#### 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 A DUTY ON YOUR AGENT TO EXERCISE GRANTED POWERS; BUT WHEN POWERS ARE EXERCISED, YOUR AGENT WILL HAVE TO USE DUE CARE TO ACT FOR YOUR BENEFIT AND IN ACCORDANCE WITH THIS FORM AND KEEP A RECORD OF RECEIPTS, DISBURSEMENTS ATD SIGNIFICANT ACTIONS TAKEN AS AGENT. 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 BEHALF TERMINATES IT, YOUR AGENT MAY EXERCISE THE POWERS GIVEN HERE THROUGHOUT YOUR LETETIME, 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 (SEE THE BACK OF THIS FORM). 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 IN YOU.)

POWER OF ATTORNEY made this JS day of JUNE (month) JUIZ (year). I, ENDRICK 1). PAUD (insert name and address of principal) hereby appoint:

HUCEP. PAUDE SON 919 CENTRAL RUE, WILMSTE, IL 60091 (insert 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 Section - 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 or 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.

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Doc#: 1221542090 Fee: \$76.00 Eugene "Gene" Moore RHSP Fee:\$10.00

Cook County Recorder of Deeds
Date: 08/02/2012 11:22 AM Pg: 1 of 6

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(b) Financial institution transactions.

Steek a	d bond transactions			
(d) Tangible	e personal property t	ransactions.		
(c) Safe der	osit box transactions	s.		
(f) Insurance	and annuity transac	tions.	_	
(g) Retirem	ent plan transactions.			
(h) Social S	ecurity, employmen	t and military service	ce benefits.	
(i) Tax matt	ers.			
(j) Claims a				
	ary and option trans	actions.		
, <del>-</del>	of or sions.			
• •	ing t. wrections.			
(n <del>) Estate tr</del>	/ X			
(o) All other	r <del>property p</del> ( w . <del>13 aa</del>	d transactions.		
•			ENT'S POWERS MA PECIFICALLY DESC	
limited appropri	in the following part	ticulars (here you n ibition or conditions	the following powers or may include any specific on the sale of particul	Climitations you deem
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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 ranke gifts, exercise powers of appointment, name or change beneficiaries or joint terants or revoke or amend any trust specifically referred to below):

TO SIGN ANY AND ALL DOCUMENTS
PERTAINING TO THE REFINANCE OF
929 CENTRAL AVENUE, WILLHETTE, IL 60091
WITH BMO HARRIS BANK AND
CHICAGO TITLE INSURANCE COMPANY.

(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.)

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.)

My agent shall be entiried 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 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:)

( ) This power of attorney shall become effective on
or event during your lifetime, such as court determination of your dispbility, when you want this
power to first take effect).
() This power of attorney shall terminate on  AUBUST 27, 2012  insert a future date
or event, such as court determination of your disability, when you want this power to acriminate
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.)
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:
. For purposes of this paragraph, 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 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 AGENT IF THE COURT FINDS THAT SUCH APPOINTMENT WILL SERVE YOUR BEST INTERESTS AND WELFARE. STRIKE OUT PARAGRAPH IF YOU DO NOT WANT YOUR AGENT TO ACT AS GUARDIAN.)

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
contents of this form and understand the full import of this grant of powers to my agent.
Signed Kenlih J. Andreson (principal) KENDRICK D. ANDERSON
(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 ACWER OF ATTORNEY, YOU MUST COMPLETE
THE CERTIFICATION OPPOSITE 'THE SIGNATURES OF THE AGENTS.)
THE CERTIFICATION OF COME THE ACTUAL OF THE CERTIFICATION OF THE CERTIFI
Specimen signatures of I certify that the signatures of my agent
agent (and successors) (and successors) are correct.
(agent) (principal)
(successor agent) (principal)
(successor agent) (principal)
(THIS POWER OF ATTORNEY WILL NOT BE EFFECTIVE UNLESS IT IS NOTARIZED
AND SIGNED BY AT LEAST ONE ADDITIONAL WITNESS, USING THE FORM
State of) SS.  County of) SS.
County of
The undersigned, a notary public in and for the above county and state, certifies that <u>Vendum and unters</u> , 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 principal, for the uses and purposes therein set forth (, and certified to the correctness of the signature(s) of the agent(s)). Dated: <u>\(\lambda \frac{1}{2} \lambda \taketa \taketa \lambda \taketa \taketa \lambda \lambda \lambda \taketa \lambda \lambda \lambda \lambda \lambda \lambda \taketa \taketa \lambda \lambda \taketa \lambda \taketa \lambda \lambda \taketa \lambda \lambda \taketa \taketa \taketa \lambda \lambda \lambda \taketa \lambda \lambda \lambda \lambda \lambda \taketa \taketa \lambda \taketa \taketa \taketa \lambda \lambda \lambda \taketa \</u>
OFFICIAL SEAL JEAN SHWAJEK-KANIG Notary Public - State of Minote

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Notary Public  My commission expires 5/27/10/4. The undersigned witness certifies that  Lindux, 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.
Dated 0 25 WIV (SEAL)  Variation Witness
(THE NAME AND ADDRESS OF THE PERSON PREPARING THIS FORM SHOULD BE INSERTED IF THE A SENT WILL HAVE POWER TO CONVEY ANY INTEREST IN REAL
ESTATE.)
This document was prepared by:
ALICE P. HNDERSON
WILMETTE, IL 62091
OFFICE OFFICE

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## **UNOFFICIAL COPY**

STREET ADDRESS: 929 CENTRAL AVENUE

CITY: WILMETTE COUNTY: COOK

TAX NUMBER: 05-34-208-003-0000

#### LEGAL DESCRIPTION:

THE PART OF LOTS 7 AND 8 IN PETERSON'S SUBDIVISION OF BLOCK 20 IN WILMETTE VILLAGE IN SECTION 34, TOWNSHIP 42 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, DESCRIBED AS FOLLOWS: BEGINNING AT A POINT ON THE SOUTH LINE OF CENTRAL AVENUE 58 1/3 FEET EAST OF THE EAST LINE OF 10TH STREET; THENCE RUNNING SOUTH 140 FEET ON A LINE PARALLEL WITH THE EAST LINE OF 10TH STREET; THENCE EAST 33 1/3 FEET ON A LINE PARALLEL WITH THE SOUTH LINE OF CENTRAL AVENUE; THENCE SOUTH 60 FEET ON A LINE PARALLEL WITH THE EAST LINE OF 10TH STREET TO PUBLIC ALLEY; THENCE EAST 25 FEET ALONG THE NORTH LINE WITH SAID ALLEY; THENCE HENC.

JG, IN

COOK

COUNTY

CLERKS

OFFICE NORTH 200 FEET ON A LINE PARALLEL WITH THE EAST LINE OF 10TH STREET TO THE SOUTH LINE OF CENTRAL AVENUE: THENCE WEST ALONG THE SOUTH LINE OF CENTRAL AVENUE 58 1/3 FEET TO THE POINT OF BEGINNING, IN COOK COUNTY, ILLINOIS.