#### ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

98447680

#### NOTICE:

THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON YOU DESIGNATE (YOUR 'AGENT') BROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO PLEDGE, SELL OR OTHERWISE DISPOSEOF 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 COIURT 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 GIVEN HERE THROUGHOUT YOUR LIFETIME, EVEN AFTER YOU BECOME DISAPLED. THE POWERS YOU GIVE YOUR AGENT ARE EXPLAINED MORE FULLY IN SECTION 3-4 OF THE ILLINOIS STATUTORY SHORT FORM OF POWER OF ATTORNEY FOR PROPERTY LAW OF WIICH THIS FORM IS A PART (SEE ATTACHED). THAT LAW EXPRESSLY PERMITS THE USE OF ANY DIFFERENT FORM OR POWER OF ATTORNEY YOU MAY DESIRE. (IF THERE IS ANYTHING APOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPAIN IT TO YOU.)

|    | POWER OF ATTORNEY Lands   | this 19 day of Way                        | , 19 <u>48</u> . |  |  |
|----|---|---|------------------|--|--|
| 1. | I, Damaris Ro   |   |                  |  |  |
|    | hereby appoint:   | liam Dixon                                |                  |  |  |
|    | as my attorney-in-fact (my "agent") 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 Short |   |                  |  |  |
|    | Form Power of Attorney for Property Law (including all amendments), but subject to any  |   |                  |  |  |
|    | limitations on or additions to the  | ne 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 THE AGENT. TO STRIKE OUT A CATEGORY YOU MUST DRAW A LINE THROUGH THE TILE OF THAT CATEGORY.)

| (d)<br>(e) | Real estate transactions. Financial institution transactionsStock and bond transactions. Tangible personal property transactionsSafe deposit box transactions. | •        | DEPT-01 RECORDING T#0007 TRAN 2830 05/29/ #4490 # RC 10 98- COOK COUNTY RECORDER DEPT-10 PENALTY | 98 09129100 |
|------------|--|----------|--|-------------|
| (1)        | historance and annuity transactions.   |          |  |             |
| €}         | Retirement-plan-transactions-  |          |  |             |
| -2-A       | Carial Campital and and and critical accurate  | كمحصطحمت | ila.   |             |

(i) ———Social-Security, employment and military service benefits.

(i) ---- Tax Matters; income tax filing.

(h) ---- Claims and litigation.

(k) --- Commodity and option-transactions: --

(l) ---- Business operation:

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(m) --- Borrowing transactions.

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(a) --- All other property powers and transactions.

(LIMITATIONS ON AND ADDITIONS TO THE AGENT'S POWERS MAY BE INCLUDED IN THIS POWER OF ATTORNEY IF THE 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 limitation you deem appropriate such as a prohibition or condition on the sale of particular stock or real estate or special rules or borrowing by the agent):   |
|-------------------|--|
|                   | <u> </u>   |
| 3.                | In addition to the powers granted above, I grant my agent the following powers (here you may add any other selepable powers including, without limitation, power to make gifts, exercise powers of appointment, prane or chage beneficiaries or joint tenants or revoke or amend any trust specifically refer so to below):  |
|                   |  |
|                   |  |
|                   | 7  |
| ENA<br>YOU<br>YOU | IR AGENT WILL HAVE AUTHORITY TO EMPLOY OTHER PERSONS AS NECESSARY TO BLE THE AGENT TO PROPERLY EXERCISE THE POWERS GRANTED IN THIS FORM, BUT RAGENT WILL HAVE TO MAKE ALL DISCRETIONARY DECISIONS. IF YOU WANT TO GIVE R AGENT THE RIGHT TO DELEGATE DISCRETIONARY DECISION-MAKING POWERS TO ER, YOU SHOULD KEEP THE NEXT SENTENCE, OF PERWISE IT SHOULD BE STRUCK OUT.) |
| <b>4</b> .        | 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.      |
|                   | R AGENT WILL BE ENTITLED TO REIMBURSEMENT FOR ALL REASONAFI E EXPENSES   |

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

SENTENCE IF YOU DO NOT WANT YOUR AGENT TO ALSO BE ENITTLED TO REASONABLE

COMPENSATION FOR SERVICES AS AGENT.)

