93567729

ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

(MOTICE: 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 MOTICE TO YOU OR APPROVAL BY YOU. THIS FORM DOES NOT IMPOSE A DUTY OR YOUR AGENT TO EXERCISE GRANTED POWERS: BUT WHEN A POWER IS EXERCISED, YOUR AGENT WILL BAVE TO USE DUE CARE TO ACT FOR YOUR DENEFTE 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 HAVE 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 COCK! ACTING ON YOUR BEHALF TERMINATES IT, YOUR AGENT MAY EXERCISE THE POWERS GIVET HERE THROUGH YOUR LIFETIME, EVEN AFTER YOU BECOME DISABLED. THE POWERS YOU CIVE 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 THE BACK 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 FOR THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO TOWN THE RECORD TOR \$35.50 *~93~567729 POWER OF ATTORNEY made this 18thday of 19 93.

1. I, GEORGE G. KLIER, 417 North Hamlin, Park Ridge, Illinois 60068

(insert mame and address of principal), hereby appoint: CAROL ANN KLIER, 417 North Hamlin, Carolinois 60068

Park Ridge, Illinois 60068

(insert name and address of agent) as my 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, Carolinois 60068

Illinois Statutory Short Form Power of Attorney for Property.

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HIRD PRINCIPAL

! OFFICE OF THE R.

!UARY 27, 1961, AS L.

OFFICE

OFFI LTO THIRTY NINE (39) IN NILES TERRACE-SIXTH ADDITION, BEING A SUBDIVISION OF PART OF THE WEST 40.38 ACRES OF THE SOUTH HALF (1/2) OF THE SOUTH WEST QUARTER (1/4) OF SECTION 13, TOWNSHIP 41 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO PLAT THEREOF REGISTERED IN THE OFFICE OF THE REGISTRAR OF TITLES OF COOK COUNTY, ILLINOIS, ON JANUARY 27, 1961, AS DOCUMENT NUMBER 1962201.

LN#3111358

THIS DOLUMEN; PREPARSO

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 Parageaph 2 or 3 below:

(YOU MAY STRIKE OUT ANY DHE OR MORE OF THE FOLLOWING CATEGORIES OF POWERS YOU DO NOT WANT YOUR AGENT TO HAVE. FALLURE 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).

- (a) Real estate transactions. + Spreificancy THE Practions OF
- (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, unemployment and military service benefits.
- (i) Tax matters.
- (j) Claims and litigation.
- (k) Commodity and option transactions.
- (1) Business operations.
- (m) Borrowing transactions.
- (n) Estate transactions.
- (o) All other property powers and transactions.

(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 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

- 2 -

borrowing by the agent): 3. In addition to the powers granted above, 1 grant my agent the ' following powers (here you may add any other delegable powers including, without limitation, power to make glfts, exercise powers of appointment, name or change Lereficiaries or joint tenants or revoke or amend any trust specifically referred to below):

(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.) C

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 delogations 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 MEXT SENTENCE IF YOU DO NOT WANT YOUR AGENT TO ALSO BE ENTITLED TO REASONABLE

COMPENSATION FOR SERVICES AS AGENT.)

5. My agent shall be estitled to reasonable compossation for services rendered as agent under this power of attorney.

(THIS POWER OF ATTORNEY MAY BE AMERICAD OR REVOKED BY YOU AT ANY TIME IN ANY MANNER. 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 UNLESS A LIMITATION ON THE REGINNING DATE OR DURATION IS MADE BY INITIALING AND COMPLETING EITHER (OR BOTH) OF THE FOLLOWING!)

6. (Initialize) This power of attorney shall become offective
OH!
(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).
7. (Initialed) This power of attorney shall terminate on:
(insert a future date or event during your lifetime, such as court determination
of your disability, when you want this power to turdinate prior to your death).
(IF YOU WISH TO HAME SUCCESSOR AGENTS, INSERT THE NAMES ALL ADDRESSES OF SUCH SUCCESSORS IN THE FOLLOWING PARAGRAPH).
8. If any agent named by me shall die, become legaling Almablod,
resign or refuse to act, I name the following (each to act alone and successival
in the order named) as successors to such agent;
(IF YOU WISH TO NAME A GUARDIAN OF YOUR PERSON OR A GUARDIAN OF YOUR ESTATE, OR
BOTH, IN THE EVENT A COURT DECIDES THAT ONE SHOULD BE APPOINTED, YOU MAY, BUT
ARE NOT REQUIRED TO, DO SO BY INSERTING THE NAME (S) OF SUCH GUARDIAN (S) IN THE
FOLLOWING PARAGRAPH. THE COURT WILL APPOINT THE PERSON NOMINATED BY YOU

IF THE COURT FINDS THAT SUCH APPOINTMENT WILL SERVE YOUR BEST INTERESTS
AND WELFARE. YOU MAY, BUT ARE NOT REQUIRED TO, NOMINATE AS YOUR GUARDIAN(S)
THE SAME PERSON NAMED IN THIS FORM AS YOUR AGENT.)

9. If a guardian of my person is to be appointed, I nominate the
following to serve as such guardian:
(Insect name and address of nominated guardian of the person).
15. If a guardian of my estate (my property) is to be appointed, I nominate the 40 nowing to serve as such guardian:
I nominate the following to serve as such guardian:
(insert name and address of nominated guardian of the estate).

11. I am fully in ormed as to all the contents of this form and understand the full import of true grant of powers to my agent.

Signed Will Charles G. KLIER

(YOU MAY, BUT ARE NOT REQUIRED TO, REQUEST YOUR AGENT AND SUCCESSOR AGENTS TO PROVIDE SPECIMER SIGNATURES BELOW. IF YOU INCLUDE SPECIMEN SIGNATURES IN THIS POWER OF ATTORNEY, YOU MUST COMPLETE THE CERTIFICATION OPPOSITE THE SIGNATURES OF THE AGENTS.)

Specimen signstures of agent (and successors).

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(agent) CAROL ANN KLIER
0/
(successor agent)
(successor agent)
I certify that the signatures of my agent (and successors) are correct.
(principal) GEORGE G. KLIER
(principal)
(principal)

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

STATE OF LEGINOIS)

COUNTY OF 2 O O K)

Dated: June 18, 1993

Wolary Public

My Commision expires September 11, 1995.

NOTARY PUBLIC STATE OF ILLINOIS

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