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I, \*, of \*, Illinois, revoke all prior wills and codicils and make this my will.

ARTICLE I

I give all of my personal effects, household goods, automobiles, and all other such items of goods and chattels to my wife/husband, \*, (hereinafter called my "wife/husband"), if s/he survives me; otherwise to my children who survive me to be divided equally as they agree. My children as of this date are \*. My executor shall sell any property as to which there is no agreement within sixty (60) days after admission of this Will to probate and shall add the proceeds to the residue of my estate.

ARTICLE II

I give the rest and residue of my estate to my wife/husband, \*, or if s/he does not survive me, *per stirpes* to my descendants who survive me, except as provided in ARTICLE IV.

ARTICLE III

No person named in this Will shall be deemed to have survived me unless he or she is living on the thirtieth (30th) day succeeding the day of my death.

ARTICLE IV

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If any beneficiary of mine has not attained age twenty-one (21) years at the time any property becomes distributable to him or her, the executor may distribute any part or all of such property to a parent or adult relative of the beneficiary, as trustee, against such person's receipt and upon his written undertaking to deliver the property to the beneficiary at the time he or she attains age twenty-one (21) years, and in the meantime to hold it in trust and use it for the benefit of the beneficiary. Such receipt and written undertaking shall discharge the executor.

ARTICLE V

I name my wife/husband, \*, as the executor of this Will. If for any reason s/he fails or ceases to act as executor, then I name \*, as executor. I direct that no security on the executor's bond be required of any of the beforementioned persons.

(a) I direct the executor to pay out of my estate passing hereunder, after satisfaction of the gift or gifts made in ARTICLE I, all expenses of administering my estate and all estate, inheritance, transfer and succession taxes other than any tax on a generation-skipping transfer which is not a liability of my estate (including interest and penalties, if any) which become due by reason of my death. I waive on behalf of my estate any right to recover from any person, including any beneficiary of insurance upon my life, any part of such taxes.

(b) I give the executor the following powers and discretions, in each case to be exercisable without court order:

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(1) To borrow money and for that purpose to mortgage or to pledge, all or part of the real or personal property of my estate;

(2) To sell at public or private sale, to retain, to lease, to borrow money and for that purpose to mortgage or to pledge, all or part of the real property of my estate;

(3) To settle claims in favor of or against my estate;

(4) To exercise or not to exercise any election or option granted to executors by the Internal Revenue Code in force at my death, even though such exercise or non-exercise increases or decreases estate principal or income without adjustments to principal or income;

(5) To distribute the residue of my estate in cash or in kind or partly in each, and for this purpose the determination of the executor as to the value of any property distributed in kind shall be conclusive;

(6) To execute and deliver any deeds, contracts, mortgages, bills of sale or other instruments necessary or desirable for the exercise of his powers and discretions of executor;

(7) To retain and operate any business, farm or commercial enterprise that I may have operated during my lifetime.

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ARTICLE VI

For all purposes of this instrument, legal adoption shall be deemed the equivalent of blood relationship.

ARTICLE VII

If my wife/husband, \*, does not survive me, I designate\*, as the guardian(s) of the person and estate of each minor child of mine. Should s/he be unable or unwilling to so serve, I designate\*, as the guardian(s) of the person and estate of each minor child of mine.

I direct that no security on the guardian's bond be required of any guardian named herein.

IN WITNESS WHEREOF, I have signed this Will, consisting of six (6) typewritten pages, the following pages included, and for the purpose of identification have placed my name at the foot of each preceding page, this \_\_\_\_\_ day of \_\_\_\_\_, 2007.

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We certify that the above instrument was on the date thereof signed and declared by\* as his/her Will in our presence and that we, at his/her request and in his/her presence and in the presence of each other, have signed our names as witnesses thereto, believing \* to be of sound mind and memory at the time of signing.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STATE OF ILLINOIS )  
 ) SS  
COUNTY OF KANE )

We, the undersigned, being the testator and the witnesses, respectively, whose names are signed to the foregoing instrument, and being first duly sworn, do hereby declare to the undersigned authority that the testator, in the presence of witnesses, signed the instrument as his/her Last Will and that s/he signed willingly; and that each of the witnesses, in the presence of the testator and in the presence of each other, signed the Will as a witness and that to the best of his or her knowledge the testator was at the time of legal age, of sound mind and under no constraint or undue influence.

