Septembrie 1200 MOFFICIAL COPY, 1 3

SPECIFIC POWER OF ATTORNEY

| COOK COUNTY, State of LULIOUS Appointual, and do by these presents make, constitute and appoint. MEIGHS 1. IN. ATTORNEY. IN.P. for me and in my name, place, and stead, for the purpose of signing any and all Desets, affidering. Notatis), Do of Turn, Montgage, sellutement statements. HUD Forms. V. Permis. PIAP FOrms. and any and all documents incidental and relating to the purchase and/or fluencing of the property known as any and all documents incidental and relating to the purchase and/or fluencing of the property known as any and all documents incidental and relating to the purchase and/or fluencing of the property located at 100 mg. A 1 mg. A 100 mg. A 1 mg. A 100 mg. A 1 mg. A 100 mg | i ana |
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| also known as: 5 EASTINGS MAY SOUTH BARRINGTON, IL 60010 I FURTHER HERRENY make, consultate and appoints my aforesaid attorney-in-fact to sign, seed, and secknown and deliver the same, and do all such acts, meaters and things in relation to the purchase and/or financing interests in said property located in COOV COUNTY. ILLINOIS as I might or could do if acting personally FURTHER, THIS POWER OF ATTORNEY THE Interest in said property located in COOV COUNTY. ILLINOIS as I might or could do if acting personally interests in said property located in COOV COUNTY. ILLINOIS as I might or could do if acting personally building on make the county of the county of the county herein given until said and person receiving this Power of Attorney shall be indining on make the property in the Power of Attorney shall document expression the powers herein given is recorded among the Land Records. NOTWITTHSTANDING anything hersin contained to the control his Power of Attorney shall be affected or impaired by my dissolitity, it being my express intention that this Power of Attorney shall su my dissolitity. WITNESS the following signature and seal this day of County st: County st: C | ed(s) |
| also known as: 8 EAST (NOS MAY SOUTH BARRIAGTON, IL 60010 I FURTHER HERRBY make, constitute and appoint my aforesaid attorney-in-fact to sign, seal, and acknown and deliver the same, and do all such acts, matters and things in relation to the purchase and/or financial interess in said property located in CODE (CHAPTA, TELLIANS). FURTHER, TRIS POWER OF ATTORNEY Call remain in full force and effect until revoked, suspend terminated by a document executed and acknowledged by me and recorded among the Land Record binding on ma. my hairs, successors, assigns, execute, administrators and personal representatives, and power of Attorney shall be entured to ray on the authority herein given until and un document expressive power of Attorney shall be entured to ray on the authority herein given until and un document expressive providing the power of Attorney shall be affected or impaired by my dissolity, it being my express incurion that this Power of Attorney shall sumy dissolity. WITNESS the following signature and seal this day of Colonia to the force poing instrument, appeared before me this day in person, and acknowledged that the condition of the force poing instrument, appeared before me this day in person, and acknowledged that the condition of the condition o | nsh1P |
| also known as: 6 EASTINGS MAY SOUTH BARRINGTON, IL 60010 I FURTHER HERBSY make, consurate and appoint my aforested attorney-in-fact to sign, seal, and acknow and deliver the same, and do all such assurementary and things in relation to the purchase and/or financing interests in said property located in CODY COUNTY, ILLINOIS as I might or could do if acting personally FURTHER, THIS POWER OF ATTORNEY THIS FORMER OF ATTORNEY THE | |
| also known as: 6 EASTINGS MAY SOUTH BARRINGTON, IL 60010 I FURTHER HERBSY make, consult at and appoint my aforested attorney-in-fact to sign, seal, and acknow and deliver the same, and do all such acts, matters and things in relation to the purchase and/or financing interests in said property located in CODY CUNTY, ILLINOIS as I might or could do if acting personally FURTHER, TRIS POWER OF ATTORNEY TILL remain in full force and affact until revoked, suspend terminated by a document executed and acts, owing the by me and recorded among the Land Record COOX COUNTY, State of ILLINOIS. COUNTY State of ILLINOIS This Power of Attorney shall be entuabled by me and recorded among the Land Record occument expressly revoking the power herein given is retorned among the aforested Land Records. NOTWITHSTANDING anything herein contained to the contray this Power of Attorney shall not tarmine be affected or impaired by my distability, it being my express intention that this Power of Attorney shall sumy distability. WITNESS the following signature and seal this 15 day of 16 for 18 for 19 | |
| also known as: 6 EASTINGS MAY SOUTH BARRINGTON, IL 60010 I FURTHER HERBY make, constitute and appoint my aforesaid attorney-in-fact to sign, seal, and acknow and deliver the same, and do all such assu, masters and things in relation to the purchase and/or financing interests in said property located in CONY COUNTY, ILLINOIS as I might or could do if acting personally FURTHER, THIS POWER OF ATTORNEY will remain in full force and affact until revoked, suspend terminated by a document executed and acknowleded by me and recorded among the Land Record COOK County, State of ILLI GIS! This Power of Attorney shall be entured by me and recorded among the Land Record blinding on me, my heirs, successors, assignat, execution, administrators and personal representatives, an person receiving this Power of Attorney shall be entured to rely on the authority herein given until and un document expressly revoking the power herein given is record among the aforesaid Land Records. NOTWITHSTANDING anything herein contained to the contray this Power of Attorney shall not tarming be affected or impaired by my disability, it being my express intention that this Power of Attorney shall sumy disability. WITNESS the following signature and seal this state of the contray but this Power of Attorney shall sumy disability. In a Notary Public in and for said covery and a fire-contray but the foregoing instrument, appeared before me this day in person, and acknowledged that the cell and delivered the said instrument as free and voluntary act, for the uses and purposes the Notary Public State of Blibole "OFFICIAL SHAL" Official SHAL" Official SHAL' Official S | |
