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Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 12/08/2013 02:48 PM Pg: 1 of 4

ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

POWER OF ATTORNEY made this 4 day of OCTOBER (month) 2013 (year).

I, **STEPHANIE JORDAN a/k/a STEPHANIE OELSLIGLE, 432 SOLANO DRIVE, BENICIA, CALIFORNIA 94510** hereby appoint: **GEMMA B. DIXON, ATTORNEY AT LAW, 222 NORTH LASALLE STREET, SUITE 2160, CHICAGO, ILLINOIS 60601** 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 or below:

(a) Real estate transactions, to wit: 216 SOUTH 15TH AVENUE, MAYWOOD, ILLINOIS 60153

Legal Description:

LOTS 40 AND 41 IN BLOCK 27 IN PROVISIO LAND ASSOCIATION'S ADDITION TO MAYWOOD, IN SECTION 10, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS. P.L.N. # 15-10-401-022-0000

The powers granted above shall not include the following 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):

NONE

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 make gifts, exercise powers of appointment, name or change beneficiaries or joint tenants or revoke or amend any trust specifically referred to below):

NONE

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.

My agent shall be entitled to reasonable compensation for services rendered as agent under this power of attorney.

(X) This power of attorney shall become effective on OCTOBER 14, 2013
(insert a future date or event during your lifetime, such as court determination of your disability, when you want this power to first take effect).

(X) This power of attorney shall terminate on ~~OCTOBER 31, 2013~~ NOVEMBER 7, 2013
(insert a future date or event, such as court determination of your disability, when you want this power to terminate prior to your death).

N
A
N
Y
A

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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:

NONE

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.

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

[Signature]
(Principal) STEPHANIE JORDAN a/k/a STEPHANIE OELSLIGLE

Specimen signature of agent (and successors)

GEMMA B. DIXON

(agent)

(successor agent)

(successor agent)

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

[Signature]
STEPHANIE JORDAN a/k/a
STEPHANIE OELSLIGLE

(principal)

(principal)

State of CA)
County of SOLANO) SS



The undersigned, a notary public in and for the above county and state, certifies that STEPHANIE JORDAN a/k/a STEPHANIE OELSLIGLE 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: 11-5-13 (SEAL)

[Signature] Notary Public
My commission expires Nov 18, 2015

The undersigned witness certifies that STEPHANIE JORDAN a/k/a STEPHANIE OELSLIGLE 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: 11-5-13 (SEAL)

[Signature] Witness
11-5-13

This document was prepared by: [Signature]

LAW OFFICES OF GEMMA B DIXON
222 N. LASALLE STREET, SUITE 2160
CHICAGO, ILLINOIS 60601
TELEPHONE: (312) 658-0100
FACSIMILE: (312) 701-0063

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CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

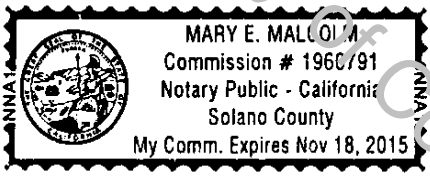
State of California

County of SOLANO

On 11/5 before me, MARY E MALCOLM - NOTARY PUBLIC
Date Here Insert Name and Title of the Officer

personally appeared STEPHANIE RENAE OELSLEIGLE JORDAN
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature Mary E. Malcolm
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: ILL. STATUTORY SHORT FORM BOND OF ATTORNEY FOR PROPERTY

Document Date: OCT 4, 2013 Number of Pages: 2

Signer(s) Other Than Named Above: SAME

Capacity(ies) Claimed by Signer(s)

Signer's Name: STEPHANIE JORDAN

- Individual
- Corporate Officer — Title(s): _____
- Partner — Limited General
- Attorney in Fact
- Trustee
- Guardian or Conservator
- Other: _____



Signer Is Representing: _____

Signer's Name: _____

- Individual
- Corporate Officer — Title(s): _____
- Partner — Limited General
- Attorney in Fact
- Trustee
- Guardian or Conservator
- Other: _____



Signer Is Representing: _____

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EXHIBIT A

LEGAL DESCRIPTION

Legal Description: LOTS 40 AND 41 IN BLOCK 27 IN PROVISO LAND ASSOCIATION'S ADDITION TO MAYWOOD, IN SECTION 10, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index #'s: 15-10-401-022-0000 Vol. 0162

Property Address: 216 South 15th Avenue, Maywood, Illinois 60153-1422

Property of Cook County Clerk's Office