IICAGO, IL (312) 331-1922 DM	Revised June
"ILLINOIS STATUTORY SHORT FORM POWER OF AT" "(Sometimes also referred to in this Act as the "statutory pro	perty power")"
(Text of Section after amendment by P.A. 96-1195 Eff. 7/1/ **Bower of Attorney made this 15 day of JULY (month)	11) Sec. 3-3. 2014
"1. I, SUNG AH LEE 1624 OLD DEERFIELD ROAD, HIGHLAND PA	
hereby revoke all prior powers of attorney for property executed by me and appearance of the second	
(insert name and address of agent)	RK, ILLINOIS 60035
(NOTE: YOU MAY NOT NAME CO-AGENTS USINGTHIS FORM.) as my attorn: y-in-fact (my "agent") to act for me and in my name (in any w to the following powers, as defined in Section 3-4 of the "Statutory Short Law" (including all amendments), but subject to any limitations on or addition paragraph 2 or 3 bolow: (NOTE: YOU MUST STRIKE OUT ANY ONE OR MORE OF THE FOLLOWING	Form Power of Attorney for Property ns to the specified powers inserted in
WANTYOUR AGENT TO HAVE. FAILURE TO STRIKE THE TITLE OF ANY CATEGORY INTHAT CATEGORY TO BE GRANTED TO THE AGENT. TO STRIKE OUT A CATEGOR THE TITLE OF THAT CATEGORY.)	WILL CALISETHE DOWERS DESCRIBED
(b) Financial institution transactions. (c) Stock and bond transactions. (d) Tangible personal property transactions. (l)	Tax matters. Claims and litigation. Commodity and option transactions. Business operations.
(f) Insurance and annuity transactions: (g) Retirement plan transactions. (h) Secial Security, employment and military service accordits. (NOTE: LIMITATIONS ON AND ADDITIONS TO THE AGENT'S POWERS M	Borrowing transactions. Estate transactions. All other property transactions. IAY BE INCLUDED IN THIS POWER OF
2. The powers granted above shall not include the following privers or following particulars:	shall be modified or limited in the
(NOTE: HEREYOU MAY INCLUDE ANY SPECIFIC LIMITATIONS YOU DEEM A OR CONDITIONS ON THE SALE OF PARTICULAR STOCK OR REAL ESTATE OR SEAGENT.)	EDIAL RULES ON BORROWING BYTHE
NONE OTHER THAN AS PROVIDED ABOV	
	- Doc#: 1425539067 Fee: \$80.00 RHSP Fee:\$9.00 RERF Fee: \$1.00 Karen A.Yarbrough Cook County Recorder of Deeds
3. In addition to the powers granted above, I grant my agent the following	
(NOTE: HERE YOU MAY ADD ANY OTHER DELEGABLE POWERS INCLUDING MAKE GIFTS, EXERCISE POWERS OF APPOINTMENT, NAME OR CHANGE BEN REVOKE OR AMEND ANYTRUST SPECIFICALLY REFERRED TO BELOW.)	NG, WITHOUT LIMITATION, POWER TO NEFICIARIES OR JOINT TENANTS OR
NONE NONE	S N/
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	SC_y
	INT TO

ORIGINAL COPY-WRITTEN FORM WAS PRINTED AS A 4 PAGE BOOKLET 2 Page 1 OF 4

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UNOFFICIAL COPY OF Attorney Act Official Statutory Form 755 ILCS 4445/3-3, Effective July, 2011 Revised June 2011

AMERICAN LEGAL FORMS © 1990 Form No. 800 CHICAGO, IL (312) 332-1922

Revised June 2011

(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. IFYOU WANTTO GIVEYOUR AGENTTHE RIGHTTO 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

