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POWER OF ATTORNEY

95002304

"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 AND ACT ON YOUR BEHALF IN CONNECTION WITH ANY DEALINGS INVOLVING AND/OR RELATING TO THE REAL ESTATE TRANSACTION DESCRIBED HEREIN, INCLUDING AND NOT LIMITED TO ANY REAL OR PERSONAL PROPERTY, WITHOUT ADVANCE NOTICE TO YOU OR PRIOR APPROVAL BY YOU. THIS FORM DOES NOT IMPOSE A DUTY ON OUR AGENT TO EXERCISE GRANTED POWERS: BUT WHEN A POWER IS EXERCISED, OUR AGENT WILL HAVE TO USE DUE CARE TO ACT FOR OUR 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 GIVE HERE THROUGHOUT YOUR LIFETIME, EVEN AFTER YOU BECOME DISABLED. THE POWERS YOU GIVE YOUR AGENT ARE EXPLAINED MORE FULL 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 28th day of December, 1994.

1. I, DAE B. LEE OF 10111 OLD ORCHARD COURT, SKOKIE, ILLINOIS hereby appoint GREGORY MILLER located at 9415 SOUTH STATE STREET, CHICAGO, ILLINOIS (as "my ATTORNEY" in fact) 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 Sort 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:

(NOTICE: 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 FOLLOWING POWERS DESCRIBED IN THAT CATEGORY TO BE GIANTED TO THE AGENT. TO STRIKE OUT A CATEGORY YOU MUST DRAW A LINE THROUGH THE TITLE OF THAT CATEGORY.) 95002304

- (a) Real Estate transactions. Commonly known as 7332 South Carpenter Street, Chicago, Illinois 60621.

(NOTICE: LIMITATIONS ON ANY ADDITIONS TO THE ATTORNEYS 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 particular stock or real estate or special rules on borrowing by the ATTORNEY):

Not Applicable

DEPT-01 RECORDING \$29.50
 140011 TRAN 5174 01/03/95 15:46:00
 47236 + RV *-95-002304
 COOK COUNTY RECORDER

2950
sw

1st AMERICAN TITLE order # 98272

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3. In addition to the powers granted above, I grant my ATTORNEY the power, without limitation, to make gifts, exercise powers of appointment, name or change beneficiaries or joint tenants or revoke or amend any trust specifically referred to below):

.....(NOTICE: YOUR ATTORNEY WILL HAVE AUTHORITY TO EMPLOY OTHER PERSONS AS NECESSARY TO ENABLE THE ATTORNEY TO PROPERLY EXERCISE THE POWERS GRANTED IN THIS FORM, BUT YOUR ATTORNEY WILL HAVE TO MAKE ALL DISCRETIONARY DECISIONS. IF YOU WANT TO GIVE YOUR ATTORNEY THE RIGHT TO DELEGATE DISCRETIONARY DECISION-MAKING POWERS TO OTHERS, YOU SHOULD KEEP THE NEXT SENTENCE, OTHERWISE IT SHOULD BE STRUCK OUT.)

4. My ATTORNEY 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 ATTORNEY 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.

(NOTE: YOUR ATTORNEY 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 YOUR ATTORNEY.)

5. My ATTORNEY shall be entitled to reasonable compensation for services rendered as my ATTORNEY under this power of attorney.

(NOTE: THIS POWER OF ATTORNEY MAY BE AMENDED OR REVOKED BY YOU AT ANY TIME AND IN ANY MANNER. ABSENT AMENDMENT OR REVOCATION, THE AUTHORITY GRANTED IN THIS POWER OF ATTORNEY MAY BE AMENDED OR REVOKED BY YOU AT ANY TIME AND IN ANY MANNER. ABSENT AMENDMENT OR REVOCATION, THE AUTHORITY GRANTED IN THIS POWER WILL BECOME EFFECTIVE AT THE TIME THIS 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 (OR BOTH) OF THE FOLLOWING:)

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

December 28, 1994

.....
(insert a future date or event, such as court determination of your disability, when you want this power to terminate prior to your death)

7. (X) This power of attorney shall terminate on:

January 5, 1995

.....
(insert a future date or event, such as court determination of our disability, when you want this power to terminate prior to your death)

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(IF YOU WISH TO NAME SUCCESSOR AGENTS, INSERT THE NAME(S) AND ADDRESS(ES) FOR SUCH SUCCESSOR(S) IN THE FOLLOWING PARAGRAPH.)

8. If any agent named by me shall die, become legally disabled, resign or refuse to act, I name the following (each to act alone and successively, in the order named) as successor(s) to such agent:

N/A

9. If a guardian of my person is to be appointed, I nominate the following to serve as such guardian:

N/A

(insert name and address of nominated guardian of the person)

10. If a guardian of my estate (my property) is to be appointed, I nominated the following to serve as such guardian:

N/A

(insert name and address of nominated guardian of the estate)

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 ATTORNEY.

Signed: 
Principal

Signed:
Principal

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

Specimen signatures of
ATTORNEY (and successor(s))

.....
(ATTORNEY)

.....
(Principal)

.....
(Successor Agent)

.....
(Principal)

.....
(Successor Agent)

.....
(Principal)

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

State of Illinois)
) ss.
County of Cook)

The undersigned, a notary public in and for the above county and state, certifies that **DAE B. LEE**, 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 acknowledge 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 correctness of the signature(s) of the agent(s)).

Dated: December 28, 1994



Notary Public

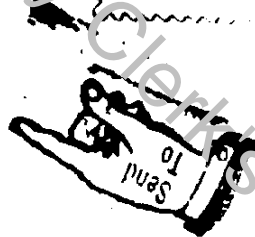
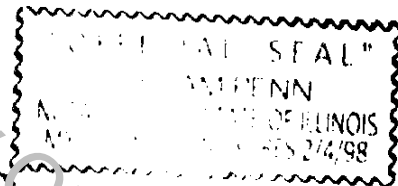
My commission Expires:

2/4/98

(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:

GREGORY MILLER
Attorney at Law
9415 S. State Street
Chicago, Illinois 60619
(312) 660-4300



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FIRST AMERICAN TITLE INSURANCE COMPANY
30 North La Salle, Suite 300, Chicago, IL 60602

ALTA Commitment
Schedule C

File No.: C75552

LEGAL DESCRIPTION:

LOT 2 IN BLOCK 2 IN STAPLE'S SUBDIVISION OF THE SOUTH 1/2 OF THE NORTH EAST 1/4 OF THE SOUTHWEST 1/4 OF THE NORTHEAST 1/4 OF SECTION 29, TOWNSHIP 38 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

TAXID 20-29-218-038 VOLUME No.: 4135

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