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HAIJUNG KIM KNOW ALL MEN BY THESE PRESENTS, That I. , have made, constituted and \_\_\_\_ County, State of \_\_\_\_\_ILLINOIS ATTORNEY-IN-FACT, appointed, and do by these presents make, constitute and appoint PETER D. KIM. for me and in my name, place, and stead, for the purpose of signing any and all Deeds, affidavits, Note(s), Deed(s) of Trust, Mortgages, settlement statements, HUD Forms, VA Forms, FHA Forms, and any and all other documents incidental and relating to the purchase and/or financing of the property known as:

	LGT 76 IN GLENVIEN WOODLANDS, BEING A SURDIVISION OF THE EAST 1/2 OF THE EAST 1/2 OF THE NORTHEAST 1/4 OF SECTION 32 AND THE EAST 1/2 OF THE SOUTHEAST 1/4 OF THE SOUTHEAST 1/4 OF THE SOUTHEAST 1/4 OF SECTION 23, TOWNSHIP 42 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN (EXCEPT THE PART LYING NORTHMESTERLY DF THE SUBTHEASTERLY RIGHT OF MAY LINE OF DESPLAINES VALLEY RAILROAD) ACCORDING TO THE PLAT THEREOF RECORDED JULY 11, 1956 AS DOCUMENT 16635670 IN COOK COUNTY, ILLINOIS.	
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also known as:	3824 SPRINGDALE AVE. GLENVIEW IL. 60025	
	EREBY make constitute and appoint my aforesaid attorney-in-fact to sign, seal, and acknowledge same, and do plouch acts, matters and things in relation to the purchase and/or financing of my property located in GLENVIEW TILLHOIS as I might or could do if acting personally.	
FURTHER, Therminated by binding on me	a document executed and acknowledged by me and recorded among the Land Records for COOK. County, State of ILLINOIS. This Power of Attorney shall be my heirs, successors, assign, executors, administrators and personal representatives, and any this Power of Attorney shall be mitted to rely on the authority herein given until and unless a	
ducument expre	essly revoking the powers herein given is recorded among the accression and several	
NOTWITHSTANDING anything herein contained to the contrary, this Power of Attorney shall not terminate or be affected or impaired by my disability, it being my express intention that this Power of Attorney shall survive my disability.		
WITNESS the	following signature and seal this 2 nd itsy of November, 1992.	
	adinger shi (SEAL)	
STATE OF	04-32-204-325	
COUNTY OF	, io wit:	
1, the undersign	ned Notary Public, in and for the County and State aforesaid, whose commission expires on the say of November, 1994, do hereby certify that	
HA I	whose name is signed to the foregoing of Attorney, has acknowledged the same before me in my jurisdiction aforesaid.	
	my hand this 3/10 day of NOVEMBER. 1992.	
**************************************	AL SEAL" Cecid Kriege	
	NOTARY PUBLIC	

Enid Kneger Notary Public, State of Illinois My Commission Expires 11/24/94

NOTARY PUBLIC

SMU 359 Multistate 10/87

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