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Cook County Recorder

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AMERICAN LEGAL FORMS © 1990 Form No. 800 CHICAGO, IL (312) 372-1922 Page 1

lltinois Power of Attorney Act Official Statutory Form 755 ILCS 45/3-3, Effective January, 1993

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, 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 POWERS ARE EXERCISED, YOUR AGENT WILL HAVE TO USE DUE CARE TO ACT FOR YOUR BENEFIT AND IN ACCORDANCE WITH THIS FORM AND KEEP A RECORD OF RECEIPTS, DISBURSEMENTS AND SIGNIFICANT ACTIONS TAKEN AS AGENT. 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 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 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 PROPERTY LY, N" OF WHICH THIS FORM IS A PART (SEE THE BACK OF THIS FORM). THAT LAW EXPRESSLY PERMITS THE USE OF ANY DIFFERENT FORM OF POWER OF ATTORNEY YOU MAY DESIZE, IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU.)

	Power of Z	Atterney mad	de this 16th day of	June	<u> 1997</u>
1. l,		Kartik	Kaluan	Ramon	(year)
hereby appoint:		Krisha	(insert name and address of	Raman	
as my attorney-in-fact (my "age the "Statutory Short Form Power in paragraph 2 or 3 below:	nt") to act for me and of Attorney for Proper	in my name (in any ty Ław'' (including a	way could act in per	son) with respect to the foll	owing powers, as defined in Section 3-4 of or additions to the specified powers inserted
(YOU MUST STRIKE OUT ANY C TITLE OF ANY CATEGORY WILL A LINE THROUGH THE TITLE O	CAUSE THE POWERS DE	FOLLOWING CATEG ESCRIBED IN THAT CA	SORIES OF POINTS YO ATEGORY TO BE (IRA)	DU DO NOT WANT YOUR A NED TO THE AGENT, TO S	AGENT TO HAVE. FAILURE TO STRIKE THE FRIKE OUT A CATEGORY YOU MUST DRAW
(d) Real estate transactions. (b) Financial institution transactions (c) Stock and bond transactions (d) Tengible personal property to (e) Safe deposit box transactions (f) Insurance and annuity transactions	Consactions,	benefits. (i) Tax matters. (j) Claims and litt (k) Cammodity an	r , employment g nd mi igati on. Id oprion transactions.	ilitary service (m) Borro (n) Estete (a) Aller trans	wing rensections. Transactions. Her property powers and actions.
2. The powers granted of	above shall not include t	the fallowing powers or conditions on the	or shall be modified o	or limited in the following pa	Y ARE SPECIFICALLY DESCRIBED BELOW.) miculars (hare you may include any specific ules a born wing by the agent): - LATE 1604
		ce22 ary	executi	accomplis	documents h sale
In addition to the pov power to make gifts, exercise po	vers granted above, I gr wers of appointment, n	rant my agent the fo ame or change bene	llowing powers (here ficiaries or joint tenant	you may add any other dele ts or revoke or amend any t	gable powers including, without limitation, rust specifically referred to below):
		Λο	Ne		
	HAVE TO MAKE ALL D	DISCRETIONARY DEC	ISIONS. IF YOU WAN	T TO GIVE YOUR AGENT T	EXERCISE THE POWERS GRANTED IN THIS HE RIGHT TO DELEGATE DISCRETIONARY UT.)

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 anent finduiting any successors account by manufaction and the manu

