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**ILLINOIS STATUTORY** SHORT FORM POWER OF

ATTORNEY FOR PROPERTY (NOTICE: THE PURPOSE OF THIS

Doc#: 1408535003 Fee: \$72.00 RHSP Fee:\$9.00 RPRF Fee: \$1.00 Karen A. Yarbrough

Cook County Recorder of Deeds Date: 03/26/2014 08:29 AM Pg: 1 of 5

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 ! ROPERTY WITHOUT

ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. THIS FORM

Property Address: 919 West Fullerton Avenue Chicago, Illinois 60614

DOES NOT IMPOST A DUTY ON YOUR AGENT TO EXERCISE GRANTED POWERS; BUT WHEN POWERS ARE EXERCISED, YOUR AGENT WILL VAVE TO USE DUE CARE TO ACT FOR YOUR BENEFIT AND IN ACCORDANCE WITH THE FORM AND KEEP A RECORD OF RECEIPTS, DISBURSEMENTS AND SIGNIFICANT ACTIONS TAKENAS 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 LIFETIME, EVEN AFTER YOU BECOME DISABLED. THE FOWERS YOU GIVE YOUR AGENT ARE EXPLAINED MORE FULLY IN SECTION 3-4 OF THE ILL'NOIS "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 THER IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU.) Clart's Offica

POWER OF ATTORNEY made this 24th day of February, 2014.

1. I, Megan Duffy Rostan 415 West Superior, Unit 400 Chicago, Illinois 60654

Hereby appoints:

**Timothy Rostan** 415 West Superior, Unit 400 Chicago, Illinois 60654

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 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.)

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(a) Real estate-transactions.

Specific to the real estate transaction

(b) Financial institution transactions.

919 West Fullerton Avenue

(c) Stock and bond transactions.

Chicago, Illinois 60614

(C) Stook and cond 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:
- (i) Saims and litigation.
- (k) Commodity and option transactions.
- (1) Business operations.
- (m) Borrowing transactions.
- (n) Estate Armenotions.
- (0) All other we sety powers and transactions.

(LIMITATIONS ON AND ADDITIONS TO THE AGENT'S POWERS MAY BE INCLUDED IN THIS POWER OF ATTORNEY IF THEY ARE SPECIFICALLY DESCRIBED BELOW.)

following particulars (here you may include any specific limitations you deem appropriate, prohibition or conditions on the sale of particular stock or real estate or special rules on borrow agent):	such as a ring by the
(N/-A)	
Α	• • • • • • • • • • • • • • • • • • • •
3. In addition to the powers granted above, I grant my agent the lo'lowing powers (here you may other delegable powers including, without limitation, power to make gifts, exercise powers of approach or change beneficiaries of joint tenants or revoke or amend any true; specifically referred to	pointment,
N/A	
(YOUR AGENT WILL HAVE AUTHORITY TO EMPLOY OTHER PEACONS AS NECES	SARY TO
ENABLE THE AGENT TO PROPERLY EXERCISE THE POWERS GRANTED IN THIS FO	DRM, BUT
YOUR AGENT WILL HAVE TO MAKE ALL DISCRETIONARY DECISION.'. IF YOU'	WANT TO
GIVE YOUR AGENT THE RIGHT TO DELEGATE DESCRETIONARY DECISION	-MAKING
POWERS TO OTHERS, YOU SHOULD KEEP THE NEXT SENTENCE, OTHEWISE IT SH	OULD BE
STRUCK OUT.)	

2. The powers granted above shall not include the following powers or shall be modified or limited in the

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.

(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.

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(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:)

FOLLOWING:) 6. This power of attorney shall become effective on February 27, 2014. 7. This power of attorney shall terminate on March 31, 2014. 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: paragraph 8, a percen shall be considered to be incompetent if and while the person is a minor or an adjudicated incomposent 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 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 9 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. 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. Signed X.... Megan Duffy Rostan (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 COROSITE THE SIGNATURES OF THE AGENTS.) Specimen signatures I certify that the signatures agent (and successors) of my agent (and successors) are correct.

(THIS POWER OF ATTORNEY WILL NOT BE EFFECTIVE UNLESS IT IS NOTARIZED AND SIGNED BY AT LEAST ONE ADDITIONAL WITNESS, USING THE FORM BELOW.)

Timothy Rostan (successor agent)

Megan Duffy Rostan

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State of JUIDS	)
County of Cook	1.88

The undersigned, a notary public in and for the above county and state, certifies Megan Duffy Rostan and Timothy Rostan 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: 24 FEBRUARY 2014

Notacy Public

My commission expires MARU 28,2017

OFFICIAL SEAL
ZACHARY D. LIMBAUGH
Notary Public - State of Illinois
My Commission Expires Mar. 28, 2017

Clopping

The undersigned witness certifies that Megan Duffy Rostan and Timothy Rostan 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 acknowledge a six ning and delivering the instrument as the free and voluntary act of the principal, for the uses and purpose therein set forth. I believe him to be of sound mind and memory.

Dated:

Witness

(THE NAME AND ADDRESS OF THE PERSON PREPARING THIS FORM SHOULD BE INSERTED IF THE AGENT WILL HAVE POWER TO CONVEY ANY INTEREST IN REAL ESTATE.)

This document was prepared by:

Michelle A. Laiss LAW OFFICES OF MICHELLE A. LAISS 1530 West Fullerton Avenue Chicago, Illinois 60614

The requirement of the signature of an additional witness imposed by the amendatory Act of the 91st General Assembly applies only to instruments executed on or after the effective date of June 9th, 2000. (P.A. 86-736.)

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STREET ADDRESS: 919 W. FULLERTON AVENUE

CITY: CHICAGO COUNTY: COOK

TAX NUMBER: 14-32-204-016-0000

#### LEGAL DESCRIPTION:

PARCEL 1:

LOT 5 IN BLOCK 1 IN SEMINARY TOWNHOUSE ASSOCIATION SUBDIVISION, BEING A SUBDIVISION OF PARTS OF LOTS 1 TO 5, INCLUSIVE, AND PART OF LOT 7 IN THE COUNTY CLERK'S DIVISION OF THE NORTH 1/2 OF BLOCK 3 IN SHEFFIELD'S ADDITION TO CHICAGO IN THE EAST 1/2 OF THE NORTHEAST 1/4 OF SECTION 32, TOWNSHIP 40 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED AS DOCUMENT NUMBER 23234123, IN COOK COUNTY, ILLINOIS

PARCEL 2:

EASEMENTS APPURTEAPAT TO AND FOR THE BENEFIT OF PARCEL 1, AS SET FORTH IN THE
DECLARATION OF COVENAATS, CONDITIONS AND RESTRICTIONS AND EASEMENTS FOR SEMINARY
TOWNHOUSE RECORDED SEPTEMBER 25, 1975 AS DOCUMENT NUMBER 23234124 AND AS CREATED BY DEED
FROM MCCORMICK THEOLOGICAL SEMINARY FOR THE PURPOSE OF PASSAGE, PARKING, UTILITIES FOR
INGRESS AND EGRESS, ALL IN COOK COUNTY, ILLINOIS