attorney at the time of	ed by any agent (including any successor) named by me who is acting under this power of f reference.
(NOTE: YOUR AC ACTING UNDER THIS F BE ENTITLED TO REAS	SENT WILL BE ENTITLED TO REIMBURSEMENT FOR ALL REASONABLE EXPENSES INCURRED IN POWER OF ATTORNEY. STRIKE OUT PARAGRAPH 5 IF YOU DO NOT WANT YOUR AGENT TO ALSO ONABLE COMPENSATION FOR SERVICES AS AGENT.)
5. My agent sha	Il be entitled to reasonable compensation for services rendered as agent under this power
ABSENT AMENDMENT	VEN OF ATTORNEY MAY BE AMENDED OR REVOKED BYYOU AT ANYTIME AND IN ANY MANNER TOP, REVOCATION, THE AUTHORITY GRANTED IN THIS POWER OF ATTORNEY WILL BECOME ETHIS POWER IS SIGNED AND WILL CONTINUE UNTIL YOUR DEATH, UNLESS A LIMITATION ON E OR DUTATION IS MADE BY INITIALING AND COMPLETING ONE OR BOTH OF PARAGRAPHS (
•	wer of attorney shall become effective onJULY 15, 2014
0. () This po	Well of automorphism accounts on
(NOTE: INSERT YOUR DISABILITY OR WANTTHIS POWERTO	
7. () This po	ower of attorney shall terminate onAUGUST 31, 2014
LEGAL DISABILITY OF WANTTHIS POWERTO	A FUTURE DATE OR EVENT, SUCH AS A COURT DETERMINATION THAT YOU ARE NOT UNDER A A WRITTEN DETERMINATION BY YOUR PHYSICIAN THAT YOU ARE NOT INCAPACITATED, IF YOU DETERMINATE PRIOR TO YOUR DEATH.)
(NOTE: IFYOU W SUCCESSOR AGENT I	VISHTO NAME ONE OR MORE SUCCESSOR AGENTS, INSERTTHE NAME AND ADDRESS OF EACH N PARAGRAPH 8.)
8 If any agent i	named by me shall die, become incompetent, resign or refuse to accept the office of agent
I name the following	Longh to not along and successively, in the order named) as successor(s) to such agent
I figure the following	(each to act alone and successively, in the order named) as successor(s) to such agent:
Trianic die tonovanig	N / A
	N/A
For purposes of this minor or an adjudic consideration to bu	s paragraph 8, a person shall be considered to be incompetent if and while the person is ated incompetent or disabled person or the person is unable to give prompt and intelligent is matters, as certified by a licensed physician.
For purposes of this minor or an adjudic consideration to bu (NOTE: IF YOU THAT ONE SHOULD EIF THE COURT FINDS PARAGRAPH 9 IFYOU	IN / A Separagraph 8, a person shall be considered to be incompetent if and while the person is ated incompetent or disabled person or the person is unable to give prompt and intelligent is in the person is unable to give prompt and intelligent is in the person is unable to give prompt and intelligent is in the person is unable to give prompt and intelligent is in the person is unable to give prompt and intelligent in the person is unable to give
For purposes of this minor or an adjudic consideration to bu (NOTE: IF YOU THAT ONE SHOULD EIF THE COURT FINDS PARAGRAPH 9 IFYOU 9. If a guardian attorney as such guardian	s paragraph 8, a person shall be considered to be incompetent if and while the person is ated incompetent or disabled person or the person is unable to give prompt and intelligences matters, as certified by a licensed physician. WISH TO, YOU MAY NAME YOUR AGENT AS GUARDIAN OF YOUR ESTATE IF A COURT DECIDE BE APPOINTED. TO DOTHIS, RETAIN PARAGRAPH 9, AND THE COURT WILL APPOINT YOUR AGENT THIS APPOINTMENT WILL SERVE YOUR BEST INTERESTS AND WELFARE. STRIKE OUT DO NOT WANT YOUR AGENT TO ACT AS GUARDIAN.) of my estate (my property) is to be appointed, I nominate the agent acting under this power cardian, to serve without bond or security.
For purposes of this minor or an adjudic consideration to bu (NOTE: IF YOU THAT ONE SHOULD E IF THE COURT FINDS PARAGRAPH 9 IF YOU 9. If a guardian attorney as such guardian fully in	S paragraph 8, a person shall be considered to be incompetent if and which the person is ated incompetent or disabled person or the person is unable to give prompt and intelligent is in a count of the person is unable to give prompt and intelligent is in a count of the person is unable to give prompt and intelligent is in a count of the person is unable to give prompt and intelligent is in a count of the person is unable to give prompt and intelligent in the person is unable to give prompt and intelli
