UNOFFICIAL C

TITLE **GUARANTY** FUND. INC.

1999-08-30 11:09:43

27.50

Illinois Offices:

Champaign • Chicago Oakbrook Terrace Belleville

(800) 252-0402

Wisconsin Office: Madison (800) 788 3939

ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

755 Illinois Compiled Statutes, 45/3-3

(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 DULCARE TO ACT FOR YOUR BENEFIT AND IN ACCORDANCE WITH THIS FORM AND KEEP A RECORD OF RECEIPTS, DISEURSEMENTS AND SIGNIFICANT ACTIONS TAKEN AS AGENT, A COURT CAN TAKE AWAY THE POWERS OF YOUR AGENT IN 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 SHOP." FORM POWER OF ATTORNEY FOR PROPERTY LAW" OF WHICH THIS FORM IS A PART (SEE PP. 5 AND 6 OF THIS FORM. THAT LAW EXPRESSLY PERMITS THE USE OF ANY DIFFERENT 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 _	25th day of	August		To.	1999	
					(month)	0	(year)	•
1. <b>i</b> , <u>Leo</u>	C. Reuter						//;;	
(insert na	me and address of pri	ncipal)					70-	
4602	Hilltop Drive	, Wonder	Lake, IL	60097			6	,
hereby appoint:	Mary France	-		,	ls or Cla	ire B. F.	lannery or	<u>Begina A.</u> Barresi-Spalle
	301 W. Toul	ny, Park	Ridge, IL	60068				

as my attorney-in-fact (my "agent") to act for me and in my name (in any way I would 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 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 TITLE OF THAT CATEGORY.)

**FUND FORM 403** C ATG (Rev. 4/95)

25.5

## à. Real estate transactions.

- b. Financial institution transactions.
- c. Stock and bond transactions.
- d. Tangible personal property transactions.
- e. Safe deposit box transactions.

## Il suran e and an juity transactions.

g. Retirement plan transactions.

- h. Social Security, employment and military service benefits.
- i. Tax matters.
- j. Claims and litigations.

**99827**087 Page 2 of k Commodity and option transactions.

1. Business operations.

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

(LIMITATIONS ON AND ADDITIONS TO THE AGENT'S POWERS MAY BE INCLUDED IN THIS POWER OF ATTORNEY IF THEY ARE SPECIFICALLY DESCRIBED BELOW.)

To execute any end all documents per	taining to the sale of property commonly
known as Lot 22/, Wilke Road, Arling	ton Heights, IL
3. In addition to the powers granted above, a grant my agent the without limitation, power to make gifts, exercise powers of apparany trust specifically referred to below):	following powers (here you may add any other delegable powers including, ointment, name or change beneficiaries or joint tenants or revoke or amend
	0/
PROPERTY EXERCISE THE POWERS GRANTED IN DISCRETIONARY DECISIONS. IF YOU WANT TO GIV DECISION-MAKING POWERS TO OTHERS, YOU SHOWN STRUCK OUT.)  4. My agent shall have the right by written instrument to	OTHER PERSONS AS NECESSARY TO ENABLE THE AGENT TO THIS FORM, BUT YOUR AGENT WILL HAVE TO MAKE ALL YE YOUR AGENT THE RIGHT TO DELEGATE DISCRETIONARY ULD KEEP THE NEXT SENTENCE, OTHERWISE IT SHOULD BE delegate any or all of the foregoing powers involving discretionary hay select, but such delegation have be amended or revoked by any agent his power of attorney at the time of reference.
(YOUR AGENT WILL BE ENTITLED TO REIMBURSEM UNDER THIS POWER OF ATTORNEY. STRIKE OUT THE BE ENTITLED TO REASONABLE COMPENSATION FOR	ENT FOR ALL REASONABLE EXI ENSES INCURRED IN ACTING NEXT SENTENCE IF YOU DO NOT WANT YOUR AGENT TO ALSO R SERVICES AS AGENT.)
5. My agent shall be entitled to reasonable compensation for se	ervices rendered as agent under this power of attorney.
AMENDMENT OR REVOCATION. THE AUTHORITY EFFECTIVE AT THE TIME THIS POWER IS SIGNED AND	EVOKED BY YOU AT ANY TIME AND IN ANY MAINER, ABSENT GRANTED IN THIS POWER OF ATTORNEY WILL BECOMED WILL CONTINUE UNTIL YOUR DEATH UNLESS A LIMITATION BY INITIALING AND COMPLETING EITHER (OR BOTH) OF THE
6. ( ) This power of attorney shall become effective on	August 25 1999
(insert a future date or event during your lifetime, such as court of	determination of your disability, when you want this power to first take effect)
	September 1, 2000

(IF YOU WISH TO NAME SU PARAGRAPH.) 8. If any agent named by me shall 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: For 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 the 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 ESTATE IN THE EVENT A COURT DECIDES THAT ONE SHOULD BE APPOINTED, YOU MAY, BUT ARE NOT REQUIRED TO, DO SO BY RETAINING THE FOLLOWING PARAGRAPH. THE COURT WILL APPOINT YOUR AGENT IF THE COURT FINDS THAT SUCH APPOINTMENT WILL SERVE YOUR BEST INTERF313 AND WELFARE. STRIKE OUT PARAGRAPH 9 IF YOU DO NOT WANT YOUR AGENT TO ACT AS GUARDIAN.) 9. If a guardian of my estate (ry) roperty) is to be appointed, I nominate the agent acting 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 my agent. (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 signatures of my agent (and successors) are correct. (agent) (principal

(THIS POWER OF ATTORNEY WILL NOT BE EFFECTIVE UNLESS IT IS NOTARIZED, USING THE FOLLOWING FORM.)

(successor agent)

(successor agent)

(principal)

(principal)

Tilinoia	UNULL	ICIAL	. COP I
STATE OFIllinois		)	
		ss.	
COUNTY OF Cook			
The undersigned, a notary public in known to me to be the same perso person and acknowledged signing therein set forth [, and certified to	on whose name is subscribed and delivering the instrument	as principal to the f as the free and volu	oregoing power of attorney, appeared before me in untary act of the principal, for the uses and purpose
Dated: August 25, 1999	9		
\$ "\"\) \$ REG!\\ \$ \(\mathbb{(\text{\teti}\text{\te}\text{\texi}\text{\text{\text{\texi}\text{\texi}\text{\text{\texi}\text{\text{\texi}\text{\text{\texi\text{\tex{\texit{\texit{\texi{\text{\texi}\text{\texi}\texit{\text{\	FFICIAL SEAL"  A. BARRESI-SPALLA  Public, State of Illinois	Regu	ra C. Barresi-Spalla
	Triscion Expires 07/06/02 \$	O .	Notary Public
	2	My commission	expires
(THE NAME AND ADDRESS OF POWER TO CONVEY ANY INT		4/7	ULD BE INSERTED IF THE AGENT WILL HAVE
	301 W. Touhy, Park	Ridge IL 600	068
NAME STREET ADDRESS CITY STATE ZIP			
OR RECORDER'S OFFICE BOX	( NO.		(The Above Space for Recorder's Use Only)

FUND FORM 403 © ATG (Rev. 4/95)

(The Above Space for Recorder's Use Only)