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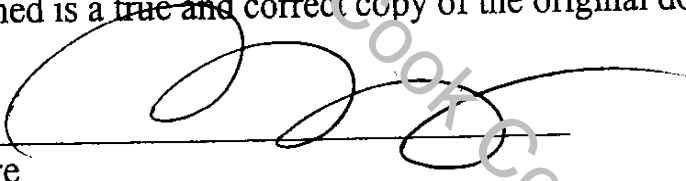
Doc#: 1432833080 Fee: \$172.00
RHSP Fee: \$9.00 RPHF Fee: \$1.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 11/24/2014 03:03 PM Pg: 1 of 30

I, THE UNDERSIGNED
of First American Title Company do
hereby certify that the Durable Power of Attorney
dated 1-14-2000, made between

NANCY Y. KAIHATSU
and

JANE KAIHATSU

was present to First American Title Company for Recordation. Further That said Durable Power of Attorney has been lost and the attached is a true and correct copy of the original document.


Signature

State of Illinois
County of COOK

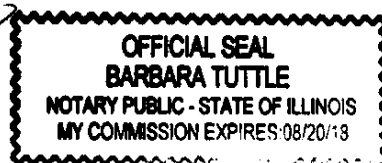
FIRST AMERICAN TITLE
ORDER # 2576904
267

I, the undersigned, a Notary Public in and for said county in the state of Illinois, certify that THE ABOVE SIGNED of First American Title Company personally known to me to be the same person whose name is personally known to me to be the same person whose name is subscribed and sworn to in the foregoing instrument, appeared before me this date in person and acknowledged that he/she signed and delivered the said instrument as his/her own free and voluntary act for the use and purpose therein set forth.

Given under my hand and seal this 22 Day of OCTOBER, 2014

Barbara Tuttle
Notary Public

Commission Expiration Date: 8/20/2018



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DURABLE POWER OF ATTORNEY

FOR MANAGEMENT OF PROPERTY AND PERSONAL AFFAIRS

PRINCIPAL: NANCY Y. KAIHATSU

AGENTS: JANE KAIHATSU AND OMAR KAIHATSU

I, Nancy Y. Kaihatsu, a resident of San Diego County, California, appoint Jane Kaihatsu of 5209 N. Wayne Avenue, Chicago, Illinois 60640, whose telephone number is (773) 506-7426, and Omar Kaihatsu of 703 Limerick Lane, Unit 1D, Schramberg, Illinois 60193, whose telephone number is (847) 985-3112, each of them severally and not jointly, as my attorneys in fact, and they shall be referred to in this power of attorney as "my attorney in fact." Each of these persons, acting alone, shall have full power and authority to act on my behalf under the terms of this power of attorney.

I intend to create a Durable Power of Attorney (herein referred to as "this Power") pursuant to California Probate Code Section 4000 and following, specifically including the Uniform Durable Power of Attorney Act but specifically not including Section 4600 and following relating to health care. This Power is effective immediately upon its execution and shall not be affected by my subsequent disability or incapacity.

I give my attorneys in fact the powers specified in this Power with the understanding that they will be used for my benefit and on my behalf and will be exercised only in a fiduciary capacity.

ARTICLE ONE

POWERS

1.1. Real and Personal Property. I give my attorneys in fact the power to take any actions

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they believe necessary or desirable for the management or maintenance of any real or personal property in which I own an interest when this Power is executed, or in which I later acquire an interest, including the power to acquire, sell, and convey ownership of property; control the manner in which property is managed, maintained, and used; change the form of title in which property is held; satisfy and grant security interests and other encumbrances on property; obtain and make claims on insurance policies covering risks of loss or damage to property; accept or remove tenants; collect proceeds generated by property; ensure that any needed repairs are made to property; exercise rights of participation in real estate syndicates or other real estate ventures; make improvements to property; and perform any other acts described in California Probate Code Sections 4451 and 4452, except those acts that conflict with or are limited by a more specific provision in this Power.

1.2. Securities. I give my attorneys in fact the power to take any actions they believe necessary or desirable with respect to any securities that I own when this Power becomes effective, or that are acquired thereafter, including the power to purchase and sell securities; exercise voting rights with respect to securities; collect dividends, interest, and any other proceeds generated by securities; transfer title to securities; and perform any other acts described in California Probate Code Section 4453, except those acts that conflict with or are limited by a more specific provision in this Power. For the purposes of this paragraph, the term "securities" includes stocks, bonds, mutual funds, and all other types of securities and financial instruments, except commodity futures contracts and call and put options on stocks and stock indexes.