\_\_\_\_\_

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\_\_\_\_\_

WITNESS

\_\_\_\_\_

WITNESS

Signed and sworn to before me by \*, the testator, and by each of the above witnesses, this \_\_\_ day of \_\_\_\_\_, 2007.

\_\_\_\_\_  
NOTARY PUBLIC

**GENERAL**

**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 A POWER IS EXERCISED, 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 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 LAW" OF WHICH THIS FORM 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.)**

. POWER OF ATTORNEY made this \_\_\_ day of \_\_\_\_\_, 2007.

1. I, \*, of \*, Illinois, hereby appoint my \*, \*, of \*, 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:

- (a) Real estate transactions.
- (b) Financial institution transactions.
- (c) Stock and bond transactions.
- (d) Tangible personal property transactions.
- (e) Safe deposit box transactions.

- (f) Insurance and annuity transactions.
- (g) Retirement plan transactions.
- (h) Social Security, employment and military service benefits.
- (i) Tax matter.
- (j) Claims and litigation.
- (k) Commodity and option transactions.
- (l) 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.)

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):

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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:

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(YOUR AGENT WILL HAVE AUTHORITY TO EMPLOY OTHER PERSONS AS NECESSARY TO ENABLE THE AGENT TO PROPERLY EXERCISE THE POWER 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.)

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 OF 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 AT OR DURATION IS MADE BY INITIALING AND COMPLETING EITHER (OR BOTH) OF THE FOLLOWING:)

6. This power of attorney shall be effective on the date of execution hereof.

7. This power of attorney shall terminate on my death unless revoked by me prior to my death.

(IF YOU WISH TO NAME SUCCESSOR AGENTS, INSERT THE NAMES(S) AND ADDRESS(ES) OF SUCH SUCCESSOR(S) IN THE FOLLOWING PARAGRAPH:)

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

(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 YOUR AGENT TO ACT AS GUARDIAN.)

9. If a guardian of my person is to be appointed, I nominate the following to serve as such guardian: \*, but in the event \* is unwilling or unable to act, then I nominate \*, to so serve.

10. If a guardian of my estate (my property) is to be appointed, I nominate the following to serve as such guardian, to serve without bond or security:\*, but in the event \* is unwilling or unable to act, then I nominate \*, to so serve.

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. I have received a copy of Section 3-4 of the Illinois Power of Attorney Act and I have read the provisions and understand their applicability to this document. I explicitly intend that all powers enumerated in Section 3-4 of the Illinois Power of Attorney Act shall apply to the grant of power hereunder, and that this document shall be construed to effectuate that intent.

IN WITNESS WHEREOF, I have signed this Power of Attorney, consisting of five (5) pages, by affixing my signature thereon this \_\_\_\_\_ day of \_\_\_\_\_, 2007.

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\*

STATE OF ILLINOIS        )  
  ) SS  
COUNTY OF KANE         )

The undersigned, a notary public in and for the above county and state, certifies that \* known to me to be the same person whose name is subscribed as principal to the foregoing power of attorney, appeared before me and the additional witness in person acknowledged, signing and delivering the instrument as the free and voluntary act of the principal, for the uses and purposes therein set forth (and certified to the correctness of the signature(s) of the agent(s).

Dated: \_\_\_\_\_, 2007.

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_

The undersigned witness certifies that \* known to me to be the same person whose name is subscribed as principal for the foregoing power of attorney, appeared before me and the notary public and acknowledged signing and delivering the instrument as the free and voluntary act of the principal, for the uses and purposes therein set forth. I believe him or her to be of sound mind and memory.

Dated: \_\_\_\_\_, 2007

\_\_\_\_\_  
WITNESS

This document was prepared by:  
Attorney Gerald K. Hodge  
KINNALLY, FLAHERTY,  
KRENTZ & LORAN, P.C.  
2114 Deerpath Road  
Aurora, Illinois 60506  
(630) 907-0909

## HEALTH CARE

### ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR HEALTH CARE

**(NOTICE: THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO MAKE HEALTH CARE DECISIONS FOR YOU, INCLUDING POWER TO REQUIRE, CONSENT TO OR WITHDRAW ANY TYPE OF PERSONAL CARE OR MEDICAL TREATMENT FOR ANY PHYSICAL OR MENTAL CONDITION AND TO ADMIT YOU TO OR DISCHARGE YOU FROM ANY HOSPITAL, HOME OR OTHER INSTITUTION. THIS FORM DOES NOT IMPOSE A DUTY ON YOUR AGENT TO EXERCISE GRANTED POWERS; BUT WHEN A POWER IS EXERCISED, 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 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, YOUR RIGHT TO REVOKE THOSE POWERS AND THE PENALTIES FOR VIOLATING THE LAW ARE EXPLAINED MORE FULLY IN SECTIONS 4-6, 4-9 AND 4-10(b) OF THE ILLINOIS "POWERS OF ATTORNEY FOR HEALTH CARE LAW" OF WHICH THIS FORM 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.)**

POWER OF ATTORNEY, made this \_\_\_\_\_ day of \_\_\_\_\_, 2007.

