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AFTER RECORDING MAIL TO:

EDMUND J. WOHLMUTH
ATTORNEY AT LAW
115 S. EMERSON ST.
MT. PROSPECT, IL 60056



Doc#: 1317719093 Fee: \$62.00
RHSP Fee: \$9.00 RPRF Fee: \$1.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 06/26/2013 12:41 PM Pg: 1 of 13

AFFIDAVIT OF AGENT

**UNDER ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY
FOR PROPERTY**

(755 ILLINOIS COMPILED STATUTES 45/2-8)

LEGAL DESCRIPTION

Parcel 1: Unit No. 506 as delineated on survey of Sublot "A" in Lot 2 in Village on the Lake Subdivision, being a subdivision of part of the Southwest Quarter of Section 29 and part of the Northwest Quarter of Section 32, Township 41 North, Range 11 East of the Third Principal Meridian, according to the plat thereof recorded January 25, 1971, as Document No. 21380121 in Cook County, Illinois, which survey is attached as Exhibit "A" to Declaration of Condominium Ownership made by Chicago Title and Trust Company as Trustee under Trust No. 53436 recorded in the Office of the Recorder of Deeds of Cook County, Illinois, as Document No. 21615784, together with its undivided percentage interest in said parcel (excepting from said parcel all the property and space comprising all the units thereof as defined and set forth in said Declaration and survey).

Parcel 2: Easement for the benefit of Parcel 1 as created by Declaration of Covenants for Village on the Lake Homeowners Association executed by Chicago Title and Trust Company, a Corporation of Illinois, as Trustee under Trust Agreement dated March 25, 1969, and known as Trust No. 53536, dated June 18, 1971, and recorded June 18, 1971, as Document No. 21517208, and as created by Deed from Chicago Title and Trust Company, a corporation of Illinois, as Trustee under Trust Agreement dated March 25, 1969, and known as Trust No. 53536 to Bradley A. Jacobson and Karin J. Jacobson, his wife, dated April 1, 1972, and recorded June 16, 1972, as Document No. 21942605 for ingress and egress over Lot 2 (except Sublots "A", "B", and "C") in the Village on the Lake Subdivision, being a subdivision of part of the Southwest Quarter of Section 29, and part of the Northwest Quarter of Section 32, Township 41 North, Range 11 East of the Third Principal Meridian, according to the plat thereof recorded January 25, 1971, as Document No. 21380121, in Cook County, Illinois.
Permanent Index No: 08-32-101-008-1084

Property Address: 850 Wellington, Unit 506, Elk Grove Village, Illinois 60007

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STATE OF ILLINOIS)
) SS
 COUNTY OF COOK)

The undersigned, JOSEPH J. DeBENNY, being first duly sworn on oath, deposes and states as follows:

1. JOSEPH J. DeBENNY is the husband of ROSE DeBENNY and is the acting Agent for the said ROSE DeBENNY, pursuant to the terms of an Illinois Statutory Durable Power of Attorney for Property dated MARCH 28, 2012.

2. The attached copy of said Power of Attorney is a true, accurate and correct copy thereof. The Power of Attorney was validly executed and the Principal was competent at the time of execution thereof. The Power of Attorney is in full force and effect on the date of this Affidavit and the powers of the Agent have not been altered, terminated or revoked.


3. The Principal, ROSE DeBENNY, is alive on the date of this Affidavit.

4. This Affidavit is given pursuant to Chapter 755, Act 45, Section 2-8 of Illinois Compiled Statutes. The transaction which I am about to take, or am taking on behalf of the Principal, is pursuant to and within the scope of my authority under said Power of Attorney and you may rely thereon as provided by the above Statute. No person dealing with me as an agent, relying in good faith on the information contained herein shall incur any liability to the Principal, ROSE DeBENNY, her estate, personal representatives, heirs or assigns, nor be responsible for the proper application of any funds or property which may be transferred pursuant hereto.

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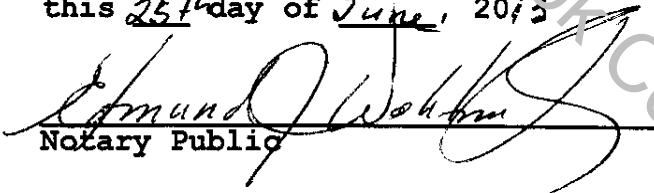
5. As provided by the above Statute, any person who fails to comply arbitrarily or without reasonable cause to any direction by the undersigned agent "shall be subject to civil liability for any damages resulting from non-compliance."

IN WITNESS WHEREOF, I have signed this Affidavit this 25th day of JUNE, 2013.