1.3. Financial Institutions. I give my attorneys in fact the power to take any actions they believe necessary or desirable in connection with any financial institution in which I have an

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account or an interest in an account when this Power is executed, or in which I later acquire an account or an interest in an account, including the power to continue, modify, or terminate existing accounts; open new accounts; draw, endorse, and deposit checks, drafts, and other negotiable instruments; prepare, receive, and deliver financial statements; establish, maintain, or close safe deposit boxes; borrow money; apply for and receive travelers checks and letters of credit; extend payment periods with respect to commercial paper; and perform any other acts described in California Probate Code Section 4455, except those acts that conflict with or are limited by a more specific provision in this Power. For the purposes of this paragraph, the term "financial institution" includes, but is not limited to, banks, trust companies, savings banks, commercial banks, building and loan associations, savings and loan companies or associations, credit unions, industrial loan companies, thrift companies, and brokerage firms.

1.4. Insurance and Annuities. I give my attorneys in fact the power to take any actions they believe necessary or desirable with respect to any insurance or annuity contracts in which I have an interest when this Power is executed, or in which I later acquire an interest, including the power to acquire additional insurance coverage of any type or additional annuities; continue existing insurance or annuity contracts; agree to modifications in the terms of insurance or annuity contracts in which I have an interest; borrow against insurance or annuity contracts in which I have an interest, to the extent allowed under the contract terms; change beneficiaries under existing contracts and name beneficiaries under new contracts, but not including the power to designate themselves as the beneficiaries; receive dividends, proceeds, and other benefits generated by the contracts; transfer interests in insurance or annuity contracts to the extent permitted under the terms of those contracts; and perform any other acts described in California

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Probate Code Section 4457, except those acts that conflict with or are limited by a more specific provision in this Power.

1.5. Retirement Plans. I give my attorneys in fact the power to take any actions they believe necessary or desirable in order to maintain or participate in any retirement plan in which I have an interest when this Power is executed, or in which I later acquire an interest, including the power to select the manner in which benefits under the plan are to be paid; designate beneficiaries under the plan, but not including the power to designate themselves as the beneficiaries; make voluntary contributions to the plan; make rollovers from one plan into another; to the extent authorized by the plan, borrow from the plan and sell the assets of the plan; and perform any other acts described in California Probate Code Section 4462, except those acts that conflict with or are limited by a more specific provision in this Power.

1.6. Estate, Trust, and Other Beneficiary Transactions. I give my attorneys in fact the power to take any actions they believe necessary or desirable in order to act, to the extent an agent is permitted to do so by law and by any controlling instrument, with respect to any estate or trust in which I have an interest when this Power is executed, or in which I later acquire an interest, including the power to receive payments to which I am entitled from any estate or trust; participate in all proceedings concerning any estate or trust in which I have an interest; execute disclaimers of any interests I may have in any estate or trust; convey or release any contingent interests I may have in any estate or trust; make any election available to a surviving spouse under California Probate Code Section 13502 or 13503; and perform any other acts described in California Probate Code Section 4458, except those acts that conflict with or are limited by a more specific provision in this Power. For the purposes of this paragraph, the term "estate or

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trustⁿ means all matters that affect a trust, probate estate, guardianship, conservatorship, escrow, custodianship, or other fund from which I am, may become, or claim to be entitled, as a beneficiary, to a share or payment. The powers described in this paragraph do not include the power to create, modify, or revoke trusts.

1.7. Power to Create, Modify, and Revoke Trusts. I give my attorneys in fact the power to take any action they believe necessary or desirable with respect to trusts that exist when this Power is executed or that are established thereafter (other than powers that I hold in a fiduciary capacity or solely by virtue of being a beneficiary of any trust), including the power to establish trusts for my benefit or the benefit of my issue and any other of my dependents; contribute or transfer assets to any trust in which I have an interest; and exercise any power I may have as an individual (not as a fiduciary), other than as a trust beneficiary, such as borrowing trust assets, amending or revoking a trust agreement, and voting shares of stock, but subject to the limitation that any trust I have created may be modified or revoked by my attorney in fact only if expressly permitted by the trust instrument. This paragraph shall not be construed as limiting the authority of my attorney in fact to exercise any power, with respect to trusts, that I may hold in a fiduciary capacity or as a trust beneficiary, to the extent that such authority is specifically given elsewhere in this Power.

1.8. Claims and Litigation. I give my attorneys in fact the power to take any actions they believe necessary or desirable with respect to any claim that I may have or that has been asserted against me and with respect to any legal proceeding in which I have an interest when this Power is executed, or in which I later acquire an interest, including the power to institute, prosecute, and defend legal proceedings and claims on my behalf; file actions to determine adverse claims,

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intervene in litigation, and act as amicus curiae in any proceedings affecting my interests; seek preliminary, provisional, or intermediate relief on my behalf; apply for the enforcement or satisfaction of judgments that have been rendered in my favor; participate fully in the development of claims and proceedings; submit any dispute in which I have an interest to arbitration; submit and accept settlement offers and participate in settlement negotiations; handle all procedural aspects, such as service of process, filing of appeals, stipulations, verifications, waivers, and all other matters in any way affecting the process of any claim or litigation; fully participate in any voluntary or involuntary bankruptcy proceeding involving me or in which I am a claimant; satisfy judgments that have been rendered against me; and perform any other acts described in California Probate Code Section 4459, except those acts that conflict with or are limited by a more specific provision in this Power.

