

Handwritten initials/signature

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

- (a) Real estate transactions.
- (b) Financial institution transactions.
- (c) Tangible personal property transactions.
- (d) Insurance and annuity transactions.
- (e) Retirement plan transactions.
- (f) Tax matters.
- (g) Claims and litigation.
- (h) Borrowing transactions.
- (i) Estate transactions.
- (j) All other property powers and transactions.

COOK COUNTY RECORDER

147777 TRAN 2710 01/09/92 15:02:00
48604 : 5 * - 92 - 015421

DEPT-01 RECORDINGS

\$25.50

(YOU MUST STRIKE OUT ANY ONE OR MORE OF THE FOLLOWING CATEGORIES OF POWERS YOU DO NOT WANT YOUR AGENT TO HAVE. FAILURE TO STRIKE THE TITLE OF ANY CATEGORY WILL CAUSE THE POWERS DESCRIBED IN THAT CATEGORY TO BE GRANTED TO THE AGENT. TO STRIKE OUT A CATEGORY YOU MUST DRAW A LINE THROUGH THE TITLE OF THAT CATEGORY.)

(insert name and address of agent/ 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.)

hereby appoint: Richard S. Hernandez (insert name and address of principal)

POWER OF ATTORNEY made this 27 day of 12 (month) 91 (year) -92-015421

(NOTICE: THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO PLEDGE, SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. THIS FORM DOES NOT IMPOSE A DUTY ON YOUR AGENT TO EXERCISE GRANTED POWERS, BUT WHEN POWERS ARE EXERCISED, YOUR AGENT WILL HAVE TO USE DUE CARE TO ACT FOR YOUR BENEFIT AND IN ACCORDANCE WITH THIS FORM AND KEEP A RECORD OF RECEIPTS, DISBURSEMENTS AND SIGNIFICANT ACTIONS TAKEN AS AGENT. A COURT CAN TAKE AWAY THE POWERS OF YOUR AGENT IF IT FINDS THE AGENT IS NOT ACTING PROPERLY. YOU MAY NAME SUCCESSOR AGENTS UNDER THIS FORM BUT NOT CO-AGENTS. UNLESS YOU EXPRESSLY LIMIT THE DURATION OF THIS POWER IN THE MANNER PROVIDED BELOW, UNTIL YOU REVOKE THIS POWER OR A COURT ACTING ON YOUR BEHALF TERMINATES IT, YOUR AGENT MAY EXERCISE THE POWERS GIVEN HERE THROUGHOUT YOUR LIFETIME, EVEN AFTER YOU BECOME DISABLED. THE POWERS YOU GIVE YOUR AGENT ARE EXPLAINED MORE FULLY IN SECTION 3-4 OF THE ILLINOIS "STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY LAW", OF WHICH THIS FORM IS A PART (SEE PAGE TWO OF THIS FORM). THAT LAW EXPRESSLY PERMITS THE USE OF ANY DIFFERENT FORM OF POWER OF ATTORNEY YOU MAY DESIRE. IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU.)

Handwritten vertical text: Land Title - 2013331-2

Handwritten signature/initials

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02015422

Signed James B. Donnelly (principal)

to my agent.

10. I am fully informed as to all the contents of this form and understand the full import of this grant of powers attorney as such guardian, to serve without bond or security.

9. If a guardian of my estate (my property) is to be appointed, I nominate the agent acting under this power of WELFARE. STRIKE OUT PARAGRAPH 9 IF YOU DO NOT WANT YOUR AGENT TO ACT AS GUARDIAN. YOUR AGENT IF THE COURT FINDS THAT SUCH APPOINTMENT WILL SERVE YOUR BEST INTERESTS AND ARE NOT REQUIRED TO, DO SO BY RETAINING THE FOLLOWING PARAGRAPH. THE COURT WILL APPOINT OF YOUR ESTATE, IN THE EVENT A COURT DECIDES THAT ONE SHOULD BE APPOINTED, YOU MAY, BUT to business matters, as certified by a licensed physician. (IF YOU WISH TO NAME YOUR AGENT AS GUARDIAN or an adjudicated incompetent or disabled person or the person is unable to give prompt and intelligent consideration For purposes of this paragraph 8, a person shall be considered to be incompetent if and while the person is a minor

8. If any agent named by me shall die, become incompetent, resign or refuse to accept the office of agent, I name the following (each to act alone and successively, in the order named) as successor to such agent:

(IF YOU WISH TO NAME SUCCESSOR AGENTS, INSERT THE NAME(S) AND ADDRESS(ES) OF SUCH SUCCESSORS) IN THE FOLLOWING PARAGRAPH.)

