ILLINOIS STATUTORY SHORT FORM OF **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 A POWER 15 TEXTERCISED, 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 UNDEF THIS FORM BUT NOT CO-AGENTS. UNDESS YOU EXPRESSLY LIMIT THE DURATION OF THIS POWER IN THE MANNER PROVIDED BLYOW. UNTIL YOU REVOKE THIS POWER OR A COULT 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 LAW" WHICH THIS FORM IS A PART (SEE THAT LAW EXPRESSLY ATTACHMENT). 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.)

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8228/0129 05 001 Page 1 of 5 1999-10-07 12:26:41 Cook County Recorder 55.50



POWER OF ATTORNEY made this 29th day of September, 1999

OHNA CICIATION OFFICE I, Laura Shapira, of Chicago, Illinois, hereby appoints Thomas A. Karet, of Chicago, Illinois, 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 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.)

UNOFFICIAL COPY

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File S1578456T - Legal Addendum

LEGAL: LOT 37 IN BLOCK 2 IN MOULDING AND HARLAND'S SUBDIVISION OF

OF THE NORTHEAST 1/4 OF THE SOUTHWEST 1/4 OF THE SOUTHWEST 1/4 OF SECTION 29, TOWNSHIP 40 NORTH, RANGE 14, EAST OF THE

THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

ADDRESS: 1441 W LILL

CHICAGO, IL 60614

ACOOK COUNTY CLARK'S OFFICE PIN: 14-29-313-007-0000

Sent By: LAW OFFICES;

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	(4)	Real estate transactions.
	(b) -	Financial institution transactions.
	(c)	Stock and bond transactions:
	(d)	Tangible personal property transactions.
	(c)	Safe deposit box transactions:
	- (f) -	Insurance and annuity transactions:
	(g)	is tirement plan transactions.
	(h)	cocie Scurity, camployment and military service benefits.
	(i)	Tax matters:
	-0-	Claims and litig tic 1-
	(k)	Commodity and option tran actions:
	(1)	Business operations.
	(m)	Borrowing transactions.
	(n)	Estate transactions.
	(0)	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.)

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 or the sale of particular stock or real estate or special rules on borrowing by the agent):

Only those powers necessary to consummate the purchase of 1441 W. Lill, Chicago, Illinois, including but not limited to all the power to execute all necessary loan documents, notes and mortgages.

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):

All power necessary to consummate the purchase of 1441 W. Lill Chicago, Illinois, including but not limited to all the power to execute all necessary loan documents, notes and mortgages.

(YOUR AGENT WILL HAVE 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.)

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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 COMPENSATION FOR SERVICES AS AGENT.)

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

(THIS POWER CF. ATTORNEY MAY BE AMENDED OR REVOKED BY YOU AT ANY TIME AND IN ANY MANNER. 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 COMPUTING EITHER (OR BOTH) OF THE FOLLOWING:)

- 6. This power of attorney shall become effective on the date hereof (insert a future date or event during your lifetime, such as court determination of your disability, when you want this power to first take effect).
- 7. This power of attorney shall terminate on August 23, 1999 (insert a future date or event, such as court determination of your 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 SUCII SUCCESSOR(S) IN THE FOLLOWING PARAGRAPIL:

8. If any agent named by me shall die, become to all y disabled, resign or refuse to act, I name the following (each to act alone and successively, in the order named) at successor(s) to such agent:

NONE

(IF YOU WISH TO NAME A GUARDIAN OF YOUR PERSON OR A GUARDIAN OF YOUR 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 SUCH GUARDY. N(S) IN THE FOLLOWING PARAGRAPHS. THE COURT WILL APPOINT THE PERSON NOMINATED BY YOU 17 THE COURT FINDS THAT SUCII APPOINTMENT WILL SERVE YOUR BEST INTERESTS AND WELFARE. YOU MAY, BUT ARE NOT REQUIRED TO, NOMINATE AS 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 the following to serve as such pradian:

NONE

- 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

Laura Shapira

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Sent By: LAW OFFICES;

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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 SIGNATURES IN THIS POWER OF ATTORNEY, YOU MUST COMPLETE THE CERTIFICATION OPPOSITE THE SIGNATURES OF THE AGENTS.)

Specimen signatures of	I certify that the signatures
agent (and successors)	of my agent (and successors)
	are correct.
Van - Kars	Maura XIna Ma
7 100	o tura pragram
Thomas Karet	Layra Shapira
(agent)	(principal)
(THIS DOWER OF ASTORNEY WILL NO	The reference in the feet with North Birth Manual Time Bonk
BELOW.)	I BE EFFECTIVE UNLESS IT IS NOTARIZED, USING THE FORM
BELOW.)	
State of Illinois	
) SS.	
County of Cook)	
, , ,	
The undersigned, a notary public in and for t	be above county and state, certifies that Laura Shapira, is known to me
to be the same person whose name is subscri	principal to the foregoing power of attorney, appeared before me
in person and acknowledged signing and deliv	ering for instrument as the free and voluntary act of the principal, for the
uses and purposes therein set forth (and certi-	fied to the correctness of the signature(s) of the agent(s).
	"OFFICIAL SEAL"
Dated: September, 1999	SARA L. SULLIVAN
(CEAT)	Notary Public. State of Illinois
(SEAL)	Notary Public, State of Illinois
(SEAL)	Notary Public, State of Illinois My Commission Expires 10/1/01
, ,	Notary Public, State of Illinois My Commission Expires 10/1/01
, ,	Notary Public, State of Illinois
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