WARRANTY DEED

Statutory (Illinois) General

THE GRANTOR: THOMAS J. STOKES, a widower not since remarried.

of the City of Chicago County of Cook, State of Illinols for and in consideration of Ten dollars and no/100, (\$10.00) and other valuable consideration in hand paid, CONVEY and WARRANT to:

DEPT-UI RECORDING

\$23.50

- . T#0001 TRAN 0131 08/01/97 12:38:00
- , 41969 + RH *--97-558583
- COOK COUNTY RECORDER

HECTOR D. BOONE

the following described Real Estate situated in the County of Cook in the State of Illinois, to wit:

LOT 12 IN BLOCK 6 IN W. F. KAISER AND COMPANY'S ARDALE PARK SUBDIVISION OF THE EAST HALF OF THE NORTH WEST QUARTER (EXCEPT THE WEST 33 FEET THEREOF) OF SECTION 15, TOWNSHIP 38 NORTH, RANGE 19, EAST OF THE THIRD PRINCIPAL MERIDIAN. IN COOK COUNTY, ILLINOIS.

hereby releasing and waiving all rights under and by virtue of the Homestead Exemption Laws of the State of Illinois.

Permanent Index Number (PIN): 19-15-113-002-0000

Address(es) of Real Estate: 5632 South S. (Ilbourn, Chicago, IL 60629

This conveyance is expressly made and subject to General Real Estate Taxes for the years 1996, and subsequent years, and all conditions, covenants, restrictions and easements, if any, whether the same be of record.

Dated this 12th day of June, 1997

TUOMA OUL CTOKES

by Sharon Wiziecki, His Attorney in Fact.

ATTORNEY'S NATIONAL TITLE NETWORK, INC.

State of Illinois, County of Cook ss.

OFFICIAL SEAL
THADDEUS S. KOWALCZYK
NOTARY PUSUC, STATE OF ELINOS
LIY COMMISSION EXPRESS & COMMI

I, the undersigned, a Notary Public in and for said County, in the State aforesaid, DO HEREBY CEPTFY that THOMAS J. STOKES, A widower not since remarried, by Sharon Wizlecki, His Attorney in Fact, is personally known to me to be the same person(s) whose name(s) is subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that he signed, sealed and delivered the said instrument as his free and voluntary act, for the uses and purposes therein set forth, including the release and waiver of the right of homestead.

Given under my hand and official seal, this 12th day of June, 1997.

Jung Cle

NOTARY PUBLIC

Commission Expires April 10, 2001.

This instrument was prepared by: Thaddeus S. Kowniczyk, Esq., 5616 S. Pulaski Rd., Chicago, IL. 60629-4420

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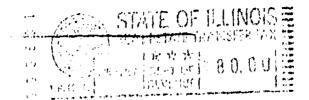
Ricardo Correa, Esq. 5455 South Pulaski Rd. Chicago, IL 60632

a Committee of the

Mail Tax Bill to: Hector D. Boone 5465 South Pulaski Rd. Chicago, IL 60629 97558583

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97558583

ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE (NOTICE: 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 A POWER IS EXERCISED, YOUR AGENT WILL HAVE TO USE DUE CARE TO ACT FOR YOUR 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, NAME SUCCESSOR AGENTS UNDER THIS FORM BUT NOT CO-AGENTS. 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 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 THAT LAW EXPRESSLY PROPERTY LAW" OF WILL THIS FORM IS A PART. PERMITS THE USE OF ANY PIFFERENT 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 65% day of FEBRUARY , 1997

- 1. I, THOMAS J. STOKES, 5632 S KILBOURN, CHICAGO, ILLINOIS, 60629, hereby appoint SHARON WIZIECKI, 308 PUEBLO, BOLINGBROOK, ILLINOIS 60440, as my attorney-in-face. (my "agent") to act for me and in my name (in any way I could acc 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 YOUR AGENT. TO STRIKE OUT A CATEGORY YOU MUST DRAW A LINE THROUGH THE TITLE OF THAT CATEGORY.)
 - a. Real estate transactions.
 - b. Financial institution transactions.
 - c. Stock and bond transactions
 - Tangible personal property transactions.
 - e. Safe deposit box transactions
 - f. Insurance and annuity transactions.
 - g. Retirement plan transactions.
 - h. Social Security, employment and military service benefits.
 - i. Tax matters
 - j. Claims and litigation.
 - k. Commodity and option transactions.
 - 1. Business operations.
 - m. Borrowing transactions, including mortgages for real estate.

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- n. Estate transactions.
- o. All other property powers and transactions.

(LIMITATIONS ON AND ADDITIONS TO THE AGENTS 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 borrowing by the agent):
- 3. In addition to the powers granted above, I grant my agent the following powers (here you may add any other delegable powers including, without limitation, power to make gifts, exercise powers of appointment, name or change beneficiaries 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 EMBLE THE AGENT TO PROPERLY EXERCISE THE POWERS GRANTED IN THIS FORM, BUT YOUR AGENT WILL HAVE TO MAKE ALL DISCRETIONARY DECISIONS. TF 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 person; whom my agent may select, but such delegation may be amended or ravoked 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 THIS NEXT SENTENCE IF YOU DO NOT WANT YOUR AGENT TO ALSO BE ENTITLED TO REASONABLE COMPENSATION FOR SERVICES AS ACENT.)

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

(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 WILL BECOME EFFECTIVE AT THE 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. () This power of attorney shall become effective on (insert a future date or event during your lifetime, such as a Court determination of your disability, when you want this power to first take effect.)

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7. () This power of attorney shall terminate on

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

(IF YOU WISH TO NAME SUCCESSOR AGENTS, INSERT THE NAME(S) AND ADDRESS(ES) OF 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:

IF YOU WISH TO NAME A GUARDIAN OF YOUR PERSON OR A GUARDIAN OF YOUR ESTATE, OR SOTH, 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 PARAGRAPHS. 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 persor is to be appointed, I nominate the following to serve as such guardian:

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

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

(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 agent.

Signed JACHURY (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 AGENTS.)

Specimen signatures of agent (and successors)

Alaca Unicide

I certify that the signatures of my agent (and successors) are correct.

(principal)

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(successor agent)

(principal)

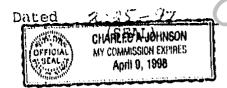
(THIS POWER OF ATTORNEY WILL NOT EFFECTIVE UNLESS IS B3NOTARIZED, USING THE FORM BELOW.)

State of Illinois

SS

County of Will

The undersigned, a notary public in and for the above county and state, certifies that THOMAS J. STOKES, 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 correctness of the signature(s) of the agent(s)).



My commission expires

(THE NAME AND ADDRESS OF THE PERSON PREPARING THIS FORM SHOULD BE INSERTED IF THE AGENT WILL HAVE POWER TO CONVEY ANY INTEREST IN Clort's Office REAL ESTATE.)

This document was prepared by:

Charles A. Johnson Attorney at Law 684 West Boughton Road SUITE 203 Bolingbrook, Illinois 60440 (708) 739-4550

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