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- (a) Real estate transactions.
- (b) Financial institution transactions.
- (c) Stock and bond transactions.
- (d) Tangible personal property transactions.
- (e) Safe-deposit-box transactions.
- (f) Insurance and annuity transactions.
- (g) Retirement-plan transactions.
- (h) Social-security, employment-and-military or
- (i) Tax matters.
- (j) Claims and litigation.
- (k) Commodity-and-option-transactions.
- (l) Partnerships.
- (m) Borrowing transactions.
- (n) Estate-transactions.
- (o) All other property powers and transactions.

I, William M. Vesely, County of Cook, State of Illinois,
 do hereby certify that Lillian Kaspar is the true and correct
 copy of the original of the same as the same appears from the
 records of the County of Cook, State of Illinois.
 Witness my hand and seal of office this 1st day of April,
1934.
William M. Vesely, County Clerk
North Carolina

NOTICE REGARDING POWER OF ATTORNEY FOR PROBATE: ONE OF THE PURPOSES 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 POWER, BUT WHEN A POWER IS EXERCISED, YOUR AGENT WILL HAVE TO USE DUE CARE TO ACT FOR YOUR BENEFIT AND IN ACCORDANCE WITH THIS FORM. 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 EX-PLAINED MORE FULLY IN SECTION 3-6 OF THE ILLINOIS WISIDORSY SHORT FORM POWER OF ATTORNEY FOR PROPERTY LAW, WHICH SECTION IS INCORPORATED IN THIS FORM FOLLOWING THE ACKNOWLEDGEMENT WHICH APPEARS AFTER YOUR SIGNATURE. THAT LAW EXPRESSLY PERMITS THE USE OF ANY DIFFERENT FORM OF POWER OF ATTORNEY YOU MAY DESIRE. IF THERE IS ANY-THING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU.

FOR PROPERTY

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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): NO LIMITATIONS.

3. In addition to the powers granted above, I grant my agent the following powers listed in paragraphs 4 through 6, inclusive, hereafter.

4. My agent may appoint and employ, with or without compensation, any accountants, attorneys at law (including any firm of which my attorney hereunder is a partner or by which such attorney is employed, without diminishing or otherwise affecting his or her interests in the earnings of such firm, including reasonable compensation fixed by my agent hereunder), investment counsel, agents, servants or other persons, including their agents and associates, and dismiss or discharge the same and appoint or employ any others in their stead as my true and lawful attorneys, to appear and represent me as to all matters covered by this power of attorney, or for any other purpose; with full power and authority to such agents and attorneys to do any and all acts convenient or appropriate in connection with such matters, including the specific acts described above or below, and to substitute attorneys and agents subsequent to the date of such appointment and prior to any revocation thereof, and to delegate and revoke the authority so granted them. Notwithstanding anything contained to the contrary in this instrument, no authority is given to my agent to delegate any health care decisions, the delegation of which is prohibited pursuant to the provisions of Section 4-10(b) of the Illinois "Statutory Short Form Power of Attorney for Health Care Law".

5. My agent may transfer, assign and convey any property or interest in property which I may own to any trust of which I am a beneficiary and under the terms of which I expressly have the power, exercisable alone or with others, to amend or revoke such trust, whether such trust was created before or after the execution of this power of attorney (and I hereby express my intent that my attorney make such transfer, assignment or conveyance to such trust, unless the result thereof would be financially or personally detrimental to me).

6. My agent may, (without prejudice to, but in enlargement of the authority above and below conferred), execute each and every instrument on my behalf as attorney-in-fact or in my name alone (and if in my name alone, with or without disclosing any fiduciary relationship), undertake each and every obligation, and take from time to time any and all action of whatever nature and with relation to any matters whatsoever, whether or not specifically mentioned herein, and exercise in respect thereto as full and complete power and discretion as I myself might or could do.

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 TO MAKE ALL DISCRETIONARY DECISIONS. IF YOU WANT TO GIVE YOUR AGENT THE RIGHT TO DELEGATE DISCRETIONARY DECISION-MAKING POWERS TO OTHERS, YOU SHOULD KEEP THE NEXT SENTENCE, OTHERWISE IT SHOULD BE STRUCK OUT.

7. Except as otherwise provided in Section 4-10(b) of the Illinois Power of Attorney Act, my agent shall have the right by written instrument to

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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 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.

8. My agent shall be entitled to reasonable compensation for services rendered as agent under this power of attorney.

THIS POWER OF ATTORNEY MAY BE AMENDED OR REVOKED BY YOU AT ANY TIME AND IN ANY MANNER WHILE YOU HAVE THE CAPACITY TO DO SO. ABSENT AMENDMENT OR REVOCATION, THE AUTHORITY GRANTED IN THIS POWER OF ATTORNEY WILL BECOME EFFECTIVE AT THE TIME THIS POWER IS SIGNED AND WILL CONTINUE UNTIL YOUR DEATH, AND BEYOND IF ANATOMICAL GIFT, AUTOPSY OR DISPOSITION OF REMAINS IS AUTHORIZED, UNLESS A LIMITATION ON THE BEGINNING DATE OR DURATION IS MADE BY INITIALIZING AND COMPLETING EITHER OR BOTH OF THE FOLLOWING:

-----9.---(---) This power of attorney shall become effective on-----

-----10.---(---) This power of attorney shall terminate on-----

11. 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.

12. The powers and authorities granted herein shall not be affected, impaired or exhausted by any non-exercise thereof or by any one or more exercises thereof. My agent shall exercise or not exercise the powers and authorities granted herein in each case as my agent, in my agent's own absolute discretion, deems desirable or appropriate under existing circumstances. I hereby ratify and confirm as good and effectual, at law and in equity, all that my agent, and any agents and attorneys appointed by my agent, and their agents, associates and substitutes, may do by virtue hereof. However, despite the above provisions, nothing herein shall be construed as imposing a duty on my agent to act or assume responsibility for any matters referred to above or other matters, even though my agent may have power or authority hereunder to do so.

13. Reproductions of this executed original (with reproduced signatures and the certificate of acknowledgement) shall be deemed to be original counterparts of this power of attorney.

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YOU MAY, BUT ARE NOT REQUIRED TO, REQUEST YOUR AGENT AND SUCCESSOR AGENT 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.

Signed: [Signature] AS TRUSTEE UNDER TRUST AGREEMENT
DATED JULY 9, 1990 & KNOWN AS
TRUST NO. 1
Principal

Specimen signatures of
agent.

I certify that the signature of my
agent is correct.

Lillian M. Kasper
Agent
Principal

STATE OF ILLINOIS)
COUNTY OF Cook)

The undersigned, a notary public in and for the above county and state, certifies that Lillian M. Vesely known 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 *, for the uses and purposes therein set forth, and certified to the correctness of the signature of the agent shown in said instrument

Dated: March 31, 1992

Frank J. Kryda
Notary Public

"Official Seal"
This instrument prepared by:
FRANK J. KRYDA
NOTARY PUBLIC, STATE OF ILLINOIS
My commission expires 1/15/94

My commission expires: 1-18-94

Frank J. Kryda

5953 W. Cermak Rd.

Cicero, IL 60650

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LEGAL DESCRIPTION

LOT 19 IN BLOCK 4 IN WESTMORELAND SUBDIVISION IN THE SOUTHWEST 1/4
OF THE NORTHEAST 1/4 OF SECTION 33, TOWNSHIP 39 NORTH, RANGE 12
EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

15-33-15-18

S.26 71. The 1st Paid.

La Grange, Ill. - 71.

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