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ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

Prepared by:

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Cole Stremmel 410 Vista Drive Wilmette, IL 60091

Mail to:

Cole Stremmel 410 Vista Drive Wilmette, IL 60091

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NOTICE TO THE 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 agents, 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 ejent 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 Power of Attorney Act. This form is a 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 lead this Notice:

Prir

Principal initials

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ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

1. I, Louise Yao, 1247 Chestnut Ave, Wilmette, IL, 60091 hereby revoke all prior powers of attorney for property executed by me and appoint: Cole A. Stremmel, 410 Vista Dr, Wilmette, IL, 60091

(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 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.)

ou must draw a line through the title of that category.)	
(a) Real estate transactions.	
(b) Financial institution tensor continues.	
(c) Stock and bond transport on the stock of	
(d) Tangible personal property accaptions.	
(e) Safe deposit box transactions:	
(1) Insurance and annuity transactions.	
(g) Retirement plan transactions.	
(h) Secial Security, employment and military service benefits.	
(i) Tax matters.	
-(j) 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 powe of attorney if they are pecifically described below.)	
2. The powers granted above shall not include the following powers or shall be modified y limited in the following particulars:	
NOTE: Here you may include any specific limitations you deem appropriate, such as a prohibition or contitions on the sale of particular stock or real estate or special rules on borrowing by the agent.)	
For property located at 833 Westerfield Dr., Wilmette, IL 60091	
	_
3. In addition to the powers granted above, I grant my agent the following powers: (NOTE: 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.)	

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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 into successor) named by me who is acting under this power of attorney at the time of reference. (NOTE: Your agent will be any the do reimbursement for all reasonable expenses incurred in acting under this power of attorney. Strike out paragraph 5 if you so 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 lower evoked 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 continuately your death, unless a limitation on the beginning do to or duration is made by initialing and completing one or both of paragraphs 6 and 7.) 6. () This power of attorney shall become effective on 15/01/2012	
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 in that to reimbursement for all reasonable expenses incurred in acting under this power of attorney. Strike out paragraph 5 if you in rot 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 for 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 continuumit your death, unless a limitation on the beginning do to or duration is made by initialing and completing one or both of paragraphs 6 and 7.) 6. () This power of attorney shall become effective on 55/01/2012 (NOTE: Insert a future date or event during your lifetime, such as a court determination of your disability or a written determination by your physician that you are incapacitated, when you want this power to first take effect.) 7. () This power of attorney shall terminate on 06/12/2012 (NOTE: Insert a future date or event, such as a court determination that you are not and a legal disability or a written determination by your physician that you are not incapacitated, if you want this power to erminate 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 and 1 and 1 and 1 and 1 and 2 and 2 and 2 and 3 and 3 and 3 and 3 and 3 an	
decision making to any person or persons whom my agent may select, but such delegation hay be alterted or or or 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 any the do reimbursement for all reasonable expenses incurred in acting under this power of attorney. Strike out paragraph 5 if you 20 rot 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 ame de 10 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 continu until your death, unless a limitation on the beginning do to or duration is made by initialing and completing one or both of paragraphs 6 and 7.) 6. () This power of attorney shall become effective on 55/01/2012 (NOTE: Insert a future date or event during your lifetime, such as a court determination of your disability or a written determination by your physician that you are incapacitated, when you want this power to first take effect.) 7. () This power of attorney shall terminate on 06/12/2012 (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 incapacitated, if you want this power to reminate 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 and 10 and 1	(NOTE: Your agent will have authority to employ other persons as necessary to enable the agent to properly exercise the power 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.)
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 amedededed attorney will become effective at the time this power is signed and will continuate until your death, unless a limitation on the beginning deteor duration is made by initialing and completing one or both of paragraphs 6 and 7.) 6. () This power of attorney shall become effective on 65/01/2012 (NOTE: Insert a future date or event during your lifetime, such as a court determination of your disability or a written determination by your physician that you are incapacitated, when you want this power to first take effect.) 7. () This power of attorney shall terminate on 06/12/2012 (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 incapacitated, 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	decision making to any person or persons whom my agent may select, but such delegation may be affected of tovoked of
(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 continuantil your death, unless a limitation on the beginning die to or duration is made by initialing and completing one or both of paragraphs 6 and 7.) 6. () This power of attorney shall become effective on 5.5.01/2012 (NOTE: Insert a future date or event during your lifetime, such as a court determination of your disability or a written determination by your physician that you are incapacitated, when you want this power to first take effect.) 7. () This power of attorney shall terminate on 06/12/2012 (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 incapacitated, if you want this power to reminate 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	Strike out paragraph 5 if you 20 rot want your agent to also be entitled to reasonable compensation for services us agently
revocation, the authority granted in this power of attorney will become effective at the time this power is signed and muntil your death, unless a limitation on the beginning dute or duration is made by initialing and completing one or both of paragraphs 6 and 7.) 6. () This power of attorney shall become effective on 65/01/2012 (NOTE: Insert a future date or event during your lifetime, such as a court determination of your disability or a written determination by your physician that you are incapacitated, when you want this power to first take effect.) 7. () This power of attorney shall terminate on 06/12/2012 (NOTE: Insert a future date or event, such as a court determination that you are not analyr a legal disability or a written determination by your physician that you are not incapacitated, if you want this power to reminate 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.)	5. My agent shall be entitled to reasonable compensation for services rendered as agent under this power of attorney.
(NOTE: Insert a future date or event during your lifetime, such a: a court determination of your disability or a written determination by your physician that you are incapacitated, when you want this power to first take effect.) 7. () This power of attorney shall terminate on 06/12/2012 (NOTE: Insert a future date or event, such as a court determination that you are not and?r a legal disability or a written determination by your physician that you are not incapacitated, if you want this power to erminate 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 &	(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 continuately your death, unless a limitation on the beginning dote or duration is made by initialing and completing one or both of paragraphs 6 and 7.)
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(NOTE: If you wish to name one or more successor agents, insert the name and address of euch successor agent in paragraph &	7. () This power of attorney shall terminate on 06/12/2012
a recommendation and the management discomments of the contraction of the contract of the cont	(NOTE: Insert a future date or event, such as a court determination that you are not ander a legal disability or a written determination by your physician that you are not incapacitated, if you want this power to terminate prior to your death.)
8. If any agent named by me shall die, become incompetent, resign or refuse to accept the chice of agent, I name the following (each to act alone and successively, in the order named) as successor(s) to such agent:	
	8. If any agent named by me shall die, become incompetent, resign or refuse to accept the cfice of agent, I name the following (each to act alone and successively, in the order named) as successor(s) to such agent:
	CO

