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AMERICAN LEGAL FORMS © 1990 FORM NO. 820
CHICAGO, IL 60601 373-1921

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Blank Power of Attorney An Official Issued by the
Ill. Rev. Stat., Ch. 110 1/2-1, Effective Jan. 1, 1990

ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

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, UNLESS 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 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 FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU.

Power of Attorney made this 16th day of December 1993

I, MOHAN K. UMARI K. NAIDU, 12 MOHAWK DR, BARRINGTON, IL

hereby appoint JOHN COOPER, Attorney, 333 W. WACKER DR, CHICAGO, IL

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, 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:

(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.)

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| (a) Real estate transactions. | (g) Retirement plan income benefits. | (i) Business operations. |
| (b) Financial institution transactions. | (h) Social Security, employment and disability services benefits. | (ii) Borrowing transactions. |
| (c) Bank and bond transactions. | (j) Powers. | (iii) Estate transactions. |
| (d) Tangible personal property transactions. | (k) Claims and litigation. | (iv) All other statutory powers and authorities. |
| (e) Safe deposit box transactions. | (l) General and other powers. | |
| (f) Insurance and annuity transactions. | | |

ELIMINATIONS 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):

DEPT-91 RECORDINGS

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COOK COUNTY RECORDER

3. In addition to the powers granted above, I grant my agent the following powers (here you may add any other delegate's powers, including without limitation power to make gifts, exercise powers of appointment, name or change beneficiaries or joint tenancy 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.)

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 us) who is acting under this power of attorney at the time of reference.

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INTERCOUNTY TITLE

94049724
\$25.50



John Cooper, atty
333 W. Wacker Drive
Chicago, IL

2550
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13129774779

ILLINOIS CLOSING SERVICES

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1. My agent shall be authorized to execute and deliver for services rendered to agent under this power of attorney.

(THE POWER OF ATTORNEY MAY BE AMENDED OR REVOKED BY YOU AT ANY TIME AND IN ANY MANNER. AGENT AMENDMENT OR REVOCATION. THE AUTHORITY GRANTED IN THIS POWER OF ATTORNEY WILL BECOME EFFECTIVE AT THE TIME THE POWER IS SIGNED AND WILL CONTINUE UNTIL YOUR DEATH UNLESS A LIMITATION ON THE BEGINNING DATE OR DURATION IS MADE BY INITIALING AND COMPLETING EITHER FOR BOTH OF THE FOLLOWING:)

6. () This power of attorney shall become effective on _____

(Insert a future date or upon happening of event, such as your determination of your disability, after you have the power to revoke it.)

7. () This power of attorney shall terminate on _____

(Insert a future date or upon happening of event, such as your determination of your disability, after you have the power to revoke it.)

IF YOU WISH TO NAME SUCCESSOR AGENTS, INSERT THE NAMES AND ADDRESSES OF SUCH SUCCESSORS IN THE FOLLOWING PARAGRAPH:

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(s) to such agent _____

For purposes of this paragraph 8, a person shall be considered to be incompetent if and while the person is a minor or an individual incapable of exercising reason or the person is unable to give prompt and intelligent consideration to business matters, as certified by a licensed physician.

IF YOU WISH TO NAME YOUR AGENT AS GUARDIAN OF YOUR ESTATE, IN THE EVENT A COURT DECIDES THAT ONE SHOULD BE APPOINTED, YOU MAY, BUT ARE NOT REQUIRED TO, DO SO BY RETAINING THE FOLLOWING PARAGRAPH. THE COURT WILL APPOINT YOUR AGENT IF THE COURT FINDS THAT SUCH APPOINTMENT WILL SERVE YOUR BEST INTERESTS AND WELFARE. STRIKE OUT PARAGRAPH 9 IF YOU DO NOT WANT YOUR AGENT TO ACT AS GUARDIAN.

9. If a guardian of my estate (or property) is to be appointed, I authorize the agent acting under this power of attorney as such guardian, to serve without bond or security.

10. I am fully informed as to the contents of this form and understand the full import of this grant of power to my agent.

Signed Mehana Kumari K. Naidu
(Principal)

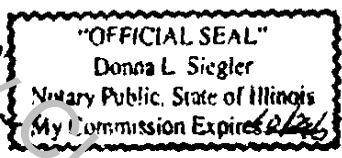
(YOU MAY, BUT ARE NOT REQUIRED TO, REQUEST YOUR AGENT AND SUCCESSOR AGENTS TO PROVIDE SPECIMEN SIGNATURES BELOW. IF YOU INCLUDE SPECIMEN SIGNATURES IN THIS POWER OF ATTORNEY, YOU MUST COMPLETE THE CERTIFICATION OPPOSITE THE SIGNATURES OF THE AGENT(S).)

Specimen signatures of agent (and successors) _____ <small>agent</small> _____ <small>successor agent</small> _____ <small>successor agent</small>	I certify that the signatures of my agent (and successors) are correct. _____ <small>agent</small> _____ <small>successor</small> _____ <small>successor</small>
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(THIS POWER OF ATTORNEY WILL NOT BE EFFECTIVE UNLESS IT IS NOTARIZED, USING THE FORM BELOW.)

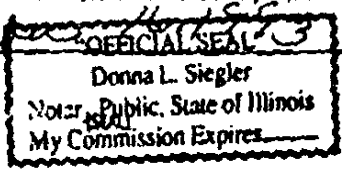
State of Illinois)
 County of Cook) ss.

Donna L. Siegler



The undersigned, a notary public in and for the above county and state, certifies that MEHANA KUMARI K. NAIDU 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 the principal, for the uses and purposes therein set forth, and certified to the authenticity of the signature(s) of the agent(s).

Dated Dec 11 2003



Donna L. Siegler
 My commission expires 10/29/05

(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: _____

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Legal Description:

Lot 6 in Barrington Homestead Estates Being a subdivision of part of the Northeast 1/4 of the Northeast 1/4 of Section 36, Township 42 North, Range 9 East of the Third principal meridian, according to the plat thereof recorded January 22, 1979, as document number 24810546, in Cook County, Illinois.

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