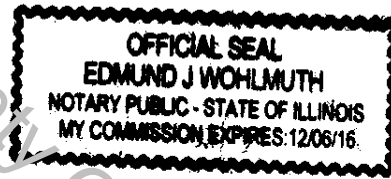


JOSEPH J. DeBENNY

Subscribed and sworn to before me
this 25th day of June, 2013



Notary Public



This instrument prepared by: Edmund J. Wohlmut,
Attorney at Law
115 S. Emerson Street
Mount Prospect, IL 60056
(847) 255-5400

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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 the 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 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 read this Notice:

RD
Principal's Initials

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**ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR
PROPERTY
(755 ILLINOIS COMPILED STATUTES 45/3-3)**

1. I, ROSE DeBENNY, UNIT# 506--850 WELLINGTON AVE., ELK GROVE VILLAGE, IL.

(insert name and address of principal)

HEREBY REVOKE ALL PRIOR POWERS OF ATTORNEY FOR PROPERTY EXECUTED BY ME

AND APPOINT:

JOSEPH J. DeBENNY, UNIT#506--850WELLINGTONAVE., ELK GROVE VILLAGE, IL.

(insert name and address of agent)

(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.)

- | | |
|--|---|
| (a) Real estate transactions. | (i) Tax matters. |
| (b) Financial institution transactions. | (j) Claims and litigation. |
| (c) Stock and bond transactions. | (k) Commodity & option transactions. |
| (d) Tangible personal property transactions. | (l) Business operations. |
| (e) Safe deposit box transactions. | (m) Borrowing transactions. |
| (f) Insurance and annuity transactions. | (n) Estate transactions. |
| (g) Retirement plan transactions. | (o) All other property transactions. |
| (h) Social Security, employment and military service benefits. | |

(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 shall 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.)

NO LIMITATIONS

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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.)

(a) Gifts. My agent is specifically authorized under any of the statutory categories 755 ILCS 45/3-4 (a) through (o) to make gifts, including annual exclusion gifts, gifts to pay tuition and medical expenses, and taxable gifts; to file and execute gift tax returns; and to use up my unified credit during life. Permissible recipients of said gifts shall include my relatives, friends, and charities for which a charitable income tax deduction is allowable. Gifts can be made either directly, in trust, or to a custodian under the Uniform Transfers to Minors Act. If my agent is in the class of permitted gift recipients, my agent shall be permitted to make gifts benefiting the agent even though acting in a fiduciary capacity and such gifts shall not be considered fraudulent or voidable. To the extent possible (and except as set forth in the next sentence), my agent shall consider my estate planning objectives as disclosed by my estate planning documents in making gifts. In addition, if my agent engages in public benefits planning (including Medicaid planning), my agent shall consider the objectives of such planning in making gifts (even if those gifts do not follow the directions in my estate planning documents) as long as such gifting is made as directed under a plan created by an attorney engaging in public benefits planning. While I grant my agent the authority to make gifts, unless my spouse is my agent, I direct and require my agent to share all my financial account statements with my successor agents listed in this power if my agent has made gifts under this power.

(b) Other Compensation. My agent may compensate separately any brokers, attorneys, auditors, depositories, real estate managers, investment advisors, health care managers, and other persons.

(c) Creating, Funding, and Terminating Trusts. My agent shall have the power and authority to create, execute, and revoke in my name a trust agreement with such trustee or trustees as my agent shall select (including my agent as trustee) which trust shall provide that all income and principal shall be paid to me, or for my benefit, as I or my agent shall request, or as the trustee shall determine and at my death to provide for the continuation of said trust for the benefit of my friends and relatives (including my agent) as my agent decides. My agent shall be permitted to include other provisions in any such trust providing for the orderly administration and operation of said trust and the creation of additional trusts for potential beneficiaries. It is my intention that this power may be exercised in the event of my disability or incapacity as my agent desires to avoid the probate of my estate, maximize potential estate tax savings, or to engage in public benefits planning (including Medicaid). My agent is specifically authorized to make distributions of principal and interest from said trust. My agent is specifically authorized to transfer my assets to an "OBRA Pooled Trust" created pursuant to the Social Security Act under 42 U.S.C. § 1396.

(d) Amending Trusts. My agent shall have the power and authority to amend in my name a trust agreement with such trustee or trustees as my agent shall select (including my agent as trustee) which trust shall provide that all income and principal shall be paid to me, or for my benefit, as I or my agent shall request, or as the trustee shall determine and at my death to provide for the continuation of said trust for the benefit of my friends and relatives (including my agent) as my agent decides. It is my intention that this power may be exercised in the event of my disability or incapacity as my agent desires to avoid the probate of my estate, maximize potential estate tax savings, or to engage in public benefits planning (including Medicaid).

(e) Changing Beneficiaries and Powers under IRA Accounts. My agent shall have the power and authority to change any beneficiary I have previously designated to receive benefits under any life insurance policy, annuity, qualified or non-qualified retirement plan, IRA, or any other contractual arrangement over

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which I have the authority to direct benefits and select beneficiaries. In addition, my agent shall have the power and authority that I do to authorize distributions from and investments in any IRA or IRA type of account of which I am the owner.

