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DEPT-01 RECORDING T\$7777 | TEAN 9406 04/03/91 15:25:00 \$5206 + G ×-91-150136 COOK COUNTY RECORDER

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POWER OF ATTORNEY made this 2/st day of Much.	19 9 /
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3 Kahalnek hereby appoint as my attorney-in fact (my agent) to acc 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 of addition to the specified powers inserted in paragraph 2 or 3 below.

(YOU MUST STRIKE OUT ANY ONE OR MORE OF THE FOLLOWING CATEFORIES OF POWERS YOU DO NOT WANT YOUR AGENT TO HAVE. FAILUTE TO STRIKE THE TITLE OF ANY CATEGORY TO SERVED 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.

(d) Tangible personal property transactions.

(e) Safe deposit box transactions.

(f)Insurance and Annuity transactions.

(g)...

Retirement plan transactions. Social Security, employment & military service benefits. (h)

(1)Tax matters.

- Claims and litigation. (j)
- Commodity and option transactions. (k)

(1)Business operations.

(m) Borrowing transactions.

(n) Estate transactions.

(o) all other property powers and transactions.

(p)

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S. ROZEFYCK

Property of Cook County Clerk's Office

PERMANENT INDEX NO:: 03-05-412-009

PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS. SECTION 4 AND SECTION 5, TOWNSHIP 42 NORTH, RANGE 11, EAST OF THE THIRD

Soot County Cloth's Office

PERMANENT INDEX NO.: 03-05-410-(09

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(LIMITATIONS ON AND ADDITIONS TO THE AGENT'S POWERS MAY BE INCLUDED IN THIS POWER OF ATTORNEY IS 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):
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):

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

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.

(YOUR AGENT WILL BE ENTITLED TO REIMBURSEMENT FOR ALL REASONABLE EXPENSES INCURRED IN ACTING UNDER THIS POWER OF ATTORNEY. OUT THE NEXT SENTENCE IF YOU DO NOT WANT YOUR AGENT TO ALSO BE ENTITLE TO REASONABLE COMPENSATION FOR SERVICES AS AGENT.)

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

(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:

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on flated 21 1991 . (Insert a future date or event during your lifetime, such as court determination of your
disability, when you want his power to first take effect.)
(A. () This power of attorney shall terminate on . (Insert a future date or event, such as court determination of your disability, when you want this
such as court determination of your disability, when you want this poer 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 legally disabled, recign or refuse to act, I name the following (each to act alone and successively, in the order names as successor(s) to such agent:
Ox
9. If a guardian of my person is to be appointed, I nominate the following to serve as such guardian:
10. If a guardian of my estate (my property) is to be appointed, I nominate the following to serve as such guardian:
<u> </u>
11. I am fully informed as to all the contents of the form and understand the full import of this grant of povers to my agent.
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STATE OF Selences, COUNTY OF Cook)SS

The undersigned, a notary public in and for the above county and state, certifies that you a kakelnike known come to be the same person whose name is subscribed as principal to the foregoing power of attorney, appeared before me is person and aknowledgedged signing and delivering the instrument as the free and voluntary act of the principal, for the uses and purposes therein set forth, and certifies to the correctness of the signature(s) of the agent(s).

"OFFICIAL SEAL" Paulette J. Murray Notary Public, State of Illinois My Commission Expires 1/30/94

My commusion expires:

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:

Wills - Ste 1450 30, 1L 60606

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