For purposes of this minor or an adjudic consideration to bu (NOTE: IF YOU THAT ONE SHOULD EIF THE COURT FINDS PARAGRAPH 9 IFYOU 9. If a guardian attorney as such guardian attorney as such guardian to my agent. (NOTE: THIS FOLAW OR OTHERWISE AUTHORIZEDTO PRA	S paragraph 8, a person shall be considered to be incompetent if and vinite the person is ated incompetent or disabled person or the person is unable to give prompt and intelligents in the person is unable to give prompt and intelligents as certified by a licensed physician. WISH TO, YOU MAY NAME YOUR AGENT AS GUARDIAN OF YOUR ESTATE IF A COURT DECIDE BE APPOINTED. TO DO THIS, RETAIN PARAGRAPH 9, AND THE COURT WILL APPOINT YOUR AGENT AS THAT THIS APPOINTMENT WILL SERVE YOUR BEST INTERESTS AND WELFARE. STRIKE OUT DO NOT WANT YOUR AGENT TO ACT AS GUARDIAN.) of my estate (my property) is to be appointed, I nominate the agent acting under this power of the serve without bond or security. formed as to all the contents of this form and understand the full import of this grant of power of the property of the property. FIGHT DOES NOT AUTHORIZE YOUR AGENT TO APPEAR IN COURT FOR YOU AS AN ATTORNEY ARE TO ENGAGE IN THE PRACTICE OF LAW UNLESS HE OR SHE IS A LICENSED ATTORNEY WHO INCIDE LAW IN ILLINOIS.)
For purposes of this minor or an adjudic consideration to bu (NOTE: IF YOU THAT ONE SHOULD EIF THE COURT FINDS PARAGRAPH 9 IFYOU 9. If a guardian attorney as such guardian attorney as such guardian to my agent. (NOTE: THIS FOLAW OR OTHERWISE AUTHORIZEDTO PRA	s paragraph 8, a person shall be considered to be incompetent if and while the person is ated incompetent or disabled person or the person is unable to give prompt and intelligensiness matters, as certified by a licensed physician. WISH TO, YOU MAY NAME YOUR AGENT AS GUARDIAN OF YOUR ESTATE IF A COURT DECIDE APPOINTED. TO DOTHIS, RETAIN PARAGRAPH 9, AND THE COURT WILL APPOINT YOUR AGENT THIS APPOINTMENT WILL SERVE YOUR BEST INTERESTS AND WELFARE. STRIKE OUT ON ON WANTYOUR AGENT TO ACT AS GUARDIAN.) of my estate (my property) is to be appointed, I nominate the agent acting under this power of the serve without bond or security. formed as to all the contents of this form and understand the full import of this grant of power of the property
For purposes of this minor or an adjudic consideration to bu (NOTE: IF YOU THAT ONE SHOULD EIF THE COURT FINDS PARAGRAPH 9 IFYOU 9. If a guardian attorney as such guardian attorney as such guardian to my agent. (NOTE: THIS FOLAW OR OTHERWISE AUTHORIZEDTO PRA	s paragraph 8, a person shall be considered to be incompetent if and vinite the person is ated incompetent or disabled person or the person is unable to give prompt and intelligents in siness matters, as certified by a licensed physician. WISH TO, YOU MAY NAME YOUR AGENT AS GUARDIAN OF YOUR ESTATE IF A COUNT DECIDE BE APPOINTED. TO DOTHIS, RETAIN PARAGRAPH 9, AND THE COURT WILL APPOINT YOUR AGENT THIS APPOINTMENT WILL SERVE YOUR BEST INTERESTS AND WELFARE. STRIKE OUT DO NOT WANT YOUR AGENT TO ACT AS GUARDIAN.) of my estate (my property) is to be appointed, I nominate the agent acting under this power of the serve without bond or security. formed as to all the contents of this form and understand the full import of this grant of power of the property of
For purposes of this minor or an adjudic consideration to bu (NOTE: IF YOU THAT ONE SHOULD EIF THE COURT FINDS PARAGRAPH 9 IFYOU 9. If a guardian attorney as such guardian attorney as such guardian to my agent. (NOTE: THIS FOLAW OR OTHERWISE AUTHORIZED TO PRA 11. The Notice Dated: JULY	s paragraph 8, a person shall be considered to be incompetent if and vinite the person is ated incompetent or disabled person or the person is unable to give prompt and intelligents in siness matters, as certified by a licensed physician. WISH TO, YOU MAY NAME YOUR AGENT AS GUARDIAN OF YOUR ESTATE IF A COUNT DECIDE BE APPOINTED. TO DOTHIS, RETAIN PARAGRAPH 9, AND THE COURT WILL APPOINT YOUR AGENT THIS APPOINTMENT WILL SERVE YOUR BEST INTERESTS AND WELFARE. STRIKE OUT DO NOT WANT YOUR AGENT TO ACT AS GUARDIAN.) of my estate (my property) is to be appointed, I nominate the agent acting under this power of the serve without bond or security. formed as to all the contents of this form and understand the full import of this grant of power of the property of the practice of the UNLESS HE OR SHE IS A LICENSED ATTORNEY WHO IS CITICE LAW IN ILLINOIS.) TO Agent is incorporated by reference and included as "(a separate)" part of this form 15. 2014