(f) Powers under IRA and other retirement accounts. My agent shall have the power and authority that I do to authorize distributions from and investments in any IRA, IRA type of account or any other retirement account that I am the owner or under which I participate.

(g) Land Trust I give my agent the power to exercise any power of direction that I have under any Land Trust Agreement including but not limited to changing tenancies and making distributions of any interests I have out of the trust. I clarify the fact that while my agent exercises powers under this agency related to a land trust, my power of direction is hereby transferred to and held by my agent under this power of attorney.

(h) Further Instructions Regarding Real Property. My agent shall have the power and authority to change the tenancy on any real or personal property in which I have an interest and to do all actions authorized under Section (a) of Section 3-4 of The Illinois Power of Attorney Act with respect to real property that I currently own or any real property that I acquire in the future.

(i) Powers of Appointment and Disclaim Benefits. To exercise any power of appointment I may have under any Will or Trust. To disclaim my benefit to be received by me from any estate, Will or Trust, as legatee, devisee, named beneficiary, surviving joint tenant, or any other manner of succession.

(j) Public Benefits Planning. My agent shall have the power and authority to take all actions he or she deems necessary and prudent to permit me to qualify for certain public benefits. These actions include, but are not limited to representing me in a divorce from my spouse (if I am married) and agreeing to a property settlement agreement or other Court order under which I would receive a smaller share of the marital estate than I am entitled to under applicable law (or no share at all).

(k) Powers of Attorney. To execute further Powers of attorney containing such terms, conditions and authorization as is then deemed to be appropriate by my agent, including Power of Attorney and Declaration of Representative required by the Internal Revenue Service, IRS Form 2848, and related IRS Forms.

(l) HIPAA. To act on my behalf and to make all decisions that I could make and to have all powers and rights that I may have under the Health Insurance Portability and Accountability Act (HIPAA) of 1996, 45 CFR Section 160 through 164 (the Act), including, but not limited to, signing releases and authorizations and acknowledging receipt of any privacy notice regarding the disclosure of my medical and financial records and information, to have communications with and receive telephone calls and letters, and I hereby waive all financial privacy rights and give those rights to my agent. My agent shall act on my behalf to file complaints and seek enforcement of any civil or criminal penalties for violation of the Act and otherwise do all things that I could do personally.

(m) Internet/Electronic Bank Transactions. To transact all forms of electronic and/or internet banking including but not limited to making deposits and withdrawals, transacting online bill paying, transferring funds between accounts, electronic funds transfers, establishing and/or closing accounts and accessing all account information including passwords and personal identification numbers.

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(n) **Caregivers and Expenses.** To hire a nurse, companion or other caregiver for my care and to execute personal service contracts or contracts to pay for my lifetime care; to pay for my care in my home or for the cost of convalescent or nursing home care outside of my home.

(o) **Conflict of Interest/Self-Dealing.** I waive any conflict of interest that may exist or arise in my agent is also a beneficiary of my estate plan or otherwise derives some current or future benefit from any transactions my agent undertakes pursuant to the authority granted by this instrument. No state law restraint or prohibition on acts of self-dealing by an agent shall apply to my agent acting hereunder. My agent may enter into transactions on my behalf in which the agent is personally interested as long as the terms of such transaction are fair to me, unless it is proved that the agent was clearly motivated by and acted in its own self-interest, knowing that such action was not in my best interest.

(p) **850 Wellington, Unit 506, Elk Grove Village, IL.** My agent is authorized to execute all documentation reasonably and customarily necessary to consummate the closing of the sale of 850 Wellington, Unit 506, Elk Grove Village, Illinois, including negotiating short sales, deeds in lieu of foreclosure, warranty/quit claim deed, waive homestead interests, affidavit of title, bill of sale, closing statements, IRS FORM 1099, HUD-1 settlement statements, escrow/disbursement authorizations, private mortgage insurance affidavits, request pay-off statements for mortgages and home-equity lines of credit and authorize the closing of home-equity lines of credit, ALTA statements, title indemnity agreement, and any other closing documentation required by the purchaser's lender or the title insurance company. The said attorney may also issue letters of direction to disburse the proceeds of the sale as he may determine to be necessary and may endorse any checks and/or make deposits of any checks payable to the undersigned, giving and granting unto said attorney full power and authority to do and perform all and every act and thing whatsoever, requisite and necessary to be done in and about the premises, as fully, to all intents and purposes, as I might or could do if personally present at the doing thereof, with full power of substitution and revocation, hereby ratifying and confirming all that the said attorney or his substitute shall lawfully do or cause to be done by virtue hereof. Legal Description is attached and made a part hereof.

(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.

