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DURABLE POWER OF ATTORNEY

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COOK COUNTY
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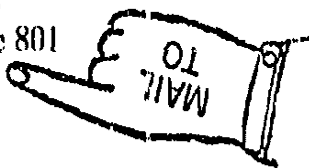
LOT 134 IN ARLINGTON TERRACE UNIT NUMBER 3, A SUBDIVISION IN THE NORTH EAST 1/4 AND THE NORTH WEST 1/4 OF SECTION 21, TOWNSHIP 42 NORTH, RANGE 11, LYING EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

Permanent Real Estate Index Number(s): 03-21-107-009-0000

Address(es) of real estate: 2006 EAST ROBIN HOOD LANE, ARLINGTON HEIGHTS, ILLINOIS 60004

MAIL TO:

This instrument was prepared by:
Christopher S. Nudo
Nudo, Poteracki and Salabes
9575 West Higgins Rd. Suite 801
Rosemont, Illinois 60018



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DURABLE POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS that I, Diana A. Bicouvaris, of the County of Cook and State of Illinois, hereby appoint my daughter, Michelle Kalogeras, as my attorney in fact for me and in my name, place and stead, and on my behalf, to do and execute all or any of the following acts, deeds, and things, as fully as I might or could do if personally present, to-wit:

1. To employ any medical doctor, surgeon, dentist, radiologist, nurse, anesthesiologist, orthopedist, pediatrician, urologist, cardiologist, pathologist, or other medical personnel for my care or treatment.

2. To dismiss or discharge any of those mentioned persons in the previous paragraph named, and to appoint or employ another or others in their stead.

3. To admit to any hospital, nursing home, nursing care facility, or locate me in any private home or other physical location as she may think proper, and to arrange for the care or treatment in any way she deems in my best interest, at her sole discretion.

4. To consent to any medical treatment, procedures, surgery, or any other course of conduct with respect to my well being that she believes in her sole discretion to be proper.

5. To execute in my name all necessary instruments to carry out any activity necessary for my well being.

6. To do what my attorney deems proper for my care and comfort and to maintain me in the style to which I am accustomed, and to that end, to apply my income for my benefit or, if it is more than required, to accumulate income and, if income should prove insufficient, to apply corpus.

7. To execute any and all documents requiring my signature, including tax returns, proxies, contracts, specifically including any contract necessary pursuant to the Nursing Home Care Reform Act of 1979, financial institution withdrawal slips or requests, and any and all other documents requiring my signature or to which my attorney deems required on or in my behalf.

8. To deposit and withdraw funds in and from any financial institution which my attorney in her sole opinion deems appropriate.

9. To exercise, do or perform any act, right, power, duty, or obligation whatsoever that I now have or may acquire the legal right, power, or capacity to exercise, do, or perform in connection with, arising out of, or relating to any person, item, thing, transaction, business property, real or personal, tangible or intangible, or matter whatsoever.

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Diana A. Bicouvaris
Durable Power of Attorney

10. To engage in and transact any and all lawful business of whatever nature or kind for me and in my name.


This instrument is to be construed and interpreted as a general power of attorney. The enumeration of specific items, acts, rights, or powers herein does not limit or restrict, and is not to be construed or interpreted as limiting or restricting the general powers herein granted to my attorney in fact.

Any act done hereunder by my above appointed attorney shall be binding upon me, my heirs, personal representatives and assigns whether done before or after my death, or other revocation of this instrument, unless and until notice of revocation shall have been received by my attorney above appointed; provided, any financial institution of other parties relying upon the Power of Attorney may rely upon this Power of Attorney until receipt by said financial institution or party of an executed copy of a written revocation hereof. This durable power shall not be affected by my disability except as provided by statute.

11. In the event my daughter, Michelle, ceases or fails to act as such, I hereby make, constitute and appoint my daughter, Susan Stephanos, my true and lawful attorney in fact for me and in my name, place and stead, giving unto my daughter, Susan, full power to do and perform all and every act that I may legally do through an attorney in fact, upon the conditions and authority set forth above, and every proper power necessary to carry out the purpose for which this power is granted.

REPRODUCTIONS OF THIS EXECUTED ORIGINAL (WITH REPRODUCED SIGNATURES) SHALL BE DEEMED TO BE ORIGINAL COUNTERPARTS OF THIS DURABLE POWER OF ATTORNEY.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 19th day of June, 1996.



Diana A. Bicouvaris

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Diana A. Bicouvaris
Durable Power of Attorney

STATE OF ILLINOIS)
) SS:
COUNTY OF COOK)

I, the undersigned, a Notary Public in and for said County in the State aforesaid, do hereby certify that Diana A. Bicouvaris personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me in person, and acknowledge that she signed, sealed and delivered this instrument as her free and voluntary act, for the uses and purposes therein set forth.

Subscribed and sworn to before me this
19th day of June, 1996.



Notary Public



THIS INSTRUMENT PREPARED BY:
Christopher S. Nudo
Nudo, Poteracki & Salabas
9575 West Higgins Road, Suite 801
Rosemont, Illinois 60018
(847) 825-0103

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