1.9. Tax Matters. For any tax year for which the statute of limitations has not run and to the tax year in which this durable power of attorney was executed and any subsequent tax year, I give my attorneys in fact the power to prepare and file any and all documents and take all actions that are necessary or that they believe to be desirable with respect to my local, state, or federal tax liability, including the power to participate in audits; exercise my rights to protest and appeal assessments; pay amounts due to the appropriate taxing authority; execute waivers, contracts, closing agreements, and similar documents related to my tax liability; participate in all procedural matters connected with my tax liability; exercise any elections that may be available to me under applicable state or federal tax laws or regulations; and perform any other acts described in California Probate Code Section 4463, except those acts that conflict with or are limited by a more specific provision in this Power. My Social Security number is 336-60-2307.

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1.10. Personal and Family Maintenance. I give my attorneys in fact the power to take any actions they believe necessary or desirable in order to effectively conduct my personal affairs and to discharge any and all obligations I may owe to myself and to family members and other third persons who are customarily or legally entitled to my support when this Power is executed, or that are undertaken thereafter, including the power to take steps to ensure that our customary standard of living is maintained; arrange for medical and dental care; continue existing charge accounts, open new charge accounts, and make payments thereon; provide for transportation; maintain correspondence; prepare, maintain, and preserve personal records and documents; maintain membership in any social, religious, or professional organization and make contributions thereto; and perform any other acts described in California Probate Code Section 4460, except those acts that conflict with or are limited by a more specific provision in this Power.

1.11. Funeral and Burial. I give my attorneys in fact the power to arrange for my funeral or other memorial service and for burial or cremation of my remains, including the purchase of a burial plot or other place for interment of my remains or ashes.

1.12. Government Benefits. With respect to any government benefits either existing when this Power is executed or accruing thereafter, whether in this state or elsewhere, I give my attorneys in fact the power to take all actions they believe necessary or desirable, including the power to execute and deliver vouchers related to government benefits; take possession of and store property as allowed under any government benefit program in which I have an interest; prepare and submit claims for government benefits to which I may be entitled; collect proceeds due to me under any government benefit plan; and perform any other acts described in California Probate Code Section 4461, except those acts that conflict with or are limited by a more specific

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provision in this Power. For the purposes of this paragraph, the term "government benefits" means benefits from social security, medicare, medicaid, or other governmental programs, or from civil or military service.

1.13. Power to Nominate Conservator. If proceedings are initiated for the appointment of a conservator of my person or my estate or both, I authorize my attorneys in fact to nominate whatever individual in their discretion they believe appropriate as conservator of my person or my estate or both, including themselves. I authorize my attorneys in fact to waive the requirement of a bond for any person appointed, if they believe such a waiver is appropriate.

1.14. All Other Matters. Except for those actions that conflict with or are limited by another provision in this Power, I give my attorneys in fact the power to act as my alter ego with respect to all matters and affairs that are not included in the other provisions in this Power, to the extent that a principal can act through an agent. This paragraph does not authorize my attorneys in fact to make health care decisions, as defined in California Probate Code Section 4612.

1.15. Incidental Powers. In connection with the exercise of any of the powers described in the preceding paragraphs, I give my attorneys in fact full authority, to the extent that a principal can act through an agent, to take all actions that they believe necessary, proper, or convenient, to the extent that I could take such actions myself, including the power to prepare, execute, and file all documents and maintain records; enter into contracts; hire, discharge, and pay reasonable compensation to attorneys, accountants, expert witnesses, or other assistants; engage in litigation regarding a claim in favor of or against me; execute, acknowledge, seal, and deliver any instrument; and perform any other acts described in California Probate Code Section 4450, except those acts that conflict with or are limited by a more specific provision in this Power.

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ARTICLE TWO

AMPLIFYING PROVISIONS

2.1. Reimbursement for Costs and Expenses. My attorneys in fact shall be entitled to reimbursement from my property for expenditures properly made in the execution of the powers conferred by me in this Power. My attorneys in fact shall keep records of any such expenditures and reimbursement.

2.2. No Compensation. My attorneys in fact shall not be entitled to compensation for the services rendered in the execution of any of the powers conferred by me in this Power.

2.3. Reliance by Third Parties. To induce third parties to rely upon the provisions of this Power, I, for myself and on behalf of my heirs, successors, and assigns, hereby waive any privilege that may attach to information requested by my attorneys in fact in the exercise of any of the powers described herein. Moreover, on behalf of my heirs, successors, and assigns, I hereby agree to hold harmless any third party who acts in reliance upon this Power for damages or liability incurred as a result of that reliance.

