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Edward M. Moody
Cook County Recorder of Deeds
Date: 09/15/2020 12:33 PM Pg: 1 of 8

RECORDING COVER PAGE

Fidelity National Title

Power of Attorney

CH20020339

Property of Cook County Clerk's Office

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ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

I, Norman A. Rose, hereby revoke all prior powers of attorney for property executed by me and appoint: Gloria L. Materre, 6737 N. Kedvale Avenue, Lincolnwood, IL 60712, as my attorney in fact and agent.

(NOTE: You may not name co agents using this form.) 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:

(NOTE: 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.)

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

(NOTE: 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: No limitations.
3. In addition to the powers granted above, I grant my agent the following powers:

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To take any actions necessary to effectuate the sale and closing the property commonly known as 9035 S. Exchange Avenue, Chicago, IL 60617

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.)

4. 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 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 one or both of paragraphs 6 and 7.)

5. *W* This power of attorney shall become effective on 3/1/2020

(NOTE: Insert a future date or event during your lifetime, such as a court determination of your disability or a written determination by your physician that you are incapacitated, when you want this power to first take effect.)

6. *W* This power of attorney shall terminate on August 1, 2020.

(NOTE: Insert a future date or event, such as a court determination that you are not under a legal disability or a written determination by your physician that you are not incapacitated, if you want this power to terminate prior to your death.)

(NOTE: If you wish to name one or more successor agents, insert the name and address of each successor agent in paragraph 8.)

7. 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 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

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unable to give prompt and intelligent consideration to business matters, as certified by a licensed physician.

(NOTE: If you wish to, you may name your agent as guardian of your estate if a court decides that one should be appointed. To do this, retain paragraph 9, and the court will appoint your agent if the court finds that this appointment will serve your best interests and welfare. Strike out paragraph 9 if you do not want your agent to act as guardian.)


8. 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.

9. 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.)

10. The Notice to Agent is incorporated by reference and included as part of this form.

Dated: 2/18/2020

Signed 
Norman A. Rose

(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.)

The undersigned witness certifies that, 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 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. 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.

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Dated: 2/18/2020

Witness Joyce Roles

(NOTE: Illinois requires only one witness, but other jurisdictions may require more than one witness. If you wish to have a second witness, have him or her certify and sign here:)

(Second witness) The undersigned witness certifies that Norman A. Rose....., 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 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. 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: 2-18-2020

Witness Renee Hildreth

State of California)

) SS.

County of LA)

The undersigned, Norman A. Rose, 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)

..... (and) 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: 2-18-2020

Notary Public Rickey Roles

My commission expires JUNE 5 2022

(NOTE: 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 opposite the signatures of the agents.)

** SEE ACKNOWLEDGMENT ATTACHED **

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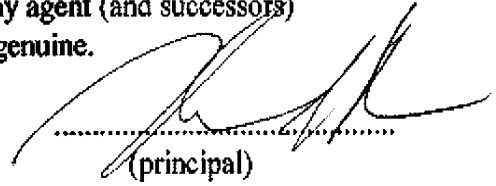
Specimen signatures of
(and successors)

Gloria Materre
.....
(agent)

.....
(successor agent)

.....
(successor agent)

I certify that the signatures agent
of my agent (and successors)
are genuine.


.....
(principal)

.....
(principal)

.....
(principal)

(NOTE: The name, address, and phone number of the person preparing this form or who assisted
the principal in completing this form should be inserted below.) *and Mail to:*

Name: *Materre and Associates P.C.*

Gloria Materre
Address: *6737 N Kedzie Ave*

Lincoln wood, IL 60712

Phone: *312-961-0825*

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ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of SAN DIEGO

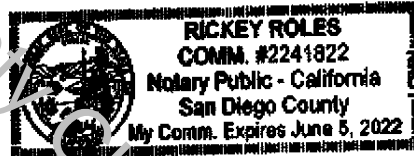
On FEBRUARY 13, 2020 before me, RICKEY ROLES, NOTARY PUBLIC
(insert name and title of the officer)

personally appeared NORMAN A. ROSE
who 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.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal

Signature *Rickey Roles* (Seal)
RICKEY ROLES



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EXHIBIT A

Order No.: CH20020339

For APN/Parcel ID(s): 26-06-223-013-0000

For Tax Map ID(s): 26-06-223-013-0000

LOT 32 IN BLOCK 53 IN CALUMET AND CHICAGO CANAL AND DOCK COMPANY'S SUBDIVISION OF PARTS OF FRACTIONAL SECTIONS 5 AND 6, TOWNSHIP 37 NORTH, RANGE 15, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED JANUARY 17, 1874 IN BOOK 7 OF PLATS, PAGE 7, IN COOK COUNTY, ILLINOIS

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