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ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

Doc#: 1327535111 Fee: \$72.00 RHSP Fee: \$9.00 RPRF Fee: \$1.00

Karen A. Yarbrough

Cook County Recorder of Deeds
Date: 10/02/2013 01:58 PM Pg: 1 of 5

Power of Attorney made this _	9th	day of	July	, 2013

1. I, CYNTHIA E. WINLAND, hereby appoint: STEVEN R. BLOCK 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:

(YOU MUST STRIKE OUT ANY ONE OR MORE OF THE FOLLOWING CATEGORIES OF POWERS YOU DO NOT WANT YOUR ACTIVITY 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 THROUGHT INE THAT CATEGORY.)

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

(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 folicwing 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):

This Power of Attorney is specific to any and all transactions related to the purchase and closing of the property commonly known as 628 W. Wrightwood Ave., Unit 5E, Chicago, II. 60614.

3. In addition to the powers granted above, I grant the following powers (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 must specifically referred to below): NONE.

(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.)

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

- () This power of attorney shall become effective when a physician familiar with my condition indicates in writing that I am unable to give prompt and intelligent consideration to my financial matters.
- 7. (DW) This power of attorney shall terminate upon the sale and closing of the property commonly known as 628 W. Wrightwood Ave., Unit 5E, Chicago, IL. 60614, but no later than August 31, 2013.

(insert a future date or event, such as court determination that you are not under a disability or a written determination by your physician that you are not incapacitated, if you want this power to terminate prior to your death)

(IF YOU WISH TO NAME ONE OR MORE 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, resign or refuse to accept the office of agent, I name the following (each to act alone and successively, in the order named) as successors to such agent:

NONE.

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, YOU MAY NAME YOUR AGENT AS GUARDIAN OF YOUR ESTATE, IN THE EVENT A COURT DECIDES THAT ONE SHOULD BE APPOINTED. TO DO THIS, RETAIN PARAGRAPT 9, AND THE COURT WILL APPOINT YOUR AGENT IF THE COURT FINDS THAT THIS APPOINTMENT WILL SERVE YOUR BEST INTERESTS AND WELFARE. STRIKE OUR PARAGRAPH 9 IF YOU DO NOT WANT YOUR AGENT TO AGE 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.
- 11. (NOTE: This form does not authorize your agent to appear in court for you as an attorney-atlaw 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.

CYNTHIA E. WINLAND

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(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 CYNTHIA E. WINLAND, 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

or her to be of sound mind and memory. The use not: (a) the attending physician or mental her or provider: (b) an owner, operator, or relative which the principal is a patient or resident; (c) such parent sibling, or descendant of either the	uses and purposes therein set forth. I believe him undersigned witness also certifies that the witness ealth service provider or a relative of the physician of an owner or operator of a health care facility in a parent, sibling, descendant, or any spouse of e principal or any agent or successor agent under relationship is by blood, marriage, or adoption; or going power of attorney. Witness
State of Michigan SS	
County of Audand	C
WINLAND known to me to be the same personal foregoing power of attorney, appeared between the same personal foregoing power of attorney.	above sounty and state certifies that CYNTHIA E. on whose name is subscribed as principal to the fore me and the witness(es) in person and ment as the free and voluntary act of the principal,
Dated:, 2013.	Delna J. Marguarate Notary Public
(Notary Seal) DEBRAJ MARQUARDT NOTARY PUBLIC, STATE OF MI COUNTY OF MIDLAND MY COMMISSION EXPERS AN SI, SOIS	My commission expires 7-15-16
(YOU MAY, BUT ARE NOT REQUIRED TO, REQUEST SPECIMEN SIGNATURES BELOW. IF YOU INCLUDE S YOU MUST COMPLETE THE CERTIFICATION OPPOSITE	YOUR AGENT AND SUCCESSOR AGENTS TO PROVIDE SPECIMEN SIGNATURES IN THE POWER OF ATTORNEY, ETHE SIGNATURES OF THE AGENTS.)
Specimen signatures of agent (and successors)	I certify that the signatures of my agent (and successors) are correct
(agent)	(principal)
(successor agent)	(principal)

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(successor agent)	(principal)

(THE NAME AND ADDRESS OF THE PERSON PREPARING THIS FORM OR WHO ASSISTED THE PRINCIPAL IN COMPLETING THIS FORM SHOULD BE INSERTED BELOW)

Prepared By: John A. Zimmermann, Attorney at Law, 1425 W. Balmoral Ave., Chicago, II. 60640.

LEGAL DESCRIPTION: Attached.

STREET ADDRESS: 628 W. Wrightwood Ave., Unit 5E, Chicago, IL. 60614.

PERMANENT TAX (NOEX NUMBER: 14-28-305-064-1075

(THE SPACE ABOVE IS NOT PART OF OFFICIAL STATUTORY FORM. IT IS ONLY FOR THE AGENT'S USE IN RECORDING THIS FORM WHEN NECESSARY FOR REAL ESTATE TRANSACTIONS

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STREET ADDRESS: 628 WEST WRIGHTWOOD AVENUE

UNIT 5E

CITY: CHICAGO

COUNTY: COOK

TAX NUMBER: 14-28-305-064-1075

LEGAL DESCRIPTION:

UNITS 628-5E, P-1 AND P-41 IN THE WRIGHTWOOD COMMONS CONDOMINIUM AS DELINEATED ON A SURVEY OF THE FOLLOWING DESCRIBED REAL STATE:

PARTS OF CERTAIN LOTS IN THE SUBDIVISION OF LOT 8 IN THE COUNTY CLERK'S DIVISION OF OUTLOT 'D' IN WRIGHTWOOD, A SUBDIVISION OF THE SOUTHWEST 1/4 OF SECTION 28, TOWNSHIP 40 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS; WHICH SURVEY IS ATTACHED AS EXHIBIT "A" TO THE DECLARATION OF CONDOMINIUM RECORDED AS DOCUMENT E COM.

Dropology Or Coot Colling Clark's Office NUMBER 96293146, AS AMENDED FROM TIME TO TIME, TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS.

CLEGALD