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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 A POWER IS EXERCISED, YOUR AGENT WILL HAVE TO USE DUE CARE TO ACT FOR YOUR BENEFIT AND IN ACCORDANCE WITH THIS FORM. 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 LIFETIME, 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.)

Power of Attorney made this 12th day of MARCH, 2009.

1. I, **Arcadia Lopez, of 5704 West Addison, Chicago, Illinois, 60634**, hereby appoint, **my son, Jose D. Lopez, of 5704 West Addison, Chicago, Illinois, 60634**, 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 Paragraphs 2 or 3 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 AND INITIAL AT THE END OF THE LINE.)

- (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.

Doc#: 1310618063 Fee: \$76.00
 RH/SP Fee:\$10.00 Affidavit Fee:
 Karen A. Yarbrough
 Cook County Recorder of Deeds
 Date: 04/16/2013 02:22 PM Pg: 1 of 6



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(o) All other property powers and transactions.

1.1 Without limiting the generality of the foregoing, I specifically empower my attorney:

(a) to have access to and to enter at any time any safe deposit box in my name (or in my name jointly with any other person or persons); and to remove any or all of the contents of any such box and to surrender any such box;

(b) to execute and to file my income tax return, gift tax return, or declaration of estimated tax for any year, or any other tax return or report; to represent me before any office of the Internal Revenue Service, the Illinois Department of Revenue, or in any administrative agency or court with respect to tax matters;

(c) to employ agents, attorneys, investment counsel, accountants, brokers, custodians, and proxies and to delegate to them such powers as my Attorney deems advisable; and

(d) to employ domestic servants, companions, nurses or doctors to care for me; to admit me to or secure my release from any hospital; to consent on my behalf to any treatment or surgical procedure for any injury or disease from which I may be suffering; and to have access to any medical records pertaining to my physical or mental condition or any communications, oral or written, from any doctor engaged to treat me. Any doctor engaged to treat me may rely on this Power of Attorney in divulging information as to my mental or physical condition. As used herein, "doctor" includes physician, surgeon, osteopath, psychologist, and other health care professionals.

(LIMITATIONS ON AND ADDITIONS TO THE AGENT'S POWERS MAY BE INCLUDED IN THE 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: No limitations.

3. In addition to the powers granted above, I grant my agent the following powers: 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 KEEP THE NEXT SENTENCE; OTHERWISE; IT SHOULD BE STRICKEN.)

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.

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(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.)

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 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 INITIALLING AND COMPLETING EITHER (OR BOTH) OF THE FOLLOWING.)

6. This Power of Attorney shall become effective upon written certification by my attending physician that I am not able to competently make financial decisions for myself.

7. This Power of Attorney shall terminate upon my 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 legally disabled, resign or refuse to act, I name the following (each to act alone and successively, in the order named) as successor(s) to such agent:

None

(IF YOU WISH TO NAME A GUARDIAN OF YOUR PERSON OR A GUARDIAN OF YOUR ESTATE, OR BOTH, IN THE EVENT A COURT DECIDES THAT ONE SHOULD BE APPOINTED, YOU MAY, BUT ARE NOT REQUIRED TO, DO SO BY INSERTING THE NAME(S) OF SUCH GUARDIAN (S) IN THE FOLLOWING PARAGRAPHS. THE COURT WILL APPOINT THE PERSON NOMINATED BY YOU IF THE COURT FINDS THAT SUCH APPOINTMENT WILL SERVE YOUR BEST INTERESTS AND WELFARE. YOU MAY, BUT ARE NOT REQUIRED TO, NOMINATE AS YOUR GUARDIAN (S) THE SAME PERSON NAMED IN THIS FORM AS YOUR AGENT.)

9. If a guardian of my person is to be appointed, I nominate the following to serve as such guardian:

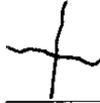
My son, Jose D. Lopez, of 5704 West Addison, Chicago, Illinois, 60634

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10. If a guardian of my estate (my property) is to be appointed, I nominate the following to serve as such guardian:

My son, Jose D. Lopez, of 5704 West Addison, Chicago, Illinois, 60634

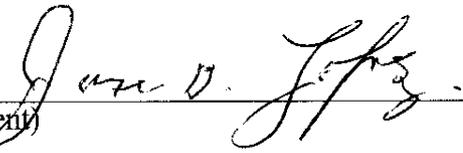
11. I am fully informed as to all the contents of this form and understand the full import of this grant of powers to my agent.



Arcadia Lopez

(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 CERTIFICATE OPPOSITE THE SIGNATURES OF THE AGENTS.)

Specimen signatures of agent (successors) I certify that the signatures of my agent (and successors) are correct.



(Agent)



(Principal)

(Successor Agent)

(Principal)

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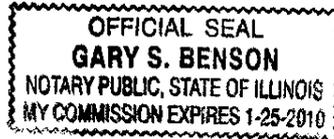
(THIS POWER OF ATTORNEY WILL NOT BE EFFECTIVE UNLESS IT IS NOTARIZED, USING THE FORM BELOW.)

STATE OF ILLINOIS)
) SS
COUNTY OF C O O K)

The undersigned, a notary public in and for the above county and state, certifies that **Arcadia Lopez** is 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: March 12, 2009

Gary S. Benson
Notary Public



My Commission Expires: 1-25-2010

The undersigned witness certifies that **Arcadia Lopez** is 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 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).

Gary S. Benson

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File No: 411223

EXHIBIT "A"

THE WEST 30 FEET OF THE EAST 59 FEET OF LOT 171 IN KOESTER AND ZANDER'S ADDITION TO WEST IRVING PARK, A SUBDIVISION OF THE SOUTH 1/2 OF THE NORTHEAST 1/4 OF SECTION 20, TOWNSHIP 40 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

P.T.N.: 13-20-230 -035-0000
ADDRESS: 5704 W. ADDISON ST.
CHICAGO, IL 60634

Cook County Clerk's Office

Issuing Agent:
Citywide Title Corporation
850 W. Jackson
Suite 320, Chicago, Illinois 60607
312-492-8934

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ALTA Plain Language Commitment (6-17-06) (IL)
Schedule A

AMERICAN
LAND TITLE
ASSOCIATION