2.4. Release of Medical Information. I authorize in advance all providers of health care, including hospitals, to release to my attorneys in fact all information or photocopies of any records that my attorneys in fact request. If I am able to confirm this authorization at the time of the request, third parties may seek such confirmation from me, but this authorization shall not be conditional on my confirmation. All providers of health care shall treat the request of my attorneys in fact as that of a legal representative of an incompetent patient, as contemplated by California Civil Code Section 56.11(c)(2), or any successor section, and shall honor that request on such a basis. I hereby waive any privilege applicable to such information and records, and to

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any communication pertaining to me and made in the course of a physician-patient or psychiatrist-patient relationship, and I hold the provider of health care harmless for any liability for the release of such information.

2.5. Ratification. I ratify and confirm all that my attorneys in fact do or cause to be done under the authority granted in this Power. All instruments of any sort entered into in any manner by my attorneys in fact shall bind me, my estate, my heirs, successors, and assigns.

2.6. Exculpation of My Attorneys in Fact. My attorneys in fact shall not be liable to me or any of my successors in interest for any action taken or not taken in good faith, but shall be liable for any willful misconduct or gross negligence.

2.7. Revocation and Amendment. I revoke all prior General Powers of Attorney that I may have executed and I retain the right to revoke or amend this document and to substitute other attorneys in fact in place of my attorneys in fact. Amendments to this document shall be made in writing by me personally (not by my attorneys in fact) and they shall be attached to the original of this document and recorded in the same county or counties as the original if the original is recorded.

ARTICLE THREE

GENERAL PROVISIONS

3.1. Signature of Attorney in Fact. Jane Kaihatsu, when acting as my attorney in fact, shall use the following form when signing on my behalf pursuant to this Power: "Nancy Y. Kaihatsu by Jane Kaihatsu, her attorney in fact." Omar Kaihatsu, when acting as my attorney in fact, shall use the following form when signing on my behalf pursuant to this Power: "Nancy Y.

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Kaihatsu by Omar Kaihatsu, her attorney in fact."

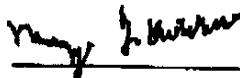
3.2. Photostatic Copies. Persons dealing with my attorneys in fact may rely fully on a photostatic copy of this Power.

3.3. Severability. If any of the provisions of this Power are found to be invalid for any reason, such invalidity shall not affect any of the other provisions of this Power, and all invalid provisions shall be wholly disregarded.

3.4. Governing Law. All questions pertaining to validity, interpretation, and administration of this Power shall be determined in accordance with the laws of California.

3.5. Explanation of Durable Power for Property Management. I understand that this Power is an important legal document. Before executing this document, my lawyer explained to me the following: (1) this document provides my attorneys in fact with broad powers to dispose of, sell, convey, and encumber my real and personal property; (2) the powers granted in this Power will exist for an indefinite period of time unless I limit their duration by the terms of this Power or revoke this Power, and they will continue to exist notwithstanding my subsequent disability or incapacity; and (3) I have the right to revoke or terminate this Power at any time.

This Durable Power of Attorney is executed by me on January 16 2000, at San Diego, California.



Nancy Y. Kaihatsu

DONE AT CUSTOMER'S REQUEST

THE SIGNATURES OF THE PARTIES EXECUTING THIS DOCUMENT ARE COPIES AND ARE NOT ORIGINAL SIGNATURES.

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Acceptance by Attorneys in Fact

Jane B. Kaihatsu
Jane Kaihatsu

Dated: 1/14/2018

Omar Kaihatsu
Omar Kaihatsu

Dated: 1-20-2018

See Notary Certificate Attached for Omar Kaihatsu only

COPIES OF DOCUMENT REQUIRED

THE SIGNATURES OF THE PARTIES EXECUTING THIS DOCUMENT
ARE COPIES AND ARE NOT ORIGINAL SIGNATURES.

Cook County Clerk's Office

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CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of San Diego } ss.

On Jan 27, 2000, before me, Carrie Pope Notary Public -
Date Name and Title of Officer (e.g., "Jane Doe, Notary Public")

personally appeared Omar Kaihatsu
Name(s) of Signer(s)

personally known to me
 proved to me on the basis of satisfactory evidence I.O.L. K320-6522-531



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.

WITNESS my hand and official seal.

Carrie Pope
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though the information below is not required by law, it may prove valuable to a person 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: _____

Document Date: _____ Number of Pages: _____

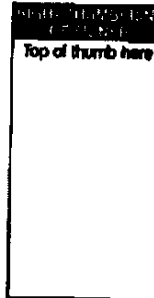
Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer

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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ACKNOWLEDGMENT

State of California)
County of San Diego) 55

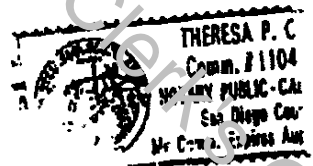
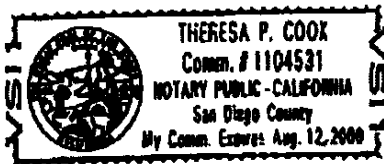
On January 14, 2000 before me Theresa P. Cook

a notary public in and for the State of California, personally appeared Nancy Y. Kaihatsu,
personally known to me (or proved to me on the basis of satisfactory evidence) to be the person
whose name is subscribed to the within instrument and acknowledged to me that she executed the
same in her authorized capacity, and that by her signature on the instrument, the person, or the
entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

