

Illinois Statutory Short Form Power of Attorney for Property

NOTICE: THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO LEASE, SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. THIS FORM DOES NOT IMPOSE A DUTY ON YOUR AGENT TO EXERCISE GRANTED POWERS; BUT WHEN POWERS ARE EXERCISED, YOUR AGENT WILL HAVE TO USE DUE CARE TO ACT FOR YOUR BENEFIT AND IN ACCORDANCE WITH THIS FORM AND KEEP A RECORD OF RECEIPTS, DISBURSEMENTS AND SIGNIFICANT ACTIONS TAKEN AS 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 POWERS YOU GIVE YOUR AGENT ARE EXPLAINED MORE FULLY IN SECTION 3-4 OF THE ILLINOIS "STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY LAW" OF WHICH THIS FORM IS A PART (SEE THE END OF THIS FORM). THAT LAW EXPRESSLY PERMITS THE USE OF ANY DIFFERENT FORM OF POWER OF ATTORNEY YOU MAY DESIRE. IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU.

POWER OF ATTORNEY made this 21st day of November, 2014

I, Isaac Vatkin, of Skokie, Illinois, hereby appoint my daughter Clara Gesklin, of Glencoe, Illinois

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.)

Property Address: 9939 Keystone Avenue, Skokie, IL 60076

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

(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 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):

This Power of Attorney shall not extend to any matters related to the Second Amendment and Restatement of the Isaac Trust Dated June 11, 1991. Pursuant to the terms of that trust, I have separately named my Trustee and Successor Trustees to act under that trust.

3. 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):

(p) Benefits from Medicare, Medicaid, or other governmental programs. To prepare, sign and file any claim or application for any benefit or assistance under any federal, state, or local statute or regulations, and in general to exercise all powers with respect to Social Security, Medicare and Medicaid.

(q) Tax matters. To prepare and file all tax, social security and informational returns required by the laws of the United States, and to pay, to compromise, or to contest or to apply for refunds in connection with any taxes or assessments for which I am or may be liable.

(r) To hire accountants, attorneys at law, doctors, nurses, agents, and others and to pay and allow the persons so employed such salaries, wages, or other remunerations as my Agent shall deem proper.

(s) To represent me and to have the authority to seek care for me in an assisted living facility or in a nursing home if my Agent deems this is for my benefit under the circumstances.

(t) to have access to all safe-deposit boxes in my name, to add to and remove from the contents of any such safe-deposit box and to terminate any and all contracts for such boxes.

(YOUR AGENT WILL HAVE AUTHORITY TO EMPLOY OTHER PERSONS AS NECESSARY TO ENABLE THE AGENT TO PROPERLY EXERCISE THE POWERS GRANTED IN THIS

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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.

5. (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.)

6. () This power of attorney shall become effective on November 21, 2014 (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)

7. () This power of attorney shall terminate on _____ Date of Death _____ (insert a future date or event, such as court determination of your disability, when you want this power to terminate prior to your death)

(IF YOU WISH TO NAME 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 successor(s) to such agent:

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 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.)

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. This power of attorney shall be considered a durable power of attorney pursuant to the laws of the State of Illinois.

Signed _____

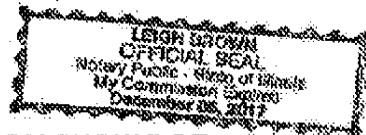
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notary public and acknowledged signing and delivering the instrument as the free and voluntary act of the principal, for the uses and purposes therein set forth. I believe him or her to be of sound mind and memory.

Dated: 11/21/2014 (SEAL)

Leigh Brown
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: Leigh Brown
and mail to: 2125 Ammer Ridge, Glenview, Illinois 60025

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File Number: 16-1017

EXHIBIT "A"

LEGAL DESCRIPTION

LOT 12 (EXCEPT THE SOUTH 19 FEET THEREOF) AND ALL OF LOT 13 IN THE HIGHLANDS CRAWFORD RIDGE TERMINAL SUBDIVISION THIRD ADDITION BEING A SUBDIVISION IN THE NORTHEAST QUARTER OF THE SOUTHEAST QUARTER OF SECTION 10, TOWNSHIP 41 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED JUNE 14, 1927 AS DOCUMENT NO. 9684827, IN COOK COUNTY, ILLINOIS.

10-10-405-055 0000

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STATE OF ILLINOIS)

COUNTY OF LAKE)

AFFIDAVIT FOR CERTIFICATION OF COPY OF POWER OF ATTORNEY

I, CLARA GESKLIN, of Glencoe, Illinois, being duly sworn, state that I have access to the attached documents:

1. Power of Attorney for Isaac Vatkin, of Skokie, Illinois; and
2. Power of Attorney for Teresa Vatkin, of Skokie, Illinois.

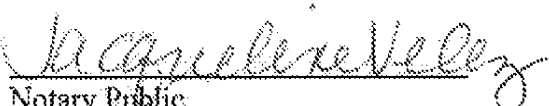
I am the daughter of the Parties named above and I have been appointed as attorney-in-fact in each of the Parties respective Illinois Statutory Short Form Power of Attorney for Property.

I state under oath that the original documents while not available to record at the time of closing have not been intentionally destroyed or in any manner disposed of. I am providing unaltered copies for the purpose of a sale transaction for the property commonly known as: 9939 Keystone Avenue, Skokie, Illinois 60076.



 Clara Gesklin

Subscribed and Sworn to before me
 this 27 day of September 2016.



 Notary Public