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.)

- 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.)

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11. The Notice to Agent is incorporated by refere	ence and included as part of this form	1.
Dated: May 25, 2012		
Dated: May 25, 2012 Signed Jouin Yas		
Louise Yao		
NOTE: This power of attorney will not be effective un the form below. The notary may not also sign as a witr		ss and your signature is notarized, using
The undersigned witness certifies that known to me to power of attorney, appeared before me and the notary and voluntary act of the orincipal, for the uses and pur. The undersigned witness also certifies that the witness relative of the physician or provider; (b) an owner, operincipal is a patient or resident, (c) a parent, sibling, of principal or any agent or successor agent under the for adoption; or (d) an agent or successor agent under the	public and acknowledged signing and poses therein set forth. I believe him a is not: (a) the attending physician or crator, or relative of an owner or oper descendant, or any spouse of such par regoing power of attorney, whether su	or her to be of sound mind and memory. mental health service provider or a rator of a health care facility in which the rent, sibling, or descendant of either the
Dated: 5/25/21112		
Dated: 5/21/2012		- Janes
, (Witness
	0_	
(NOTE: Illinois requires only one witness, but other ju second witness, have him or her certify and sign here:	urisdictions may require more than of ;)	ne witness. If you wish to have a
(Second witness) The undersigned witness certifies the name is subscribed as principal to the foregoing power signing and delivering the instrument as the free and we believe him or her to be of sound mind and memory. It physician or mental health service provider or a relative or operator of a health care facility in which the principal such parent, sibling, or descendant of either the principal whether such relationship is by blood, marriage, or adattorney.	er of attorney, appeared before me and voluntary act of the principal, for the undersigned witness are certified we of the physician or provider; (b) are ipal is a patient or resident; (c) a parent alor any agent or successor agent.	uses and purposes therein set forth. It is that the witness is not: (a) the attending in owner, operator, or relative of an owner int, sibling, descendant, or any spouse of inder the foregoing power of attorney,
•		Tio
Dated:		
		Witness
		0
State of Illinois, County of Cook SS.		
The undersigned, a notary public in and for the above person whose name is subscribed as principal to the for person and acknowledged signing and delivering the purposes therein set forth (, and certified to the correct	foregoing power of attorney, appeared instrument as the free and voluntary a	act of the principal, for the uses and
Dated: $5-25-2012$	omon of me pietrorme(e) of me adame	
Dated: 5-05-001	Official Seal Cole A Stremmel	Leva String
	Notary Public State of Illinois	Notary Public
A ^ 1/	My Commission Expires 02/17/2016	•
My comission expires: 2-17-2016		9

(NOTE: 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 genuine.

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(agent)	(principal)
(successor agent)	(principal)
(successor agent)	(principal)
NOTE: The name, address, and phone number of the person preparing form should be inserted below.)	this form or who assisted the principal in completing this
Cole A. Stremmel 41% Vista Drive Willnet e. IL 60091 Phone: 31%-953-6455	Punty Clark's Office

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'NOTICE TO AGENT'

When you accept the authority granted under this power of attorney a special legal relationship, known as agency, is created between you and the principal. Agency imposes upon you duties that continue until you resign or the power of attorney is terminated or revoked.

