7704:0204 48 001 Page 1 of 1998-05-27 13:03:14 Cook County Recorder 59.57

POWER OF ATTORNEY

LEGAL DESCRIPTION: see attached addendum "A"

OF COOK COUNTY CLERK'S OFFICE 10500 SOUTH TALMAN AVENUE COMMON ADDRESS:

CHICACO, IL 60655

PIN # 24-13-219-001

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, 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 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** YOUR AGENT IF IT FINDS THE AGENT NOT ACTING PROPERLY. YOU MAY NAME SUCCESSOR AGENTS UNDER THIS FORM BUT NO CO-AGENTS. UNLESS YOU **EXPRESSLY** THE DURATION OF THIS POWER IN THE MANNER PROVIDED BELOW, POWER OR A COURT ACTING ON YOUR BEHALF TERMINATES IT. THIS YOUR REVOKE AGENT MAY FACICISE THE POWERS GIVEN HERE THROUGHOUT YOUR LIFETIME, **EVEN EXPLAINED** BECOME DISABLED. THE POWERS YOU GIVE YOUR AGENT ARE MORE FULLY IN SECTION 3-4 OF THE ILLINOIS "STATUTORY SHORT FORM ATTORNEY FOR PROPERTY LAW" OF WHICH THIS FORM IS A PART (SEE THE THAT LAW EXPRESSLY PERMITS THE USE OF ANY DIFFERENT FORM POWER OF ATTORNEY YOU MAY DESIRE. (IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO YOU.)

POWER OF ATTORNEY made this	y of 1) A4 1498.
1. I. JUdith To	ACNIACI.
) to est for me and in my name (in any spect to the following powers, as defined
in Section 3-4 of the "Statutory Sh	ort Form Tower of Attorney for Property but subject to any limitations on or

(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.)

(LIMITATIONS 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):		
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); TRAUSCHOOL WITH CAST		
Wastern La Lieuna		
LOCATED AT:		
(YOUR AGENT WILL HAVE THE 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 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 THE NEXT SENTENCE IF YOU DO NOT WANT YOUR AGENT TO ALSO BE ENTITLED TO REASONABLE		

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 MATTER. ABSENT AMENDMENT OR REVOCATION, THE AUTHORITY GRANTED IN THIS POWER OF ATTORNEY 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:)

COMPENSATION FOR SERVICES AS AGENT.)

6. () This power of attorney shall become effective
(insert a future date or event during your lifetime, such as cour determination of your disability, when you want this power to first take effect)
on MAY 33. 1988.
(insert a future date or event, such as court determination of you 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 an successively, in the order named) as successor(s) to such agent:
Ox
(IF YOU WISH TO NAME A GUARDIAN OF YOUR PERSON OR A GUARDIAN OF YOU ESTATE, OR BOTH, 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 SUC GUARDIAN(S) IN THE FOLLOWING PARAGRAPHS. THE COURT WILL APPOINT THE PERSON NOMINATED BY YOU IF THE COURT FINDS THAT SUCH APPOINTMENT WILL SERVE YOU BEST INTERESTS AND WELFARE. YOU MAY, BUT ARE NOT REQUIRED TO, NOMINATE A YOUR GUARDIAN(S) THE SAME PERSON NAMED IN THIS FORM AS YOUR AGENT.
9. If a guardian of my person is to be appointed, I nominate th following to serve as such guardian:
(insert name and address of nominated guardian or the person)
10. If a guardian of my estate (my property) is to be appointed, I nominate the following to serve as such guardian:
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: (principal)
(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)	I certify that the signature of my agent (and successors) are correct. (principal)
(agent)	(principal)
(successor agent)	(principal)
(successor agent)	(principal)
(THIS POWER OF ATTORNEY WILL NOT BE EFFE THE FORM ATTACHED.)	ECTIVE UNLESS IT IS NOTARIZED, USING
State of <u>clliners</u>)55. County of <u>fact</u>	
The undersigned, a notary public in certifies that <u>judith i tenral</u> same person whose name is subscribed as attorney, appeared before me in person delivering the instrument as the free for the uses and purposes therein secorrectness of the signature(s) of the second certified and purposes therein secorrectness of the signature(s) of the second certified and certi	con and acknowledged signing and individuals are represented to the control of th
Dated: 5-13-98	Ewally Dell rows
OFFICIAL SEAL DOROTHY J. DROGOS NOTARY PUBLIC, STATE OF ALMOIS NY COMMISSION EXP.RES 11-20-2000 My commission ex	Notary Fublic
(THE NAME AND ADDRESS OF THE PERSON PRES IF THE AGENT WILL HAVE POWER TO CONVEY A	
This document was prepared by: PANDY G. CONFAD. 10500 S TAIMAN Chicago IL 100055	

² *** **** 0900++86

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

> ALTA Commitment Schedule C

File No.: CF125028

LEGAL DESCRIPTION:

(LOT 1 IN BLOCK 21 IN O. REUTER AND COMPANY'S MORGAN PARK MANOR, A SUBDIVISION OF THE SOUTHWEST 1/4 OF THE NORTHEAST 1/4 OF THE NORTHEAST 1/4 AND THE NORTHEAST 3/4 OF THE SOUTHWEST 3/4 OF THE NORTHEAST 1/4 AND THE SOUTH 1/4 OF THE SOUTHWEST 1/4 OF THE NORTHEAST 1/4 AND THE SOUTHEAST 1/4 A BETT A IN C.

COLINER CIERTS OFFICE OF THE NORTHEAST 1/4 AND THE SOUTHRAST 1/4 OF THE NORTHWEST 1/4 OF THE NORTHEAST 1/4 CP SECTION 13, TOWNSHIP 37 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.