ILLINOIS STATUTORY POWER OF ATTORNEY FOR PROPERTY AND HEALTH CARE (DURABLE)

THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE 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 THIS ALSO GIVES BROAD POWERS TO YOUR AGENT SIONS FOR YOU, INCLUDING POWER TO REQUIRE, ANY TYPE OF PERSONAL CARE OR MEDICAL YOU OR APPROVAL BY YOU. TO MAKE HEALTH CARE DECISIONS CONSENT TO OR WITHDRAW ANY TREATMENT FOR ANY PHYSICAL OR MENTAL CONDITION AND TO ADMIT YOU TO OR DISCHARGE YOU FROM ANY HOSPITAL, HOME OR OTHER INSTITUTION. 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. YOU MAY NAME SUCCESSOR AGENTS UNDER FORM BUT NOT CO-AGENTS. UNLESS YOU EXPRESSLY LIMIT THE DURATION OF THIS POWER IN THE MANNER PROVIDED BELOW, UNTIL YOU REVOKE THIS POWER COURP ACTING ON YOUR BEHALF TERMINATES IT, YOUR AGENT EXERCISE THE FOWERS GIVEN HERE THROUGHOUT YOUR LIFETIME, EVEN AFTER YOU BECOME DISAVILED. THE POWERS YOU GIVE YOUR AGENT ARE EXPLAINED MORE FULLY IN SECTION 3-4 OF THE ILLINOIS "STATUTORY SHORT FORM POWER OF ATTORNIY FOR PROPERTY LAW" AND SECTIONS 4-6, 4-10(b) OF THE ILLINOIS "POWERS OF ATTORNEY FOR HEALTH CARE 4-9 LAW" OF WHICH THIS FORM IS A PART. THAT LAW EXPRESSLY PERMITS THE USE OF ANY DIFFERENT FORM OF COWER 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

b.

44day of

I, STEVEN S. KOSTELNY, here appoint: my brother, JOHN EDWARD KOSTELNY, as my attorney-in-fact (my "agent") to act for me and in my name (in any way I could in person) with respect to the following powers, as defined in Section 3-4 of the "Statutory Short Form Power of Attorney for Property (including all amendments) but subject to any limitations or additions to the specified powers inserted in paragraph 2 or 3 below:

> Real estate transactions. a.

8/154110 DEPT-01 RECORDING

Manc<u>b</u>

C.

-904135

Financial institution transactions. T+0011 TRAN 4284 01/03/97.09:46:00 Stock and bond transactions. +8378 + KP #-97-00413 Tangible personal property transactionCOOK COUNTY RECORDER đ.

e. Safe deposit box transactions.

Insurance and annuity transactions. f.

Retirement plan transactions. q.

- Social Security, employment and military service benefits.
- Tax matters.
- j. Claims and litigation.
- Commodity and option transactions. k.
- ı. Business operations.
- Borrowing transactions. m.
- n. Estate transactions.
- Every and all other property powers and transactions.
- The powers granted above shall not include the following powers or shall be modified or limited in the following particulars:

NO LIMITATIONS.

In addition to the powers granted above, I grant my agent the following powers:

NO ADDITIONAL POWERS.

4. I appoint my brother, JOHN EDWARD KOSTELNY, as my attorney-in-fact (my "agent") to act for me and in my name (in any way I could act in person) to make any and all decisions for me concerning my personal care, medical treatment, hospitalization and health care and to require, withhold or withdraw any type of medical

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treatment or procedure, even though my death may ensue. My agent shall have the same access to my medical records that I have, including the right to disclose the contents to others.

- 5. 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 succesor) named by me who is acting under this power of attorney at the time of reference.
- 6. My agent shall be entitled to reasonable compensation for services rendered as agent under this power of attorney.
 - 7. This power of attorney shall become effective immediately.
 - 8. This power of attorney shall terminate upon my death.
- 9. 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: my brother, JOHN EDWARD KOSTELNY, or then my nephew, PAUL KOSTELNY.
- 10. If a guardian of my person and/or property is to be appointed, I nominate the following to serve as such guardian: JOHN EDWARD KOSTELMY, or if that person fails to act, I appoint my nephew, PAUL KOSTELMY.
- 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.

STEVEN S. KOSTELNY

STATE OF ILLINOIS)

COUNTY OF C O O K)

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The undersigned, a notary public in and for the above county and state, certifies that STEVEN S. KOSTELNY, 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.

" OFFICIAL SEAL "
MARY LOU ZURAWSKI
NOTARY PUBLIC. STATE OF ILLINOIS
MY COMMISSION EXPIRES 6/6/95

Subscribed and sworn to before me this 44 day of 1992.

Notary Public

This document was prepared by:

Mary Lou Zurawski Attorney at Law 6121 N. Northwest Highway Chicago, Illinois 60631 (312) 792-1885 97004133

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Power of Attorney of

LEGAL DESCRIPTION:

THE NORTH 33 AND 1/3 FEET OF LOT 39 IN JOHN J. RUTHERFORD'S SECOND ADDITION TO MONTECLARE IN THE NORTHEAST QUARTER OF SECTION 25, TOWNSHIP 40 NORTH, RANGE 12. EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PROPERTY ADDRESS:

2938 N. 71nd Court., Elmwood Park, IL 60635

PPI# 12-25-222-918-0000

COMPLETE ONLY IF THIS DOCUMENT IS TO BE RECORDED

AFFIDAVIT

STATE OF ILLINOIS) SS) COUNTY OF C O O K)

The undersigned Affiant (the attorney-in fact), being first duly we'rn on oath says, and also covenants with and warrants the following:

- 1. That the copy of the attached Power of Attorney is a true cropy of the agency, and;
- 2. That to the best of Affiant's knowledge, the Principal is alive: and
- 3. That the relevant powers of the Affiant (Agent) have not been alte ed (r terminated; and
- 4. That this Affidavit is made pursuant to the provisions of the Illinois Power of Attorney Act, for the purposes stated therein, including but not limited to inducing third parties to honor the Affiant's (Agent's) authority.

Affiant further states naught.

AFFIANT:

EDWARD KOSTENNY

Subscribed and sworn to before me this 16th day of December, 1996.

This instrument was prepared by and should be MAILED TO: MARY LOU ZURAWSKI, Attorney at Law 6121 N. Northwest Highway Suite 102

> Chicago, IL 60631 773-792-1885