(Successor agent) (Principal)	whom my agent may select, but such delegation may be amended as revoked by any agen	Functuring any successory comed by manythe is acting under this power of attorney
NEXT SENTENCE IF YOU DO NOT WANT YOUR ASSENT TO ALSO BE ENTITLED TO BRASONABLE COMPRISATION FOR SERVICES AS AGENT.) 5. My opent sholl be entitled to reasonable compensation for services rendered as open under this power of othersey. THIS ROWER OF ATTORNEY MAY BE AMENDED OR BROVGED BY YOU AT ANY THE AND IN ANY MANNER, ASSENT AMENDMENT OR REVOCATION. THE AUTHORITY PRANTED IN THIS POWER OF ATTORNEY WILL BECOME EFFECTIVE AT THE TIME THIS POWER IS SONED AND WILL CONTINUE UNTIL YOUR DEATH UNLESS A LIMITATION IN THE BEGINNING DATE OR DUBATION IS MADE BY INTITIALING AND COMPLETING DITHER (OR BOTH) OF THE FOLLOWING.) 6. (X) This power of ottoring shall become effective on	at the time of reference.	CIAL COPY
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FYOU WISH TO NAME SUCCESSOR A GENTS, INSERT THE NAME(S) AND ADDRESS(ES) OF SUCH SUCCESSORIS) IN THE FOLLOWING PARAGRAPH.) 8. If any agent named by me show side, become incompetent, resign or refuse to accept the office of agent, I name the following (each to act alone and successively, in the order named) as successor(s) to such account: 1001.2 or purposes of this paragraph 8, a person shall be consiliured to be incompetent, as gentlined by alliented physician. or purposes of this paragraph 8, a person shall be consiliured to be incompetent, as defined by a literated physician. OF YOU WISH TO NAME YOUR AGENT AS GUARDIAN OF YOUR STATE, IN THE EVENT A COURT PECIDES THAT ONE SHOULD BE APPOINTED, YOU MAY, BUT ARE FOR TO NAME YOUR AGENT AS GUARDIAN OF YOUR STATE, IN THE EVENT ACCOUNT OF AGENT AT ONE SHOULD BE APPOINTED. YOU MAY, BUT ARE FOR STATE IN THE COURT FINDS THAT SUCH APPOINTMENT WILL SERVE YOUR BEST INTERSTS AND WELFARE. STAKE OUT PARAGRAPH. THE COURT WILL APPOINT YOUR AGENT TO ACT AS GUARDIAN.) 9. If a guardian of my estate (my property) is to be appointed, I nonlinuse risk agent acting under this power of otherway as such guardian, to serve without bond or security. 10. I am fully informed as to all the contents of this form and undersion? The full import of this grant of powers to an agent (and successors) are correct. (YOU MAY, BUT ARE NOT REQUIRED TO, REQUEST YOUR AGENT AND SUCCESSOR AGEN (S) O PROVIDE SPECIMES ISSONATURES OF THE AGENTS.) (Increased open) (Increas		
8. If any agent named by me shell die, become incompetent, resign or refuse to accept the office of agent, I name the following (each to act alone and successively, in the order named) as successor(s) to such agent: Or purposes of this paragraph 8, a person shall be considered to be incompetent if and while the person is a minor or an adjudicated incompetent or disabled person or he person is unable to give prompt and intelligent consideration to business matters, as certified by a licensed physician. If YOU WISH TO NAME YOUR AGENT AS GUARDIAN OF YOUR STATE, IN THE EVENT A COURT DECIDES THAT ONE SHOULD BE APPOINTED, YOU MAY, BUT ARE OUT REQUIRED TO, DO SO BY RETAINING THAT SUCH APPOINT HE COURT WILL APPOINT YOUR AGENT IF THE COURT FINDS THAT SUCH APPOINTENT WILL SERVE YOUR BEST INTERESTS AND WELFARE. STRIKE OUT PARAGRAPH 9 IF YOU DO NOT WANT YOUR AGENT TO ACT AS GUARDIAN.) 9. If a guardian of my estite (my property) is to be appointed, I nonlineate the agent ording under this power of attorney as such guardian, to serve without bond or security. 10. I am fully informed as to all the contents of this form and understand the full import of this grant of powers to agent. Signed (YOU MAY, BUT ARE NOT REQUIRED TO, REQUEST YOUR AGENT AND SUCCESSOR AGEN TS TO PROVIDE SPECIMEN SIGNATURES BELOW. IF YOU INCLUDE SPECIMEN (GNATURES OF THE AGENTS.) I certify that the signatures of my agent (and successors) are correct. The understand of the contents of the above county and state, certifies that	7. (X) This power of attorney shall terminate on finture date or event.	such as court determination of your disability, when you want this power to terminate prior to your death)