(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 TIS

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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:)

| 6.                                 | ( xx   | ) This pow   | er of attorney sha  | ll become effective  |   | on s   | igning  |
|------------------------------------|--|--|---|--|---|--|---|
| (insc<br>you 1                     | rt a futur<br>want this                            | e date or eve<br>power to firs                       | nt during your life<br>t take effect)   | time, such as court  | determinati   | ion of your o                                    | lisability, when  |
| 7.                                 | ( xx   | ) This pow   | er of attorney sha  | li terminate on  | June 39   | 0, 1998  |   |
| to te                              | rminate p  | rior to your   | ieath)  | etermination of you  |   |  |   |
| SUC                                | H SUCCE  | SSOR(S) IN   | TPE FOLLOWIN  | IG PARAGRAPEL)   |   | ,, ,_,,  |   |
| 8.                                 | If any<br>followi                                  | agent named  | by me suall die, l<br>ct along and दर्  | secome legally disalessively, in order na  | oled, resign (<br>med) as suc                                 | or refuse to<br>cessor(s) to                     | act, I name the such agent:                               |
|                                    |  |  |   |  |   |  |   |
| OR E<br>BUT<br>THE<br>IF TI<br>WEL | BOTH, IN<br>ARE NO<br>FOLLOW<br>HE COUR<br>PARE. Y | THE EVEN I REQUIRE ING PARAC IT FINDS THE OU MAY, BE | T A COURT DEC<br>D TO, DO SO BY I<br>RAPHS. THE CO<br>HAT SUCH APPO<br>UT ARE NOT REA | PYOUR PELSON O<br>IDES THAT ONF,<br>INSERTING THE!<br>IURT WILL APPON<br>INTMENT WILL S<br>QUIRED TO, NOM<br>IS YOUR AGENT.) | SKOULD R<br>VALE(S) OI<br>TITHE PES<br>ERVE TOU<br>INATE AS I | e apponti<br>P such gu<br>On nomin<br>R best int | ED, YOU MAY,<br>ARDIAN(S) IN<br>ATED BY YOU<br>ERESTS AND |
| 9.                                 | If a gu  | ardian of my   | person is to be app   | pointed, I nominate  | the following   | g to serve a:                                    | such guardian:  |
| 10.                                | If a gu  | ardian of my   | estate (my proper   | ty) is to be appoint   | ed, I nomina  | te the follow                                    | ring to serve as  |
| 11.                                |  | illy informed  |   | nts of this form and   | understand  | the full imp                                     | ort of this grant   |
|                                    | •  | 0  |   | \$   | Signed:   | Damaris  | Rodriguet   |

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| (YOU MAY, BUT ARE NOT REQUIRED TO, REQUEST YOUR AGENT AND SUCCESSOR AGENTS TO PROVIDE SPECIMEN SIGNATURES BELOW. IF YOU INCLUDE SPECIMEN SIGNATURE 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. |  |  |
| (agent)  | (principal)  |  |  |
| (successor agent)  | (principal)  |  |  |
| (successor agen.)  | (principal)  |  |  |
| (THIS POWER OF ATTORNEY WILL NOT BE EFFECTIVE UNLESS IT IS NOTARIZED, USING THE FORM ATTACHLE).  |  |  |  |
| STATE OF FLORISIA ) SS   |  |  |  |
| COUNTY OF DRANCE )   |  |  |  |
| The undersigned, a NOTARY PUBLIC in and for the above county and state, certifies that   |  |  |  |
| known to me to be the same person whos: rarie is subscribed as principal to the foregoing power of attorney, appeared before me in person and acl nowledged signing and delivering the instrument as the free and volunatry 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: 5. 19. 98   | 2 leta Har   |  |  |
| PETER DHANRAJ MY COMMISSION # CC 995952 ECPMES: Movember 12, 2001 Bonded Town Hotery Factic Linconsmitters   | NO FARY PUBLIC  My commission expires:                                 |  |  |
| (THE NAME AND ADDRESS OF THE PERSON PREPARING THIS FORM SECULD BE INSERTED IF THE AGENT WILL HAVE POWER TO CONVEY ANY INTEREST IN REAL PRINTE.)  |  |  |  |
| This document was prepared by:  CAMIC, JOHNSON, WILSON & MCCULLOCH, P.C.  Attorneys at Law   |  |  |  |
| 546 West Calena Rayland  |  |  |  |

Aurora, Illinois 60506 630- 859-0185

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### CHICAGO TITLE INSURANCE COMPANY

ORDER NUMBER: 1409 007730217 AH STREET ADDRESS: 1360 CORLEY COURT

CITY: BLGIN COUNTY: COOK

TAX NUMBER: 06-17-106-020-0000

#### LEGAL DESCRIPTION:

1 0 010, IN PARKWOOD EAST UNIT MUMBER 2, A SUBDIVISION IN THE MORTHWEST 1 4 0F CHORISM IT, TYMISHIP 41 NORTH, RANGE 9 EAST OF THE THIRD PRINCIPAL MERIDIAN, THE REICHTE 3) 207, TN

OF COULDING CRAFTS OFFICE A TO MILING TO THE PLAT THEREOF RECORDED SEPTEMBER 6, 1978 AS DOCUMENT NUMBER UN 19608, AND THE TERFICATE OF CORRECTION THEREOF RECORDED OCTOBER 20, 1978 AS TOTALLET NUMBER 24:8)307, IN COOK COUNTY, ILLINOIS.

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