(insert a future date or event, such as court determination of your disability, when you want this power to terminate prior to your death)

7. () This power of attorney shall terminate on 1-2-92 (insert a future date or event during your lifetime, such as court determination of your disability, when you want this power to first take effect)

6. () This power of attorney shall become effective on 12-27-91 AND COMPLETING EITHER (OR BOTH) OF THE FOLLOWING: YOUR DEATH UNLESS A LIMITATION ON THE BEGINNING DATE OR DURATION IS MADE BY INITIATING ATTORNEY WILL BECOME EFFECTIVE AT THE TIME THIS POWER IS SIGNED AND WILL CONTINUE UNTIL MANNER, ABSENT AMENDMENT OR REVOCATION, THE AUTHORITY GRANTED IN THIS POWER OF (THIS POWER OF ATTORNEY MAY BE AMENDED OR REVOKED BY YOU AT ANY TIME AND IN ANY

5. My agent shall be entitled to reasonable compensation for services rendered as agent under this power of attorney. (YOUR AGENT WILL BE ENTITLED TO REIMBURSEMENT FOR ALL REASONABLE EXPENSES INCURRED IN ACTING UNDER THIS POWER OF ATTORNEY. STRIKE OUT THE NEXT SENTENCE IF YOU DO NOT WANT YOUR AGENT TO ALSO BE ENTITLED TO REASONABLE COMPENSATION FOR SERVICES AS AGENT)

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. (YOUR AGENT WILL HAVE AUTHORITY TO EMPLOY OTHER PERSONS AS NECESSARY TO ENABLE THE AGENT TO PROPERLY EXERCISE THE POWERS GRANTED IN THIS FORM, BUT YOUR AGENT WILL HAVE DISCRETIONARY DECISION-MAKING POWERS TO OTHERS, YOU SHOULD KEEP THE NEXT SENTENCE, OTHERWISE, IT SHOULD BE STRUCK OUT.)

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):

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CTBANK FEDERAL SAVINGS BANK
ONE SOUTH DEARBORN
CHICAGO, ILLINOIS 60603

FORM 4837A (1990) PAGE 3

92015:21

Property of Cook County, Illinois
Notary Public Seal
My Commission Expires Nov. 13, 1994
Notary Public Cook County, Illinois
SERRIA T. GAUD

(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:

My commission expires _____
Notary Public

The undersigned, a notary public in and for the above county and state, certifies that _____
knows to me to be the same person whose name is subscribed as principal to the foregoing
power of attorney, appeared before me 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, and certified to the correctness of the
signatures of the agent(s).
Dated: 12-21-90
OFFICIAL SEAL
SERRIA T. GAUD
Notary Public Cook County, Illinois
My Commission Expires Nov. 13, 1994

State of IL
County of Cook
SS

(THIS POWER OF ATTORNEY WILL NOT BE EFFECTIVE UNLESS IT IS NOTARIZED, USING THE FORM BELOW.)

(successor agent)

(principal)

(successor agent)

(principal)

(agent)

(principal)
I certify that the signatures of my agent (and successors) are correct.
Specimen signatures of agent and successors
YOU MAY, BUT ARE NOT REQUIRED TO, REQUEST YOUR AGENT AND SUCCESSOR AGENTS TO PROVIDE SPECIMEN SIGNATURES BELOW IF YOU INCLUDE SPECIMEN SIGNATURES IN THIS POWER OF ATTORNEY. YOU MUST COMPLETE THE CERTIFICATION OPPOSITE THE SIGNATURES OF THE AGENTS.