1. I, \*, of \*, Illinois, do hereby appoint \* of \*, Illinois, as my attorney-in-fact (my "agent") to act for me and in my name (in any way I could act in person) to make any and all decisions for me concerning my personal care, medical treatment, hospitalization and health care and to require, withhold or withdraw any type of medical treatment or procedure, even though my death may ensue. My agent shall have the same access to my medical records that I have, including the right to disclose the contents to others. My agent shall also have full power to authorize an autopsy

and direct the disposition of my remains. Effective upon my death, my agent has the full power to make an anatomical gift of the following (initial one):

- \_\_\_\_\_ Any organs, tissues or eyes suitable for transplantation or used for research or education
- \_\_\_\_\_ Specific organs: \_\_\_\_\_

(THE ABOVE GRANT OF POWER IS INTENDED TO BE AS BROAD AS POSSIBLE SO THAT YOUR AGENT WILL HAVE AUTHORITY TO MAKE ANY DECISION YOU COULD MAKE TO OBTAIN OR TERMINATE ANY TYPE OF HEALTH CARE, INCLUDING WITHDRAWAL OF FOOD AND WATER AND OTHER LIFE-SUSTAINING MEASURES, IF YOUR AGENT BELIEVES SUCH ACTION WOULD BE CONSISTENT WITH YOUR INTENT AND DESIRES. IF YOU WISH TO LIMIT THE SCOPE OF YOUR AGENT'S POWERS OR PRESCRIBE SPECIAL RULES OR LIMIT THE POWER TO MAKE AN ANATOMICAL GIFT, AUTHORIZED AUTOPSY OR DISPOSE OF REMAINS, YOU MAY DO SO IN THE FOLLOWING PARAGRAPH.)

2. The powers granted above shall not include the following powers or shall be subject to the following rules or limitations (here you may include any specific limitations you deem appropriate, such as: your definition of when life-sustaining measure should be withheld; a direction to continue food and water in all events; or instructions to refuse any specific types of treatment that are inconsistent with your religious beliefs or unacceptable to you for any other reason, such as blood transfusion, electro-convulsive therapy, amputation, psychosurgery, voluntary admission to a mental institution, etc.):

\_\_\_\_\_  
\_\_\_\_\_

(THE SUBJECT OF LIFE-SUSTAINING TREATMENT IS OF PARTICULAR IMPORTANCE. FOR YOUR CONVENIENCE IN DEALING WITH THAT SUBJECT, SOME GENERAL STATEMENTS CONCERNING THE WITHHOLDING OR REMOVAL OF LIFE-SUSTAINING TREATMENT ARE SET FORTH BELOW. IF YOU AGREE WITH ONE OF THESE STATEMENTS YOU MAY INITIAL THAT STATEMENT; BUT DO NOT INITIAL MORE THAN ONE:)

I do not want my life to be prolonged nor do I want life-sustaining treatment, including furnishing of food and water, to be provided or continued if my agent believes the burdens of the treatment outweigh the expected benefits. I want my agent to consider the relief of suffering, the expense involved and the quality as well as the possible extension of my life in making decision concerning life-sustaining treatment.

Initialed \_\_\_\_\_

I want my life to be prolonged and I want life-sustaining treatment to be provided or continued unless I am in a coma which my attending physician believes to be irreversible, in accordance with reasonable medical standards at the time of reference. If and when I have suffered irreversible coma, I want life-sustaining treatment to be withheld or discontinued.

Initialed \_\_\_\_\_

I want my life to be prolonged to the greatest extent possible without regard to my condition, the chances I have for recovery or the cost of the procedures.