Signature Theresa P. Cook

(SEAL)



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California Probate Code Section 4128(a)

NOTICE TO PERSON EXECUTING DURABLE POWER OF ATTORNEY

A DURABLE POWER OF ATTORNEY IS AN IMPORTANT LEGAL DOCUMENT. BY SIGNING THE DURABLE POWER OF ATTORNEY, YOU ARE AUTHORIZING ANOTHER PERSON TO ACT FOR YOU, THE PRINCIPAL. BEFORE YOU SIGN THIS DURABLE POWER OF ATTORNEY, YOU SHOULD KNOW THESE IMPORTANT FACTS:

YOUR AGENT (ATTORNEY IN FACT) HAS NO DUTY TO ACT UNLESS YOU AND YOUR AGENT AGREE OTHERWISE IN WRITING.

THIS DOCUMENT GIVES YOUR AGENT THE POWERS TO MANAGE, DISPOSE OF, SELL, AND CONVEY YOUR REAL AND PERSONAL PROPERTY, AND TO USE YOUR PROPERTY AS SECURITY IF YOUR AGENT BORROWS MONEY ON YOUR BEHALF.

YOUR AGENT WILL HAVE THE RIGHT TO RECEIVE REASONABLE PAYMENT FOR SERVICES PROVIDED UNDER THIS DURABLE POWER OF ATTORNEY UNLESS YOU PROVIDE OTHERWISE IN THIS POWER OF ATTORNEY.

THE POWERS YOU GIVE YOUR AGENT WILL CONTINUE TO EXIST FOR YOUR ENTIRE LIFETIME, UNLESS YOU STATE THAT THE DURABLE POWER OF ATTORNEY WILL LAST FOR A SHORTER PERIOD OF TIME OR UNLESS YOU

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OTHERWISE TERMINATE THE DURABLE POWER OF ATTORNEY. THE POWERS YOU GIVE YOUR AGENT IN THIS DURABLE POWER OF ATTORNEY WILL CONTINUE TO EXIST EVEN IF YOU CAN NO LONGER MAKE YOUR OWN DECISIONS RESPECTING THE MANAGEMENT OF YOUR PROPERTY.

YOU CAN AMEND OR CHANGE THIS DURABLE POWER OF ATTORNEY ONLY BY EXECUTING A NEW DURABLE POWER OF ATTORNEY OR BY EXECUTING AN AMENDMENT THROUGH THE SAME FORMALITIES AS AN ORIGINAL. YOU HAVE THE RIGHT TO REVOKE OR TERMINATE THIS DURABLE POWER OF ATTORNEY AT ANY TIME, SO LONG AS YOU ARE COMPETENT.

THIS DURABLE POWER OF ATTORNEY MUST BE DATED AND MUST BE ACKNOWLEDGED BEFORE A NOTARY PUBLIC OR SIGNED BY TWO WITNESSES. IF IT IS SIGNED BY TWO WITNESSES, THEY MUST WITNESS EITHER (1) THE SIGNING OF THE POWER OF ATTORNEY OR (2) THE PRINCIPAL'S SIGNING OR ACKNOWLEDGMENT OF HIS OR HER SIGNATURE. A DURABLE POWER OF ATTORNEY THAT MAY AFFECT REAL PROPERTY SHOULD BE ACKNOWLEDGED BEFORE A NOTARY PUBLIC SO THAT IT MAY EASILY BE RECORDED.

YOU SHOULD READ THIS DURABLE POWER OF ATTORNEY CAREFULLY. WHEN EFFECTIVE, THIS DURABLE POWER OF ATTORNEY WILL GIVE YOUR AGENT THE RIGHT TO DEAL WITH PROPERTY THAT YOU NOW HAVE OR MIGHT ACQUIRE IN THE FUTURE. THE DURABLE POWER OF ATTORNEY IS

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IMPORTANT TO YOU. IF YOU DO NOT UNDERSTAND THE DURABLE POWER OF ATTORNEY, OR ANY PROVISION OF IT, THEN YOU SHOULD OBTAIN THE ASSISTANCE OF AN ATTORNEY OR OTHER QUALIFIED PERSON.

myk

Initials

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DURABLE POWER OF ATTORNEY

FOR HEALTH CARE

PRINCIPAL: NANCY Y. KAIHATSU

AGENTS: JANE KAIHATSU AND OMAR KAIHATSU

1. **CREATION OF DURABLE POWER OF ATTORNEY FOR HEALTH CARE.** By this document I, Nancy Y. Kaihatsu, of 4074 Utah Street, Unit 7, San Diego, California 92104, intend to create a durable power of attorney for health care under Sections 4600 to 4752, inclusive, of the California Probate Code. This power of attorney shall not be affected by my subsequent incapacity.

