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Karen A. Yarbrough Cook County Clerk

Date: 05/25/2022 03:46 PM Pg: 1 of 5

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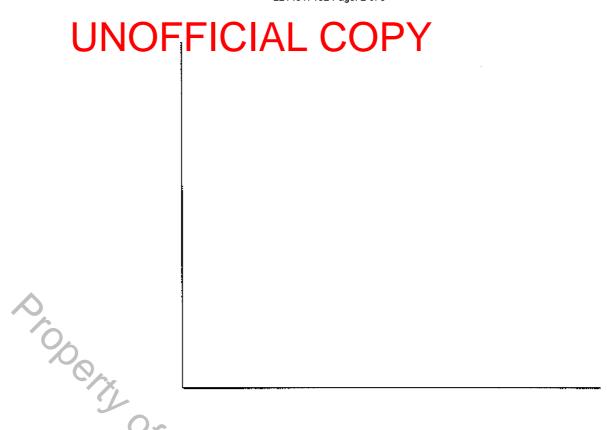
POWER OF ATTORNEY

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Stort's Office FIDELITY NATIONAL TITLE

OC22008762

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LIMITED POWER OF ATTORNEY FOR REAL ESTATE TRANSACTION

KNOW ALL BY THESE PRESENT, THAT I, George Sianis, (Principal(s)) currently living in the State of Illinois, desiring to execute. SPECIAL POWER OF ATTORNEY, hereby appoint POA Agent, Bessie G Sianis of the State of Illinois as my attorney-in-fact as follows, GRANTING unto said full power to Execute any and all documents necessary to close on the sale, purchase, finance or refinance of the property described below, commonly known as Property Address 9970 W 144th st Orland Park 21. (PIN: 27-09-203-027-0000) with full power and authority for me and in my name to execute any and all documents necessary to effect the sale, or purchase, conveyance, financing, refinancing and settlement on said property to any person or persons of his choosing, including but not limited to, sales contracts and addendum thereto, negotiable instruments, mortgages, deeds or other instruments of conveyance, disclosure statements, closing or settlement statements, etc. FURTHER GRANTING full power and authority to collect and receive any funds or proceeds of said sale in any manner which, in their sole discretion, sees fit.

This Power of Attorney shall become effective upon signing and shall terminate within one (1) year after the date of signing; or at such time that the specifically named transaction, as stated above, has been completed; or upon revocation by the Principal, whichever occurs first.

*SEE ATTACHED LEGAL DESCRIPTION

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All acts done by means of this power shall be done in my name, and all instruments and documents executed by my Attorney hereunder shall contain my name, followed by that of my attorney and the description "Attorney-in-Fact" or "POA," excepting however any situation where local practice differs from the procedure set forth herein, in that event local practice may be followed.

This SPECIAL POWER OF ATTORNEY shall be valid and may be relied upon by any third parties until such time as any revocation is made by the principal.

I hereby acknowledge and execute this document as my free and voluntary act, not under any The rest and the country of the coun undue influence or duress and am of sound mind and memory.

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(THIS POWER OF ATTORNEY WILL NOT BE EFFECTIVE UNLESS IT IS NOTARIZED AND SIGNED BY AT LEAST ONE ADDITIONAL WITNESS, USING THE FORM BELOW.)

The undersigned witness certifies that the above signed individual, known 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 ac 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 pays cian 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 agen under the foregoing Power of Attorney.

The undersigned, a notary public in and for the above County and State, certifies that the above signed individual(s) as well as the above signed witness(es), known to me to be the same person(s) whose names are subscribed as Principal and Witness to the foregoing Power of Attorney, believing them to be of sound mind and memory, appeared before me and in the presence of each other, 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.

Notary Public Stella Parkes

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Date

OFFICIAL SEAL STELLA PARHAS Notary Public - State of Illinois My Commission Expires Dec. 20, 2022

May 19 John

Notary Seal

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EXHIBIT A

Order No.: OC22008762

For APN/Parcel ID(s): 27-09-203-027-0000 For Tax Map ID(s): 27-09-203-027-0000

LOT 14 (EXCEPT WEST 3 FEET THEREOF) LOT 15 AND LOT 16 ALL IN BLOCK 5, IN

SEDGWICY, DEING A SUBDIVISION OF THE NORTH 1/2 OF THE NORTH WEST 1/4 OF THE NORTH EAST 1/4 OF SECTION 9, TOWNSHIP 36 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MER DIAN, IN COOK COUNTY, ILLINOIS