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Doc#: 1803701199 Fee: \$50.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 02/06/2018 10:48 AM Pg: 1 of 2

STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

1. We, Rostislav Ceava Kats and Elaine Kats, whose principal address is 180 Water Street Apt 2013, New York, NY 10038 hereby revoke all prior powers of attorney for property executed by us and appoint: Emily Kresse of The Kresse Group, whose principal address is 1427 N Leavitt, Chicago, IL, as our attorney-in-fact (my "agent") to act for us and in our name (in any way we 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:

(a) Real estate transactions.

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

Emily Kresse shall have the power to sign on our behalf for the sale of the property located at 2800 N. Orchard Street, Unit 310, Chicago, IL 60657

3. This power of attorney shall become effective January 22, 2018.

4. This power of attorney shall terminate on February 28, 2018.

5. 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.

Dated: 1/12/18

Signed _____
(principal)

Signed _____
(principal)

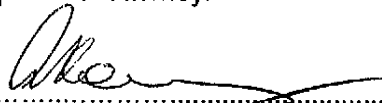
The undersigned witness certifies that Rostislav Ceava Kats and Elaine Kats, known to me to be the same persons whose names are subscribed as principals to the foregoing power of attorney, appeared before me and the notary public and acknowledged signing and delivering the

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instrument as the free and voluntary act of the principals, for the uses and purposes therein set forth. I believe him or her to be of sound mind and memory. The undersigned witness also certifies that the witness is not: (a) the attending physician or mental health service provider or a relative of the physician or provider; (b) an owner, operator, or relative of an owner or operator of a health care facility in which the principal is a patient or resident; (c) a parent, sibling, descendant, or any spouse of such parent, sibling, or descendant of either the principal or any agent or successor agent under the foregoing power of attorney, whether such relationship is by blood, marriage, or adoption; or (d) an agent or successor agent under the foregoing power of attorney.

Dated: 1/12/18


.....
(Witness)

State of Massachusetts
County of Suffolk ss.

The undersigned, a notary public in and for the above county and state, certifies that Rostislav Ceava Kats and Elaine Kats, known to me to be the same persons whose names are subscribed as principals to the foregoing power of attorney, appeared before me and the

witness, ALEXANDER KOMAROVSKY in person and acknowledged signing and delivering the instrument as the free and voluntary act of the principals, for the uses and purposes therein set forth (, and certified to the correctness of the signature(s) of the agent(s)).

Dated: 1/12/2018


.....
(Notary Public)

My commission expires March 14, 2019

Property of Coolidge
Notary Public's Office