2. **DESIGNATION OF HEALTH CARE AGENT.** I do hereby designate and appoint Jane Kaihatsu of 5209 N. Wayne Avenue, Chicago, Illinois 60640, whose telephone number is (H)(773) 506-7426, (W)(312) 665-1575, (CELL)(847) 212-4574, and Omar Kaihatsu of 733 Limerick Lane, Unit 1D, Schramberg, Illinois 60193, whose telephone number is (847) 985-3112, each of them severally and not jointly, as my attorneys in fact to make health care decisions for me as authorized in this document, and they shall be referred to in this power of attorney as "my agent." Each of these persons, acting alone, shall have full power and authority to act on my behalf under the terms of this power of attorney. For the purposes of this document, "health care decision" means consent, refusal of consent, or withdrawal of consent to any care, treatment, service, or procedure to maintain, diagnose, or treat my physical or mental condition.

3. **GENERAL STATEMENT OF AUTHORITY GRANTED.** Subject to any limitations in this document, I hereby grant to my agent full power and authority to make health care decisions for me to the same extent that I could make such decisions for myself if I had the capacity to do so. In exercising this authority, my agent shall make health care decisions that are

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consistent with my desires as stated in this document or (if not inconsistent with my desires as stated in this document) otherwise made known to my agent, including, but not limited to, my desires concerning obtaining, refusing, or withdrawing life-prolonging care, treatment, services, and procedures.

4. STATEMENT OF DESIRES, SPECIAL PROVISIONS, AND LIMITATIONS. In exercising the authority under this durable power of attorney for health care, my agent shall act consistently with my desires as stated below and is subject to the special provisions and limitations stated below.

(a) Statement of Desires Concerning Life-Prolonging Treatment, Services, and Procedures:

I want to live as long as possible; therefore, I want to receive all medical treatment that will prolong and sustain my life. I want such treatment provided to me regardless of my chances of recovery, my condition, or the cost of such treatment. At the same time that I am signing this durable power of attorney for health care, I am entering my initials in the space immediately below this provision to show that I have read this provision and that it reflects my desires.

(b) Additional Statement of Desires, Special Provisions, and Limitations:

None.

5. INSPECTION AND DISCLOSURE OF INFORMATION RELATING TO MY PHYSICAL OR MENTAL HEALTH. Subject to any limitations in this document, my agent has the power and authority to do all of the following:

(a) Request, review, and receive any information, verbal or written, regarding my physical or mental health, including, but not limited to, medical and hospital records;

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(b) Execute on my behalf any releases or other documents that may be required in order to obtain this information; and

(c) Consent to the disclosure of this information.

6. **SIGNING DOCUMENTS, WAIVERS, AND RELEASES.** When necessary to implement the health care decisions that my agent is authorized by this document to make, my agent has the power and authority to execute on my behalf all of the following:

(a) Documents titled or purporting to be a "Refusal to Permit Treatment" and "Leaving Hospital Against Medical Advice" and;

(b) Any necessary waiver or release from liability required by a hospital or physician.

7. **NO ANATOMICAL GIFTS.** Neither my agent nor any other person shall have the power or authority to make a disposition of any of my parts or organs under the Uniform Anatomical Gift Act or any similar law.

8. **DISPOSITION OF REMAINS.** My agent shall have the power and authority to direct the disposition of my remains according to their discretion.

9. **AUTHORIZATION OF AUTOPSY.** My agent shall have the power and authority to authorize an autopsy.

10. **PRIOR DESIGNATIONS REVOKED.** I revoke any prior durable power of attorney for health care.

11. **ADVICE OF LAWYER OBTAINED.** My lawyer has advised me concerning my rights in connection with this power of attorney and the applicable law and the consequences of signing or not signing this power of attorney. My lawyer has shown me and I have read the warnings contained in subdivision (a) of California Probate Code Section 4703.

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12. USE OF COPIES PERMITTED. Persons dealing with my agent may rely fully on a photocopy of this document as though the photocopy was an original.

DATE AND SIGNATURE OF PRINCIPAL

I sign my name to this Durable Power of Attorney for Health Care on

January 14, 2000 at San Diego
California.

Nancy Y. Kaihatsu
Nancy Y. Kaihatsu

"THE SIGNATURES OF THE PARTIES EXECUTING THIS DOCUMENT ARE COPIES AND ARE NOT ORIGINAL SIGNATURES."

Prepared BY AND MAILED TO:

MICHAEL WOOD
79 W. MONROE ST.
SUITE 1320
CHICAGO, IL 60603

DONE AT CUSTOMER'S REQUEST

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ACKNOWLEDGMENT

State of California)
) ss
County of San Diego)

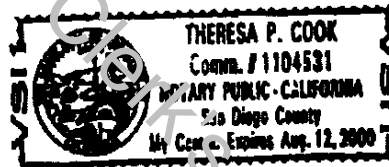
On January 4, 2000 before me, Theresa P. Cook

a notary public in and for the State of California, personally appeared Nancy Y. Kaihatsu, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacity, and that by her signature on the instrument, the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

Signature Theresa P. Cook

(SEAL)



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STATEMENT OF PATIENT ADVOCATE OR OMBUDSMAN

I declare under penalty of perjury under the laws of California that I am a patient advocate or ombudsman as designated by the State Department of Aging and that I am serving as a witness as required by subdivision (e) of Section 4701 of the California Probate Code.

