AND WHEN PECONDED MAIL TO

Name Street Addinss

State

FROLFFOR

2300 Stanilferd Avenue

Conta Costo 464

M destr, California 95355



tere of the second of the seco

SPACE ABOVE THIS LINE FOR RECORDER & USE -

SPECIAL POWER OF ATTORNEY

KNOW ALL MEI	N BY THESE PRESENTS, that I,
and appoint MAF and avolut attorn benefit, to Ger	, residing at
NO.	Apr. # 15310, 15312, 15309.
	1415013, 11936C, 18622A
NATED. If I have serverally	POVER OF ATTORNEY WHERE MORE THAN ONE AGENT DESIG- ve designated more than one agent, the agents are to act Jointly and riby give and grant unto my hard atterney in fact full power and authority to
do and perform premises as full substitution and lawfully do or care this power on 3 February, 1	every act necessary, requisite or proper to be done in and about the year I might or could do were I personally present, with full power of revocation, hereby ratifying and confirming all that my said attorney shall use to be done by vitting hereof. It of attorney is granted for a period of one year and shall become effective 992 and shall terminate, or 2 February, 1993.
SIGNATURI	E OF PRINCIPAL Muchoufly a ltwenn
	PRINTED
individual who sid to me on the bas acknowledged th of sound mind ar Signature: Print Name: Date:	STATEMENT OF WITNESS enalty of perjury under the laws of
STATE OF <u>Illinois</u>	On this 11 day of February, in the year 1992, before me,
COUNTY OF Cook	Louise E. Thorson . a Notary Public, State of
"OFFICIAL SUAL" LOUISE E THOUSON Wy Commussion Express Squitting States TO THOUSE A STATE OF THE	to me (or proved to me on the basis of satisfactory evidence) to be the person whose name subscribed to this instruction, and acknowledged that she executed it. IN WITNESS WHEREOF I have hereunto set my hand and affixed my official seal in the Cook county of Illinois on the date set forth above in this certificate. Notary Public, State of Illinois

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