ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY

FOR PROPERTY

PURPOSE OF THIS POWER OF ATTORNEY IS TO NOTICE: 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 Α RECORD RECEIPTS, OF DISBURSEMENTS AND SIGNITICANT 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 UNLESS YOU EXPRESSLY LIMIT THE DURATION OF NOT CO-AGENTS. POWER IN THE MANNER PROVIDED HEREAFTER, 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 ACENT ARE EXPLAINED MORE FULLY IN SECTION 3-4 OF THE ILLINOIS "STATUTORY CHORT FORM POWER OF ATTORNEY FOR PROPERTY LAW" (755 ILCS 45/3-1 LET SEQ.) WHICH THIS NOTICE IS A PART. 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.

Initials:

LMG/137565.1/MASTER

1999-01-26 12:06:44 Cook County Recorder

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BOX 333-CTI

#### POWER OF ATTORNEY made this fifteenth day of November, 1998:

1.I, Kiwane L. Garris, hereby appoint Rick E. Smith as my attorney-in-fact (my "agent") to act for me and in my name (in any way we 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 LITE THROUGH THE TITLE OF THAT CATEGORY.)

- (a) Real estate transactions (including any and all actions necessary to purchase the residence located at 3609 Robert Ct., Hazel Crest, Illinois or terminate the contract to purchase the aforesaid residence, if necessary).
- (b) All other property powers and transactions related to (a) above including executing and delivering any and all documents necessary to finance the acquisition of the above residence).

(LIMITATIONS ON AND ADDITIONS TO THE ACENT'S POWER MAY BE INCLUDED IN THIS POWER OF ATTORNEY IF THEY ARL 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):

NONE	330010046

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):

Execute any and all documents to effectuate the closing of my residence located at 3609 Robert Ct., Hazel Crest, Illinois.

(MY AGENT WILL HAVE AUTHORITY TO EMPLOY OTHER PERSONS AS NECESSARY TO ENABLE THE AGENT TO PROPERLY EXERCISE THE POWERS GRANTED IN THIS FORM, BUT MY 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 FNTITLED 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 COMMENSATION FOR SERVICES AS AGENT.)

5. My agent shall not be entitled to reasonable compensation for services rendered as agent under this power of attorney.

(THIS POWER OF ATTORNEY MAY BE AMFINDED 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 OF DURATION IS MADE BY INITIALING AND COMPLETING EITHER (OR BOTH) OF THE FOLLOWING:)

- 6. This power of attorney shall become effective on November 15, 1998 (insert a future date or event during your lifetime, such as court determination of your disability, when you want c s power to first take effect)
- 7. This power of attorney shall terminate on March 1, 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 SUCH SUCCESSOR(S) IN THE FOLLOWING 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:

NONE

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 INTERESTS AND WELFARE. STRIKE OUT PARAGRAPH 9 IF YOU DO NOT WANT RE, S GU.

Ox Coot County Clark's Office YOUR AGENT TO ACT AS GUARDIAN.)

- 9. If a guardian of our estate (my property) is to be appointed, I nominate the agent acting under his 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.

Signed

Kiwane Garris

(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 SIGNATURE OF THE AGENTS.)

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Specimen signatures of agent of	I certify that the signature
(and successors)	my agent (and successors) ar correct.
Run E Juite Rick E. Smith	Kiwane Garris
(THIS POWER OF ATTORNEY WILL NOTARIZED, USING THE FORM BELOW.)	NOT BE EFFECTIVE UNLESS IT I
State of Turess	
County of (cov. )	
The undersigned, a notary public state, certifies that Kiwane Farm person whose name is subscribed as of attorney, appeared before me in and delivering the instrument as the principal, for the uses and procertified to the correctness of the	ris known to me to be the sam principal to the foregoing powe n rerson and acknowledged signing the free and voluntary act of the urposes therein set forth and
Dated: November 15, 1991	(SEAL)
	Maureen Wiltawers Notary Public
My commission expires: 12-15	-00
(THE NAME AND ADDRESS OF THE PERSONNERTED IF THE AGENT WILL HAVE REAL ESTATE.)	
This document was prepared by: Larry Gritton Katz, Randall & Weinberg 333 W. Wacker Drive, Suite 1800 Chicago, Illinois 60606	OFFICIAL SEAL MAUREEN DELFAVERO NOTARY PUBLIC, STATE OF ILLINOIS MY COMMISSION EXPIRES: 12/15/00

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