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| I FURTHER HERRBY make, constitute and appoint my aforesaid attorney-in-fact to sign, seal, and acknow and doll such acts. mattains and things in relation to the purchase and/or financing interests in said property located in COO COUNTY. ILLINOIS—as I might or could do if acting personally further in the purchase and/or financing interests in said property located in COO COUNTY. ILLINOIS—as I might or could do if acting personally further than the county of the power of Attorney and acts own and recorded among the Land Record COO COUNTY. State of ILLINOIS. This Power of Attorney shall be enabled to relay on the authority herein given until and undocument expressly revoking the powers herein given is record among the aforesaid Land Records. NOTWITHSTANDING anything herein contained to the country this Power of Attorney shall not tarminate be affected or impaired by my disability. It being my express intention that this Power of Attorney shall sumy disability. WITNESS the following signature and seal this the day of Country state of the foregoing instrument, appeared before me this day in person, and acknowledged that the country act, further uses and purposes the day of Population and delivered the said instrument as the foregoing instrument as free and voluntary act, further uses and purposes the Motory Public, State of Hinois OFFICIAL SHAL* | |
| and deliver the same, and do all such acts matters and things in relation to the purchase and/or financing interests in said property located in COV COUNTY, ILLIANDS as I might or oculd do if acting personally FURTHER, THIS POWER OF ATTORNEY THIS framain in full force and effect until revoked, suspend torminated by a document executed and acts owledged by me and recorded among the Land Record COOK County. State of THI OLD This Power of Attorney shall be included by the power of Attorney shall be entired to the control of the entire given until and undocument expressly revoking the powers herein given is recorded among the aforesaid Land Records. NOTWITHSTANDING anything herein contained to the control this Power of Attorney shall so undidented or impaired by my dissolitive, it being my express intention that this Power of Attorney shall sumy disability. WITHESS the following signature and seal this 1 day of Colored 1 19 3 ATE OF ILLINOIS. County ss: I A Notary Public in and for said covern and a knowledged that hereby certify that Fig. 11 personally known to me to be the same person(s) whose name(s). Sembed to the foregoing instrument, appeared before me this day in person, and acknowledged that he red and delivered the said instrument as free and voluntary act, for the uses and purposes the forter "OFPICIAL SEAL" Color under This Attach is fine and this day of the commission Espires 1/30/98 Color under This Attach is fillions. | |
| interests in said property located in COO COUNTY. ILLINOIS as I might or could do if acting personally FURTHER, THIS POWER OF ATTORNE's all remain in full force and offset until revoked, suspend terminated by a document executed and actions and actions and recorded among the Land Record COOK. County, State of the cors This Power of Attorney shall be industriated and personal representatives, and person receiving this Power of Attorney shall be entitled by rely on the authority herein given until and the document expressly revoking the powers herein given is recorded among the elevested Land Records. NOTWITHSTANDING anything herein contained to the control that this Power of Attorney shall not terminate affected or impaired by my disability, it being my express included that this Power of Attorney shall sumy disability. WITNESS the following signature and seal this day of Colonial that this Power of Attorney shall sumy disability. ATE OF ILLINOIS. County ss: 1 | iedge |
| binding on me, my heirs, successors, assigns, executed and actions and personal representatives, and person receiving this Power of Attorney shall be entured to rely on the authority herein given until and undocument expressly revoking the powers herein given is recovered among the aforesaid Land Records. NOTWITHSTANDING anything herein contained to the contrary this Power of Attorney shall not issuming be affected or impaired by my disability, it being my express intention that this Power of Attorney shall not issuming my disability. WITNESS the following signature and seal this County ss: 1 | , |
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| document expressly revoking the powers herein given is recovered among the aforested Land Records. NOTWITHSTANDING anything herein contained to the control this Power of Attorney shall not testmine be affected or impaired by my distability, it being my express intention that this Power of Attorney shall su my distability. WITNESS the following signature and seal this 3 day of October 1993. ATE OF ILLINOIS. County ss: 1, | ess & |
| be affected or impaired by my disability, it being my express intention that this Power of Altomay shall surmy disability. WITNESS the following signature and seal this 5 to day of October 1993. ATE OF ILLINOIS. County ss: AND COUNTY SEE AND COUNTY SEE AND COUNTY SEE COUNTY | |
| be affected or impaired by my disability, it being my express invanion that this Power of Altomay shall sur my disability. WITNESS the following signature and seal this 5 to day of October 1993. ATE OF ILLINOIS. County ss: I AND COUNTY SEE I | te or |
| WITNESS the following signature and seal this | SVIVE |
| ATE OF ILLINOIS. County ss: A Notary Public in and for said county and a Notary Public in and for said county and said coun | |
| ATE OF ILLINOIS. County ss: A Notary Public in and for said county and a Notary Public in and for said county and said coun | |
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| hereby certify that Let the foregoing instrument, appeared before me this day in person, and auknowledged that. he and and delivered the said instrument as. free and voluntary act, for the uses and purposes the "OFFICIAL SEAL" Given under this Afficial seal, this day of day of 19 Notary Public, State of lithole Wy commission Expires 1/30/96 | |
| personalty known to me to be the same person(s) whose name(s). scribed to the foregoing instrument, appeared before me this day in person, and auknowledged that | |
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