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AMERICAN LEGAL FORMS © 1990 Form No. 800 CHICAGO, IL (312) 332-1922

Illinois Power of Attorney Act Official Statutory Form 755 ILCS 4445/3-3, Effective July, 2011 Revised June 2011

(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. IFYOU 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.

(NOTE, THIS POWER OF ATTORNEY MAY BE AMENDED OR REVOKED BYYOU AT ANYTIME AND IN ANY MANNER. ABSENT AMENDMENT OR REVOCATION, THE AUTHORITY GRANTED IN THIS POWER OF ATTORNEY WILL BECOME EFFECTIVE ATTHETIMETHIS 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:)

AND 7:)		, ,		4			· — · · · · · ·		• · · · • · · · · · · · · · · · · · · ·	WOUNT IN
6. (}	This pow	er of attorney	shall becom	e effective o	n	JULY 1	5, 2014		r:
		······		*	·					
10011 DIC	טרונ		FUTURE DAT WRITTEN DE IRSTTAKE EF	E OR EVENT (TEAM NATION FECT)	DURING YOU I BY YOUR PI	R LIFETIN HYSICIAN	ME, SUCH THAT YOU	AS A COU ARE INC.	RT DETERM APACITATED	INATION OF , WHEN YOU
7. ()	This pov	er of attorne	y shail is min:	ate on	<u> </u>	AUGUST	31, 201	4	
				4						
WANTTH	IS P	OWERTOT	ERMINATE PE	E OR EVENT, S TERMINATION NORTOYOUR	N BY YOUR PI	HYSICIAN	THATYOU	ARE NOT	INCAPACITA	ATED, IFYOU
(NC	TE:	IFYOU WIS	HTO NAME O	NE OR MORE	SUCCESSOF	RAGENTS	, INSERTT	HE NAME	AND ADDRE	SS OF EACH
8. If I name th	any ie fo	y agent na ollowing (med by me sl each to act a	hall die, beco lone and suc	me incompe cessively, in	etant, resi the orde	ign or refu er named)	ise to acc as succe	ept the offic ssor(s) to s	ce of agent , uch agent:
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						-	4	Ó		
consider	an	aujuuicau on to busii	eu incompete iess matters	a person shal ent or disable , as certified	d person or by a license	the perse ed physic	on is unal ian.	ole to give	prompt an	d intelligent
(NO THAT ONE IF THE CO	TE: E SH OUR	IF YOU W IOULD BE , T FINDS T	SH TO, YOU N APPOINTED. T HAT THIS APP	MAY NAME YO O DO THIS, RE POINTMENT W OUR AGENTT	OUR AGENT TAIN PARAG	AS GUAR RAPH 9, A	DIAN OFY			
9. If	a g	uardian of	my estate (m	y property) is t	to be appoin	ted, I non	ninate the	agent act	ing under th	nis 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.

(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.)

11. The Notice to Agent is incorporated by reference and included as "(a separate)" part of this form.

Dated: <u>JULY 15, 2014</u>

Signed ______ (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.)