As agent you must:

- (1) do what you know the principal reasonably expects you to do with the principal's property;
- (2) act in good faith for the best interest of the principal, using due care, competence, and diligence;
- (3) keep a complete and detailed record of all receipts, disbursements, and significant actions conducted for the principal;
- (4) attempt to preserve the principal's estate plan, to the extent actually known by the agent, if preserving the plan is consistent with the principal's best interest; and
- (5) cooperate with a person who has authority to make health care decisions for the principal to carry out the principal's reasonable expectations to the extent actually in the principal's best interest As agent you must not do any of the following:
 - (1) act so as to crezie a conflict of interest that is inconsistent with the other principles in this Notice to Agent;
 - (2) do any act beyond the authority granted in this power of attorney;
 - (3) commingle the principal's funds with your funds;
 - (4) borrow funds or other property from the principal, unless otherwise authorized;
 - (5) continue acting on behalf of the orincipal if you learn of any event that terminates this power of attorney or your authority under this power of attorney, such as the death of the principal, your legal separation from the principal, or the dissolution of your marriage to the rancipal.

If you have special skills or expertise, you must use those special skills and expertise when acting for the principal. You must disclose your identity as an agent whenever you act for the principal by writing or printing the name of the principal and signing your own name 'as Agent' in the following manner:

'Louise Yao by Core A. Stremmel'

The meaning of the powers granted to you is contained in Section 3 4 of the Thinois Power of Attorney Act, which is incorporated by reference into the body of the power of attorney for property document.

If you violate your duties as agent or act outside the authority granted to you, you mry be liable for any damages, including attorney's fees and costs, caused by your violation.

If there is anything about this document or your duties that you do not understand, you should stick legal advice from an attorney.

Office

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AGENT'S CERTIFICATION AND ACCEPTANCE OF AUTHORITY

I, Cole A. Stremmel, certify that the attached is a true copy of a power of attorney naming the undersigned as agent or successor agent for Louise Yao.

I certify that to the best of my knowledge the principal had the capacity to execute the power of attorney, is alive, and has not revoked the power of attorney; that my powers as agent have not been altered or terminated; and that the power of attorney remains in full force and effect.

I accept appointment as agent under this power of attorney.

This certification and acceptance is made under penalty of perjury.*

Dated: 5-75-7012

__ (Agent's Signature)

Cole A. Stremmel, 410 Vista Dr, Wilmette, IL, 60091

*(NOTE: Perjury is defined in Section 32 2 of the Criminal Code of 1961, and is a Class 3 felony.)

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CHICAGO TITLE INSURANCE COMPANY

ORDER NUMBER: 1401 008823405 D1

STREET ADDRESS: 833 WESTERFIELD DRIVE

CITY: WILMETTE COUNTY: COOK

TAX NUMBER: 05-27-400-114-0000

LEGAL DESCRIPTION:

PARCEL 1:

LOTS 4-B AND THE SOUTH 12.50 FEET OF LOTS P-4A AND P-4B IN WESTERFIELD SQUARE BEING A RESUBDIVISION OF PART OF THE EAST 1/2 OF FRACTIONAL SECTION 27, TOWNSHIP 42 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO PLAT THEREOF REGISTERED IN THE OFFICE OF THE REGISTRAR OF TITLES OF COOK COUNTY, ILLINOIS ON JANUARY 26, 1966 AS DOCUMENT NUMBER 2253372, AND RECORDED WITH THE RECORDER OF DEEDS AS DOCUMENT NUMBER 19722379, AND CERTIFICATE OF CORRECTION THEREOF REGISTERED ON FEBRUARY 17, 1966 AS DOCUMENT NUMBER 2256817, AND RECORDED ON MARCH 14, 1966 AS DOCUMENT NUMBER 19764951.

PARCEL 2:

EASEMENTS AS SET FORTH IN THE DECLARATION OF COVENANTS AND RESTRICTIONS FOR WESTERFIELD SQUARE DATED FEBRUARY 15, 196 AND RECORDED MARCH 21, 1966 AS DOCUMENT NUMBER 19771628 AND FILED AS DOCUMENT NUMBER 2261568 MADE BY HARRIS TRUST AND SAVINGS BANK, AS TRUSTEE UNDER TRUST AGREEMENT DATED OCTOBER 16, 1964 AND KNOWN AS TRUST NUMBER 31683 AND PLAT OF SUBCIVISION OF WESTERFIELD SQUARE RECORDED ON JANUARY 26, 1966 AS DOCUMENT NUMBER 19722379 AND FILED JANUARY 26, 1966 AS DOCUMENT NUMBER 19722379 AND FILED JANUARY 26, 1966 AS DOCUMENT NUMBER 2253372.

LEGALD

MW7

06/06/12