KNOW ALL MEN BY THESE PRESENTS: That I, CHICAGO, IL 60614

WON K.
1648 MOHAWK UNIT A CHI
CHARLES C. PARK asoriw residence is do heroby appoint CHAR signature is as tollows: Whose signatura is as tollows: (X Allows)
my true and lawful attorney-in fact. Said attorney shall have
the power for me and in my name and on my behalf, to do any or
all of the following, as full and effectually as I myself could do if personally present:

To sign, seal, execute, amend, acknowledge and deliver any and all instruments in writing of any kind and nature which may be necessary or convenient in regard to the sale of the premises commonly known as: 1648 MOHAWK UNIT A CHICAGO IL 60614 logally described as:

92553804

in my name, upon such terms and conditions and with such warranties and coverants, if any, as my said attorney shall does advisable.

I hereby ratify all that my said attorney shall lawfully do or cause to be done by virtue of this Power of Attorney, which shall remain in full force and effect until written notice of its revocation signed by me, my elecutor, administrator or heirs, shall have been received by my mid attorney, or shall have been given by a written instrument reported with the Recorder of Deeds of COOK County, Illinois, as decad are recorded, and he person dealing with my said attorney in any manner shall be under any obligation to see to the application of any money paid to said attorney, or to inquire into the validity, expediency, or propriety of any of her acts or of any of the provisions of this provisions of this Power of Attorney.

Pursuant to Ill. Rev. Stats. Ch. 110 1/2. sec. 11a-23, the authority contained herein shall not be revoked or terminated by my subsequent disability or incompetency until T am adjudged a disabled person by a court of competent jurisdiction. I hereby agree for myself and for my executors, administrators and I hereby assigns, in consideration of my attorney's acting pursuant to this Power of Attorney, to save and hold my attorney harmless from any suffered or limbility incurred by my attorney in acting horounder.

IN WITNESS WHEREOF, I have signed this Power of Attornay, this //s day of _

State of County of Lebanon

county in the state aforesaid, do hereby certify that won K. Yun personally known to me to be the , a notary public in and for said same person whose name is subscribed to the foregoing instrument, appeared before me this day in person and acknowledged that he signed, sealed and delivered the said instrument as his free and voluntary act, for the uses and purposes therein set

forth. 11th Given under my hand and notarial seal, this ___ day of ., 92

> NOTARIAL SEAL KIMBERLY J. MEASE, Notory A Leberon, Lebenon County, Pa Wy Commission Expires October 20, 4894

SS.

UNOFFICIAL COPY

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