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and the notary public and acknowledged signing an act of the principal, for the uses and purposes there and memory. The undersigned witness also certifies mental health service provider or a relative of the ph of an owner or operator of a health care facility in wisibling, descendant, or any spouse of such parent, sib	AH LEE , known to me to be the same ne foregoing power of attorney, appeared before me d delivering the instrument as the free and voluntary sin set forth. I believe him or her to be of sound mind that the witness is not: (a) the attending physician or ysician or provider; (b) an owner, operator, or relative nich the principal is a patient or resident; (c) a parent, ling, or descendant of either the principal or any agent transport whether such relationship is by blood, marriage, the foregoing power of attorney.		
Dated: <u>JULY 15, 2014</u>	Signed witness		
WITNESS. IFYOU WISHTO HAVE A SECOND WITNESS, HAV	T OTHER JURISDICTIONS MAY REQUIRE MORE THAN ONE E HIM OR HER CERTIFY AND SIGN HERE:)		
(Second witness) The undersigned witness certifies that			
Dated:	Signed		
State of <u>ILLINOIS</u>)	witness		
County of COOK SS.			
The undersigned, a notary public in and for the above coul	nty and state, cortifies that <u>SUNG_AH_LEE</u>		
known to me to be the same person whose name is sub			
appeared before me and the witness(es) MICHA	EL DIAMENT		
(and)	in person and acknowled; ed ; igning and delivering the		
instrument as the free and voluntary act of the principal, for			
certified to the correctness of the signature(s) of the agen			
Dated: JULY 15, 2014	1000 Jenne		
OFFICE PHILLIP G	L SEAL ROSSMAN (Notary Public)		
	ST YOUR AGENT AND SUCCESSOR AGENTS TO PROVIDE N SIGNATURES IN THIS POWER OF ATTORNEY YOU AND TO		
Specimen signatures of agent (and successors)	I certify that the signatures of my agent (and successors) are genuine.		
(agent)	(principal)		
(successor agent)	(principal)		
(successor agent)	(principal)		
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Illinois Power of Attorney Act Official Statutory Form 755 ILCS 4445/3-3, Effective July, 2011 Revised June 2011

(NOTE: THE NAME, ADDRESS, AND PHONE NUMBER OF THE PRINCIPAL IN COMPLETING THIS FORM SHOULD BE INSE	THE PERSON PREPARINGTHIS FORM OR WHO ASSISTED ERTED BELOW.) On a mai 1-to:
PHILLIP GROSSMAN NAME:	913 FOUNTAIN VIEW ADDRESS
847-673-4555 PHONE:	DEERFIELD, ILLINOIS 60015
(Source: P.A. 96-1195, eff. 7-1-11.)	
THE SPACE BELOW IS NOT PART OF THE OFFICIAL STATUTORY FORM. IT IS FOR THE AGENT'S US	E IN RECORDING THIS FORM WHEN NECESSARY FOR THE REAL ESTATE TRANSACTIONS.
NAME	
STREET ADDRESS	
ADDRESS CITY STATE	
STATE	
ZIP	
OR RECORDER'S OFFICE BOX NO	
LEUAL DESCRIPTION	
	The Above Space for Recorder's Use Only)
	The Above opace for necuraers use utily)
Se attached legal	
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and the state of t	Note that a section of
	The state of the s
STREET ADDRESS:	
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The undersigned witness certifies that				
Dated: <u>JULY 15, 2014</u>	Signed witness			
WITNESS. IFYOU WISHTO PAVE A SECOND W	WITNESS, BUT OTHER JURISDICTIONS MAY REQUIRE MORE THAN ONE VITNESS, HAVE HIM OR HER CERTIFY AND SIGN HERE:)			
(Second witness) The undersigned witness certifies that				
Dated:	Signedwitness			
State of ILLINOIS	Minie22			
State of <u>ILLINOIS</u> County of <u>COOK</u>				
The undersigned, a notary public in and for the above county and state, certifies that SUNG AH LEE ,				
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)	MICHAEL DIAMOND T			
(and) in person and acknowledged signing and delivering the			
•	the principal, for the uses and p yrposes therein set jorin i, and			
certified to the correctness of the signature				
Dated: <u>JULY 15, 2014</u>	OFFICIAL SEAL (Notary Public)			
	MOTARY PURE IC - STATE OF WARMAN			
My commission expires				
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.			
(agent)	(principal)			
(successor agent)	(principal)			
(successor agent)	(principal)			

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60077

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CHICAGO TITLE INSURANCE COMPANY

ORDER NUMBER: 1409 ST5152050 SNC

STREET ADDRESS: 5027 W. BRUMMEL ST.

CITY: SKOKIE

COUNTY: COOK

TAX NUMBER: 10-28-226-043-0000

LEGAL DESCRIPTION:

LOT 8 AND LOT 9 (EXCEPT THE WEST 16 FEET THEREOF) IN BLOCK 1 IN GEORGE F. NIXONS HOWARD AVENUS ADDITION TO NILES CENTER, BEING A SUBDIVISION OF THE SOUTHEAST 1/4 THE TI.

CONTROL

CON OF THE SOUTHWEST 1/4 OF THE NORTHEAST 1/4 OF SECTION 28, TOWNSHIP 41 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

LEGALD

BJM

07/21/14