Signature: *Cheryl M. Karhula*

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CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

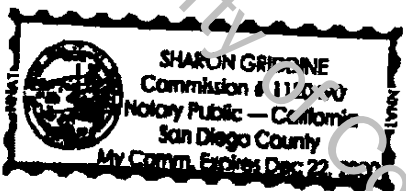
State of California

County of San Diego } ss.

On March 20, 2007, before me Sharon Grifone, Notary Public

personally appeared Omur H. Karkhanavaz

- personally known to me
- 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.

WITNESS my hand and official seal.

Sharon Grifone
Signature of Notary Public

Please Notary Seal Above

OPTIONAL

Though the information below is not required by law, it may prove valuable to a person 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: Statement of Patient Appropriate or Inappropriate

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer

- 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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California Probate Code Section 4703(a)

WARNING TO PERSON EXECUTING THIS DOCUMENT

THIS IS AN IMPORTANT LEGAL DOCUMENT. BEFORE EXECUTING THIS DOCUMENT, YOU SHOULD KNOW THESE IMPORTANT FACTS:

THIS DOCUMENT GIVES THE PERSON YOU DESIGNATE AS YOUR AGENT (THE ATTORNEY IN FACT) THE POWER TO MAKE HEALTH CARE DECISIONS FOR YOU. YOUR AGENT MUST ACT CONSISTENTLY WITH YOUR DESIRES AS STATED IN THIS DOCUMENT OR OTHERWISE MADE KNOWN.

EXCEPT AS YOU OTHERWISE SPECIFY IN THIS DOCUMENT, THIS DOCUMENT GIVES YOUR AGENT THE POWER TO CONSENT TO YOUR DOCTOR NOT GIVING TREATMENT OR STOPPING TREATMENT NECESSARY TO KEEP YOU ALIVE.

NOTWITHSTANDING THIS DOCUMENT, YOU HAVE THE RIGHT TO MAKE MEDICAL AND OTHER HEALTH CARE DECISIONS FOR YOURSELF SO LONG AS YOU CAN GIVE INFORMED CONSENT WITH RESPECT TO THE PARTICULAR DECISION. IN ADDITION, NO TREATMENT MAY BE GIVEN TO YOU OVER YOUR OBJECTION, AND HEALTH CARE NECESSARY TO KEEP YOU ALIVE MAY NOT BE STOPPED OR WITHHELD IF YOU OBJECT AT THE TIME.

THIS DOCUMENT GIVES YOUR AGENT AUTHORITY TO CONSENT, TO REFUSE TO CONSENT, OR TO WITHDRAW CONSENT TO ANY CARE, TREATMENT, SERVICE, OR PROCEDURE TO MAINTAIN, DIAGNOSE, OR TREAT

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A PHYSICAL OR MENTAL CONDITION. THIS POWER IS SUBJECT TO ANY STATEMENT OF YOUR DESIRES AND ANY LIMITATIONS THAT YOU INCLUDE IN THIS DOCUMENT. YOU MAY STATE IN THIS DOCUMENT ANY TYPES OF TREATMENT THAT YOU DO NOT DESIRE. IN ADDITION, A COURT CAN TAKE AWAY THE POWER OF YOUR AGENT TO MAKE HEALTH CARE DECISIONS FOR YOU IF YOUR AGENT (1) AUTHORIZES ANYTHING THAT IS ILLEGAL, (2) ACTS CONTRARY TO YOUR KNOWN DESIRES, OR (3) WHERE YOUR DESIRES ARE NOT KNOWN, DOES ANYTHING THAT IS CLEARLY CONTRARY TO YOUR BEST INTERESTS.

THIS POWER WILL EXIST FOR AN INDEFINITE PERIOD OF TIME UNLESS YOU LIMIT ITS DURATION IN THIS DOCUMENT.

YOU HAVE THE RIGHT TO REVOKE THE AUTHORITY OF YOUR AGENT BY NOTIFYING YOUR AGENT OR YOUR TREATING DOCTOR, HOSPITAL, OR OTHER HEALTH CARE PROVIDER ORALLY OR IN WRITING OF THE REVOCATION.

YOUR AGENT HAS THE RIGHT TO EXAMINE YOUR MEDICAL RECORDS AND TO CONSENT TO THEIR DISCLOSURE UNLESS YOU LIMIT THE RIGHT IN THIS DOCUMENT.

