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Karen A. Yarbrough
Cook County Clerk
Date: 04/06/2021 10:26 AM Pg: 1 of 6

ILLINOIS STATUTORY SHORT FORM

POWER OF ATTORNEY

Prepare By:

BERNARD Block
Block Law Associates, LTD
1E. WALKER DRIVE
Ste-3100
Chicago, IL 60601

Mail To:

BERNARD Block
Block Law Associates, LTD
1E. WALKER DRIVE.
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Chicago, IL 60601

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ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

1. I, Vicki L. Kellerman of 24 Fairview Ave, Deerfield, IL 60016 hereby revoke all prior powers of attorney for property executed by me and appoint:

Bernard Block
Block Law Associates, Ltd.
1 E. Wacker Drive
Ste 3100, Chicago, IL 60601

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:

Real estate transactions

2. The powers granted above shall not include the following powers or shall be modified or limited in the following particulars: (NONE)

3. In addition to the powers granted above, I grant my agent the following powers:

My agent shall have any and all powers necessary to effectuate the closing and sale of the real property commonly known as 720 N. Larrabee St., Unit 1304, Chicago IL, 60654.

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. My agent shall be entitled to reasonable compensation for services rendered as agent under this power of attorney.

6. This power of attorney shall become effective as of the date of signature.

7. This power of attorney shall terminate 4 weeks (28 days) after the date of signature.

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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:

(None)

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 a person with a disability or the person is unable to give prompt and intelligent consideration to business matters, as certified by a licensed physician.

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

Dated:



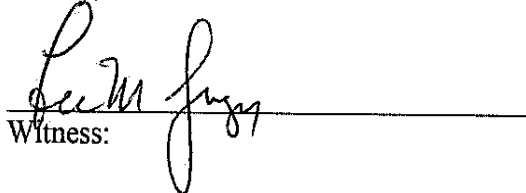
Vicki L. Kellerman, Principal

(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.)

The undersigned witness certifies that Vicki L. Kellerman, 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 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:

3/4/2021


Witness:

(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:)

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(Second Witness) The undersigned witness certifies that Vicki L. Kellerman, 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/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:

Witness: _____

STATE OF ILLINOIS)

)

) SS.

COUNTY OF)

)

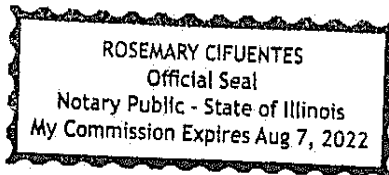
The undersigned, a notary public in and for the above county and state, certifies that Vicki L. Kellerman, known to me to be the same person whose name is subscribed as principal to the foregoing power of attorney, appeared before me and the witnesses _____ and _____ in person and acknowledged signing 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:

Rosemary Cifuentes

Notary Public

My commission expires: *August 7, 2022*



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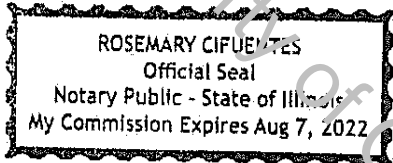
STATE OF ILLINOIS

) SS.

COUNTY OF Lake

The undersigned, a notary public in and for the above county and state, certifies that Lee M. Singer, known to me to be the same person whose name is subscribed as a witness to the acknowledged signing by Vicki L. Kellerman, of the above referenced document, and acknowledged said 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: 3-4-2021



Rosemary Cifuentes
 Notary Public
 My commission expires: August 7, 2022

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LEGAL DESCRIPTION

Order No.: 21SA9475012LP

For APN/Parcel ID(s): 17-09-113-017-1108 and 17-09-113-017-1253

PARCEL 1:

UNITS 1301 AND GU-86, TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS IN TWO RIVER PLACE CONDOMINIUM AS DELINEATED AND DEFINED ON THE SURVEY ATTACHED TO THE DECLARATION OF CONDOMINIUM RECORDED AS DOCUMENT NUMBER 0410718039, BEING A PART OF RUSSELL, MATHER AND ROBERTS' SECOND ADDITION TO CHICAGO, A SUBDIVISION OF THAT PART OF THE WEST 1/2 OF THE NORTHWEST 1/4 OF SECTION 9, TOWNSHIP 39 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PARCEL 2:

THE EXCLUSIVE RIGHT TO USE STORAGE SPACE S-108, A LIMITED COMMON ELEMENT AS DELINEATED ON A SURVEY ATTACHED TO THE DECLARATION OF CONDOMINIUM RECORDED AS DOCUMENT NUMBER 041078039.

PROPERTY of Cook County Clerk's Office