or purposes of this paragraph 8, a person shall be constructed to be incompetent if and while the person is a minor or an adjudicated incompetent or disabled person or he person is unable to give prompt and intelligent consideration to business matters, as certified by a licensed physician. If YOU WISH TO NAME YOUR AGENT AS GUARDIAN OF YOUR ISTATE, IN THE EVENT A COURT DECIDES THAT ONE SHOULD BE APPOINTED, YOU MAY, BUT ARE FOR TROUBLED TO, DO SO BY RETAINING THE FOLLOWING PARA GARPH. THE COURT WILL APPOINT YOUR AGENT TO ACT AS GUARDIAN.) 9. If a guardian of my estate (my property) is to be appointed, I nonlinute the agent acting under this power of attorney as such guardian, to serve without bond or security. 10.) am fully informed as to all the contents of this form and understand free full import of this grant of powers 19.47 agent. Signed (YOU MAY, BUT ARE NOT REQUIRED TO, REQUEST YOUR AGENT AND SUCCESSOR AGEN IS TO PROVIDE SPECIMEN SIGNATURES BELOW. IF YOU INCLUDE SPECIMEN INTO THE ATTORNEY. YOU MUST COMPLETE THE CERTIFICATION OF POSITE THE SIGNATURES OF THE AGENTS.) Thus POWER OF ATTORNEY WILL NOT BE EFFECTIVE UNLESS IT IS INOTARIZED, USING THE FORM BELOW.) **CERTIFIE' IN THE POWER OF ATTORNEY. YOU MUST COMPLETE THE CERTIFICATION OF POSITE THE SIGNATURES OF THE AGENTS.) Sometimen signatures of agent (and successors) 1 certify that his signatures of my agent (and successors) are correct. **CENTER** IN THE POWER OF ATTORNEY WILL NOT BE EFFECTIVE UNLESS IT IS INOTARIZED, USING THE FORM BELOW.) **CENTER** OF THE AGENTS.) Sometimen signatures of my agent (and successors) 1 certify that his signatures of my agent (and successors) are correct. **CENTER** OF THE AGENTS.) **SUBJECT: THE POWER OF ATTORNEY WILL NOT BE EFFECTIVE UNLESS IT IS INOTARIZED, USING THE FORM BELOW.) **CENTER** OF THE AGENTS.) **SUBJECT: THE POWER OF ATTORNEY WILL NOT BE EFFECTIVE UNLESS IT IS NOTARIZED, USING THE FORM BELOW.) **CENTER** OF THE AGENTS.** **CENTER** OF THE AGENTS.** **SUBJECT: THE POWER OF ATTORNEY WILL NO		
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(successor agent) THIS POWER OF ATTORNEY WILL NOT BE EFFECTIVE UNLESS IT IS NOTARIZED, USING THE FORM BELOW.) State of	(ogan)	(principal)
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THIS POWER OF ATTORNEY WILL NOT BE EFFECTIVE UNLESS IT IS NOTARIZED, USING THE FORM BELOW.) State of	(successor agent)	99796975
KENNETH 'N. MAYER NOTARY PUBLIC, STITE OF ILLINOIS MY COMMISSION EXPIRES 04/03/01 The undersigned, a notary public in and for the above county and state, certifies that KARTIK KALVAN RAMON shown 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	(successor agent)	(principal)
KENNETH IN. MAYER NOTARY PUBLIC, STITE OF RLINOSS MY COMMISSION EXPIRES 04/03/01 The undersigned, a notary public in and for the above county and state, certifies that KARTIK KALYAW RAMOW. The nown 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	(THIS POWER OF ATTORNEY WILL NOT BE EFFECTIVE UNLESS IT IS NOTARIZED, USIN	IG THE FORM BELOW.) - "OFFICIAL SEAL"
The undersigned, a notary public in and for the above county and state, certifies that KARTIK KALVAN RAMON income 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	$\Omega \cap \theta$	KENNETH M. MAYER
The undersigned, a notary public in and for the above county and state, certifies that KARTIK KALYAN RAMON		MY COMMISSION EXPIRES 04/03/01
and delivering the instrument or the fore and selection and of the general factor and automorphisms the instrument of the general selection and the	The undersigned, a notary public in and for the above county and state, certifies t	
and delivering the instrument us the time and voluntary act of the principal, for the assessing purposes therein self form (, and certain as the correctness of the signature(s) of the agent(s)).	and delivering the instrument as the free and voluntary act of the principal, for the uses and purp	oses therein set forth (, and certified to the correctness of the signature(s) of the agent(s)).
Dated: June 16, 1997	Dated: June 16, 1997	
"OFFICIAL SEAL" Tenroth M. Mayor	"OFFICIAL SEAL"	Kennoth M. Mayor
KENNETHIS MAYER NOTARY PUBLIC, STATE OF ILLINOIS My commission expires 4/3/01	KENNETH MAYER	My commission expires 4/3/01
MY COMMISSION EXPIRES 04/03/01	MY COMMISSION EXPIRES 04/03/01	DISTURBACION TANNEL HAVE BOUNDED TO COMMISSION AND ADMINISTRATION OF THE PROPERTY ADMINISTRATION OF THE PROPERTY AND ADMINISTRATION OF THE PROPERTY ADMINIST
THE NAME AND ADDRESS OF THE PERSON PREPARING THIS FORM SHOULD BE INSERTED IF THE AGENT WILL HAVE POWER TO CONVEY ANY INTEREST IN REAL ESTATE.) This document was prepared by:	(THE NAME AND ADDRESS OF THE RERSON PREPARING THIS FORM SHOULD BE INSERTED This document was prepared by:	JIF THE AGENT WILL HAVE FOWER TO CONVEY ANY INTEREST IN REAL ESTATE.)
Robert W. BAKER, HAHPENNY, HAW, Roche + MARchese, 20 N. WACKER DR. #3330		+MARCHESE, 20 N. WACKER DR. #3330
Chicago, FL 60606	Chicago FL 60606	

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I DATINGE M. COMOLY OF CHICERTIFY THAT THIS IS A TRUE AND CORRECT BETWEEN UMAP KAINAN ALLENDAMENTON ALLENDAMENTON	ICAGO TITLE INSURANCE COMPANY, COPY OF ONCE OF A HOMEN OF ONE OF O
233 Ene Unit 1604	
	Mulall
STATE OF ILLINOIS, COOK COUNTY SS:	C/6/7/
I, THE UNDERSIGNED, A NOTORY PUBLIC IN A HEREBY CERTIFY THAT CONC. (CONC.) BE THE SAME PERSON AND ACKNOWLEDGED THAT SAID INSTRUMENT AS HER FREE AND VOLUNTAL OFFICIAL SEAL, THIS 194 DAY OF	PERSONALLY UNOWN TO ME TO THE SIGNED AND DELIVERED THE
MY COMMISSION EXPIRES: 3-600 Lisha McDonal	
	99796975 99796975

BOX 333