UNLESS YOU OTHERWISE SPECIFY IN THIS DOCUMENT, THIS DOCUMENT GIVES YOUR AGENT THE POWER AFTER YOU DIE TO (1) AUTHORIZE AN AUTOPSY, (2) DONATE YOUR BODY OR PARTS THEREOF FOR TRANSPLANT OR THERAPEUTIC OR EDUCATIONAL OR SCIENTIFIC

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PURPOSES, AND (3) DIRECT THE DISPOSITION OF YOUR REMAINS.

IF THERE IS ANYTHING IN THIS DOCUMENT THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU.

Initials

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CERTIFICATION OF DEATH RECORD

COOK COUNTY CLERK/ITAL RECORDS CHICAGO, ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER: 03491040 DATE ISSUED: FEBRUARY 13, 2014

DECEASED PERSON'S NAME: OMAR KHAIRU	SEX: M	DATE OF BIRTH: FEBRUARY 13, 2014
COUNTRY OF BIRTH: COOK	MODE AND DATE OF DEATH: SS 10/15	DATE OF BIRTH: NOVEMBER 21, 1923
DECEASED PERSON'S RESIDENCE: 7017 GREENWOOD ST CHICAGO, ILLINOIS 60647	HOSPITAL OR OTHER INSTITUTION NAME: OSLER NEW TERRACE NURSING CTN	
<input type="checkbox"/> HOME	<input type="checkbox"/> HOSPITAL	
<input type="checkbox"/> NURSING HOME / LONG TERM CARE FACILITY		
EDUCATION: HOLLYWOOD ST.	MARRIAGE STATUS AT TIME OF DEATH: DIVORCED FROM MARRIAGE	SUBJECT'S OCCUPATION (JOB TITLE) (INCLUDE ABBREVIATION): PROPERTY SUPERVISOR
RELIGION: ISLAM	AP #: 0001	CITY OR TOWN: CHICAGO
COUNTY: COOK	STATE: ILL.	CITY OR TOWN: CHICAGO
INFORMANT'S NAME: JOE KHAYU	HE IS THE: <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> NEPHEW ADULT SON	RESIDING ADDRESS: 34 PINE ST, EVANSTON, IL 60202
METHOD OF NOTIFICATION: PREMATURE	PLACE OF DEATH: METRO NURSING CTN, CHICAGO, ILLINOIS 60647	LOCATION, CITY OR TOWN AND STATE: CHICAGO, ILLINOIS 60647
DECEASED PERSON'S HOME ADDRESS: SAKDEEN, 1068 W. BELMONT ST., CHICAGO, IL 60657		DATE: FEBRUARY 13, 2014
DECEASED PERSON'S NAME: RAYMOND BALLOWELL		PLANS DIRECTOR'S ILLINOIS NUMBER: 03491040
DECEASED PERSON'S NAME: DAVID ORR		DATE FILED WITH LOCAL HEALTH DEPT: FEBRUARY 13, 2014
CAUSE OF DEATH: LONG PAINFUL		
IMMEDIATE CAUSE: LONG PAINFUL		
FINAL CAUSE OF DEATH: LONG PAINFUL		
PLACE OF DEATH: CHICAGO, ILLINOIS		
DECEASED PERSON'S ADDRESS: 1068 W. BELMONT ST., CHICAGO, ILLINOIS 60657		
DECEASED PERSON'S ADDRESS: 1068 W. BELMONT ST., CHICAGO, ILLINOIS 60657		
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DECEASED PERSON'S ADDRESS: 1068 W. BELMONT ST., CHICAGO, ILLINOIS 60657		
DECEASED PERSON'S ADDRESS: 1068 W. BELMONT ST., CHICAGO, ILLINOIS 60657		

IF THIS WORD APPEARS WHEN PHOTOCOPIED

IF THIS WORD APPEARS WHEN PHOTOCOPIED

This is to certify that this is a true and correct copy from the official death records filed with the Illinois Department of Public Health

David Orr
David Orr
Cook County Clerk



ANY ALTERATION OR FRAUDULENT VOID THIS CERTIFICATE

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EXHIBIT A

LEGAL DESCRIPTION

Legal Description: PARCEL 1:

UNIT 1A, 733 LIMERICK, ALL IN LAKEWOOD CONDOMINIUM AS DELINEATED ON A SURVEY OF THE FOLLOWING DESCRIBED REAL ESTATE: PART OF LOT 16131 IN SECTION 2, WEATHERSFIELD UNIT 16, BEING A SUBDIVISION OF THE NORTHWEST 1/4 OF SECTION 27, TOWNSHIP 41 NORTH, RANGE 10, EAST OF THE THIRD PRINCIPAL MERIDIAN,

WHICH SURVEY IS ATTACHED AS EXHIBIT "A" TO THE DECLARATION OF CONDOMINIUM RECORDED AS DOCUMENT NUMBER 25252295 TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS, IN COOK COUNTY, ILLINOIS.

Permanent Index #: 07-27-102-020-1513 Vol. 0187

Property Address: 733 Limerick Lane 1A, Schaumburg, Illinois 60193

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