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(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 become effective **ON THE DATE THAT THIS POWER IS SIGNED.**

R. J.

Initials

(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. (X) This power of attorney shall terminate on my death, or upon my written direction prior thereto.

(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.)

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:

A) PETER DeBENNY, BLOOMINGDALE, IL. B) JOSEPH DeBENNY, PEORIA, AZ

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 he 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. Reproductions of the executed original of this Power of Attorney for Property, certified as a true, exact and accurate copy of the original, by my agent in possession of the original or by my attorney, shall be deemed original counterparts of this Power of Attorney.

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.

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(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.)

12. The Notice to Agent is incorporated by reference and included as part of this form.

Dated: MARCH 28th, 2012.

Signed Rose DeBenny
ROSE DeBENNY (principal)

(NOTE: This power of attorney will not be effective unless it is signed by at least one witness and your signature is notarized, using the form below. The notary may not also sign as a witness.)

The undersigned witness certifies that ROSE DeBENNY, 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. The undersigned witness also certifies that the witness is not: (a) the attending physician or mental health service provider or a relative of the physician or provider; (b) an owner, operator, or relative of an owner or operator of a health care facility in which the principal is a patient or resident; (c) a parent, sibling, descendant, or any spouse of such parent, sibling, or descendant of either the principal or any agent or successor agent under the foregoing power of attorney, whether such relationship is by blood, marriage, or adoption; or (d) an agent or successor agent under the foregoing power of attorney.

Dated: 28th of MARCH, 2012.

Edmund J. Wohlmut
EDMUND J. WOHLMUTH, Witness

(NOTE: Illinois requires only one witness, but other jurisdictions may require more than one witness. If you wish to have a second witness, have him or her certify and sign here:)

(Second witness) The undersigned witness certifies that ROSE DeBENNY, 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. The undersigned witness also certifies that the witness is not: (a) the attending physician or mental health service provider or a relative of the physician or provider; (b) an owner, operator, or relative of an owner or operator of a health care facility in which the principal is a patient or resident; (c) a parent, sibling, descendant, or any spouse of such parent, sibling, or descendant of either the principal or any agent or successor agent under the foregoing power of attorney, whether such relationship is by blood, marriage, or adoption; or (d) an agent or successor agent under the foregoing power of attorney.

Dated: 28th day of MARCH, 2012.

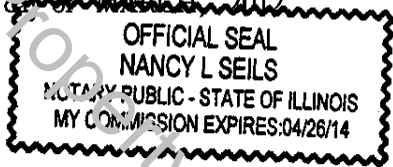
Claudine R. Kastner
CLAUDINE R. KASTNER, Witness

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State of Illinois)
) SS.
County of Cook)

The undersigned, a notary public in and for the above county and state, certifies that **ROSE DeBENNY**, 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 witness(es) EDMUND J. WOHLMUTH and CLAUDINE R. KASTNER 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: 28th day of MARCH, 2012



Nancy L. Seils
Notary Public
My commission expires 4/26/14 (Notary Seal)

(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.

Joseph J. DeBenny
JOSEPH J. DeBENNY (agent)

Rose DeBenny
ROSE DeBENNY (principal)

PETER DeBENNY (successor agent)

ROSE DeBENNY (principal)

JOSEPH DeBENNY (successor agent)

ROSE DeBENNY (principal)

(NOTE: The name, address, and phone number of the person preparing this form or who assisted the principal in completing this form should be inserted below.)

Name: EDMUND J. WOHLMUTH
ATTORNEY AT LAW
Address: 115 S. EMERSON STREET
MT. PROSPECT, IL 60056
Phone: 847-255-5400

Notice to Agent. The following form may be known as "Notice to Agent" and shall be supplied to an agent appointed under a power of attorney for property.

UNOFFICIAL COPY**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 create 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 principal 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 principal.

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:

"(Principal's Name) by (Your Name) as Agent"

The meaning of the powers granted to you is contained in Section 3-4 of the Illinois 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 may 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 seek legal advice from an attorney."

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LEGAL DESCRIPTION

Parcel 1: Unit No. 506 as delineated on survey of Sublot "A" in Lot 2 in Village on the Lake Subdivision, being a subdivision of part of the Southwest Quarter of Section 29 and part of the Northwest Quarter of Section 32, Township 41 North, Range 11 East of the Third Principal Meridian, according to the plat thereof recorded January 25, 1971, as Document No. 21380121 in Cook County, Illinois, which survey is attached as Exhibit "A" to Declaration of Condominium Ownership made by Chicago Title and Trust Company as Trustee under Trust No. 53436 recorded in the Office of the Recorder of Deeds of Cook County, Illinois, as Document No. 21615784, together with its undivided percentage interest in said parcel (excepting from said parcel all the property and space comprising all the units thereof as defined and set forth in said Declaration and survey).

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