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91228134

POWER OF ATTORNEY

POWER OF ATTORNEY made this 15th day of May, 1990.

1. I, STANLEY KOWALSKI, married to Janina Kowalski, of 5155 W. Dickens, Chicago, Illinois, hereby appoint

IRMINA TREBERT-SCHNITTER of 3915 N. Kenneth, Chicago, IL.

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:

(a) Real estate transaction, i.e. the closing of real property legally described as follows:

LOT 8 IN BLOCK 24 IN THE CHICAGO LAND INVESTMENT COMPANY'S SUBDIVISION OF THE NORTHEAST 1/4 OF SECTION 33, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

COMMONLY KNOWN AS: 5155 W. DICKENS, CHICAGO, IL

PIN # 13-33-223-001

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, we grant our agent the following powers:

TO EXECUTE ANY DOCUMENTS NECESSARY TO CONSUMMATE THE SALE AND CLOSING OF 5155 W. DICKENS, CHICAGO, IL.

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SPECIFICALLY, BUT NOT BY WAY OF LIMITATION, TO EXECUTE CONTRACT(S) FOR THE SALE OF THE PROPERTY, WARRANTY DEEDS, AFFIDAVITS OF TITLE, BILLS OF SALE, REVENUE DECLARATIONS, ALTAs, RESPAs, AFFIDAVITS REQUIRED BY PURCHASERS' LENDERS, ETC., TO RECEIVE THE NET PROCEEDS CHECK FOR PURPOSES OF ENDORSING IT FOR DEPOSIT INTO CRAGIN FEDERAL ACCOUNT NUMBER 125140252.

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 not be entitled to reasonable compensation for services rendered as agent under this power of attorney.

6. This power of attorney shall become effective on:

MAY 15, 1990

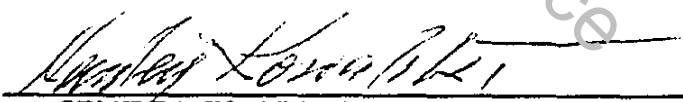
7. This power of attorney may not be revoked by me but shall terminate on:

MAY 14, 1991

8. If any agent named by me shall die, become legally disabled, resign or refuse to act, this power of attorney shall terminate automatically.

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.

SIGNED


STANLEY KOWALSKI

SOCIAL SECURITY NUMBER: 393-60-5545

Specimen signatures of
agent


AGENT

I certify that the signature
of my agent is correct


STANLEY KOWALSKI

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MAIL

M. DABROWSKI

6121 N. NW HWY

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CHICAGO, IL

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