Initialed \_\_\_\_\_

(THIS POWER OF ATTORNEY MAY BE AMENDED OR REVOKED BY YOU IN THE MANNER PROVIDED IN SECTION 4-6 OF THE ILLINOIS "POWERS OF ATTORNEY FOR HEALTH CARE LAW"(SEE BACK OF THIS FORM). 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, AND BEYOND IF ANATOMICAL GIFT, AUTOPSY OR DISPOSITION OF REMAINS IS AUTHORIZED, UNLESS A LIMITATION ON THE BEGINNING DATE OR DURATION IS MADE BY INITIALING AND COMPLETING EITHER OR BOTH OF THE FOLLOWING:)

3. This power of attorney shall become effective upon execution hereof.
4. This power of attorney shall terminate upon death.

(IF YOU WISH TO NAME SUCCESSOR AGENTS, INSERT THE NAMES AND ADDRESSES OF SUCH SUCCESSORS IN THE FOLLOWING PARAGRAPH:)

5. If any agent named by me shall die, become incompetent, resign, refuse to accept the office of agent or be unavailable, I name the following (each to act alone and successively, in the order named) as successors to such agent: \*.

For purposes of this Paragraph 5, a person shall be considered to be incompetent if and while the person is a minor and adjudicated incompetent or disabled person or the person is unable to give prompt and intelligent consideration to health care matters, as certified by a licensed physician.

(IF YOU WISH TO NAME YOUR AGENT AS GUARDIAN OF YOUR PERSON, 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 6 IF YOU DO NOT WANT YOUR AGENT TO ACT AS GUARDIAN.)

6. If a guardian of my person is to be appointed, I nominate the agent acting under this power of attorney as such guardian, to serve without bond or security.

7. I have received a copy of Section 4-10(b) of the Illinois Power of Attorney Act and I have read the provisions and understand their applicability to this document. I explicitly intend that all powers enumerated in Section 4-10(b) of the Illinois Power of Attorney Act shall apply to the grant of power herein, except as otherwise expressly excluded herein and that this document shall be construed to effectuate that intent.

8. I authorize any physician, health care professional, dentist, health plan, hospital, clinic, laboratory, pharmacy, or other covered health care provider, any insurance company and the Medical Information Bureau, Inc., or other health care clearinghouse that has provided treatment or services to me or that has paid for or is seeking payment from me for such services, to give, disclose, and release to my agent, without restriction, all of my individually identifiable health information

and medical records regarding any past, present, or future medical or mental health condition, including all information relating to the diagnosis and treatment of HIV/AIDS, sexually transmitted diseases, mental illness, and drug or alcohol abuse.

- a. The authority given to my agent shall supersede any prior agreement that I may have made with my health care providers to restrict access to or disclosure of my individually identifiable health information.
- b. The authority given to my agent has no expiration date and shall expire only in the event that I revoke the authority in writing and deliver it to my health care provider.

In addition to the other powers granted by this document, I grant to my agent the power and authority to serve as my personal representative for all purposes of the Health Insurance Portability and Accountability Act of 1996, as amended from time to time, and its regulations (HIPAA) during any time that my agent (hereinafter referred to in the subsequent clauses of this paragraph as my "HIPAA personal representative") is exercising authority under this document.

- a. Pursuant to HIPAA, I specifically authorize my HIPAA personal representative to request, receive and review any information regarding my physical or mental health, including without limitation all HIPAA-protected health information, medical and hospital records; to execute on my behalf any authorizations, releases, or other documents that may be required in order to obtain this information and to consent to the disclosure of this information. I further authorize my HIPAA personal representative to execute on my behalf any documents necessary or desirable to implement the health care decisions that my HIPAA personal representative is authorized to make under this document.
- b. By signing this document, I specifically empower and authorize my physician, hospital or health care provider to release any and all medical records to my HIPAA personal representative or to my representative's designee.

IN WITNESS WHEREOF, I have signed this power of attorney consisting of six (6) pages,  
this page included, by affixing my signature thereon this \_\_\_\_ day of \_\_\_\_\_, 2007.

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\*

STATE OF ILLINOIS     )  
  ) SS  
COUNTY OF KANE     )

The undersigned, a notary public in and for the above county and state, certifies that \* known 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 and delivering the instrument as the free and voluntary act of the principal, and for the uses and purposes therein set forth.

Dated: \_\_\_\_\_, 2007.

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Notary Public

The document was prepared by:  
Attorney Gerald K. Hodge  
KINNALLY, FLAHERTY,  
KRENTZ & LORAN, P.C.  
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