUR ESTATE, IN THE EVENT A COURT DECIDES THAT ONE SHOULD BE APPOINTED, YOU MAY, BUT ARE NOT REQUIRED TO, DO SO BY RETAINING THE FOLLOWING PARAGRAPH, THE COURT WILL APPOINT YOUR AGEN ( IF THE COURT FINDS THAT SUCH APPOINTMENT WILL SERVE YOUR BEST INTERESTS AND WELF ARE. STRIKE OUT PARAGRAPH 9 IF YOU DO NOT WANT YOUR AGENT TO ACT AS GUARDIAN.)

9. If a guardian of my estate (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:

MICHEAL L. TAM, Principal

(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 MST COMPLETE THE CERTIFICATION OPPOSITE THE SIGNATURES OF THE AGENTS.)

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Specimen signatures of agent(successors)	I certify that the signatures of my agent/ successors are correct.
(agent)	(principal)
(successor agent)	(principal)
STATE OF ILLINOIS )	
COUNTY OF COOK ) ss.	

The undersigned, a notary public, for the above county and state, certifies that MICHEAL L. TAM 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 additional witness in person and acknowledged signing and delivering the instrument as the free and voluntary act of the real cipal, for the uses and purposes therein set forth (and certifies to the correctness of the signature(s) of the agent(s))

Dated: 12-8 11

Notary Public

OFFICIAL SEAL
PATRICIA DAMORE
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES 12/06/14

The undersigned witness certifies that MICHEAL L. TAM known to me to be the same person whose name is subscribed as principal to the foregoing power of atterney, 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 frind and memory.

111.

This document was prepared by and mail to: JONATHAN M. AVEN, 180 N. MICHIGAN AVE., SUITE 2105, CHICAGO, IL 60601

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STREET ADDRESS: 4118 NORTH MOZART STREET

CITY: CHICAGO COUNTY: COOK

TAX NUMBER: 13-13-322-033-0000

## LEGAL DESCRIPTION:

LOT 17 IN BLOCK 10 IN ROSE PARK, A SUBDIVISION OF THE EAST 1/2 OF THE SOUTHWEST 1/4 OF SECTION 13, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Property of Cook County Clark's Office

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