This instrument was prepared by:	Send Tax Notice to:
(Name)	(Name)
(Street Address)	(Street Address)
(City, County, State, Zip Code)	(City, County, State, Zip Code)
FOR CLOSING REAL	ER OF ATTORNEY ESTATE TRANSACTION for Purchaser)
STATE OF ILLINOIS	
COUNTY OF	
KNOW ALL MEN BY THESE PRESENT, T	THAT I
	(Name of Principal)
whose address is	
	reet Address, City, State, Zip Code)
	ATTORNEY, hereby appoint,
(Name of Agent)	of (Street Address)
(Name of Agent)	, as my Attorney-in-Fact
(City, County, State, Zip (Code)
to act as follows, GRANTING unto my Attorn	ney-in-Fact full power to:
commonly known as power and authority for me and in my	e on the sale of the property described below (address), with fuy name to execute any and all documents necessar lement on said property to any person or persons of

his choosing, including but not limited to, deeds, checks, receipts, releases, warranties, affidavits, contracts, addenda, settlement statements, loan commitments and disclosure

statements, truth-in-lending statements, all forms of commercial papers, endorsements to checks, or the like, and any such other instrument or instruments in writing of whatever kind, character and nature as may be necessary to complete the sale, financing arrangements, and the settlement process.

FURTHER GRANTING full power and authority to collect and receive any funds or proceeds of said sale in any manner which, in his sole discretion, he sees fit.

The legal description of the property is as follow	ws, to-wit:
See legal description attached hereto as ExhLegal Description:	nibit A and incorporated herein for all purposes.
5 5	y-in-fact shall lawfully do or cause to be done by
virtue of this Power of Attorney and the rights a	and powers herein granted.
documents executed by my Attorney hereunde attorney and the description "Attorney-in-Fact	be done in my name, and all instruments and it shall contain my name, followed by that of my t", excepting however any situation where local rein, in that event local practice may be followed.
	all be valid and may be relied upon by any third ecorded in the recorder's office of the recording
DATED:	
	Signature of Principal
State of Illinois, County of	Type/Print Name
The foregoing instrument was acknowledged be by	efore me this (date), (name of person acknowledged).
In Witness Whereof, I have hereunto set my har	nd and seal the day and year before written.
	Notary Public

My commission expires:	Type or Print Name
	ATTESTATION
the State of Illinois, that the principal acknowledged this special power of att sound mind and under no duress, fraud as attorney-in-fact by this document an of the principal. We are not related to	es, each declare under penalty of perjury under the laws of is personally known to us, that the principal signed and torney in our presence, that the principal appears to be of d or undue influence, that we are not the person appointed that we witnessed this power of attorney in the presence of the principal by blood, marriage or adoption, and to the to any part of the estate of the principal upon the death of or by operation of law.
(Signature)	(Signature)
(Print or Type Name)	(Print or Type Name)
(Street Address)	(Street Address)
(City State and 7in Code)	(City State and Zin Code)

NOTICE TO AGENT

When you accept the authority granted under this power of attorney a special legal relationship, known as agency, is created between you and the principal. Agency imposes upon you duties that continue until you resign or the power of attorney is terminated or revoked.

As agent you must:

- (1) do what you know the principal reasonably expects you to do with the principal's property;
- (2) act in good faith for the best interest of the principal, using due care, competence, and diligence;
- (3) keep a complete and detailed record of all receipts, disbursements, and significant actions conducted for the principal;
- (4) attempt to preserve the principal's estate plan, to the extent actually known by the agent, if preserving the plan is consistent with the principal's best interest; and
- (5) cooperate with a person who has authority to make health care decisions for the principal to carry out the principal's reasonable expectations to the extent actually in the principal's best interest.

As agent you must not do any of the following:

- (1) act so as to create a conflict of interest that is inconsistent with the other principles in this Notice to Agent;
- (2) do any act beyond the authority granted in this power of attorney;
- (3) commingle the principal's funds with your funds;
- (4) borrow funds or other property from the principal, unless otherwise authorized;
- (5) continue acting on behalf of the principal if you learn of any event that terminates this power of attorney or your authority under this power of attorney, such as the death of the principal, your legal separation from the principal, or the dissolution of your marriage to the principal.

If you have special skills or expertise, you must use those special skills and expertise when acting for the principal. You must disclose your identity as an agent whenever you act for the principal by writing or printing the name of the principal and signing your own name "as Agent" in the following manner:

"(Principal's Name) by (Your Name) as Agent"

The meaning of the powers granted to you is contained in Section 3-4 of the Illinois Power of Attorney Act, which is incorporated by reference into the body of the power of attorney for property document.

If you violate your duties as agent or act outside the authority granted to you, you may be liable for any damages, including attorney's fees and costs, caused by your violation.

If there is anything about this document or your duties that you do not understand, you should seek legal advice from an attorney.

EXHIBIT A

Principal:	
Agent:	
Legal Description:	