

First Bank
480 West Center Street
Grayslake, IL 60030-
(847) 543-7900

I, IDA E. FUNKE
(Name of Principal)
50 LIBRARY LANE, UNIT #417
(Street Address)
GRAYSLAKE, IL 60030
(City, State, Zip)

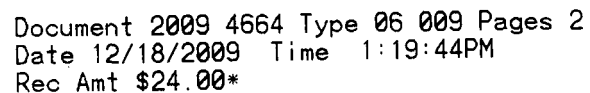
Print M. JOAN VCEKA
(Name of Agent)
3466 STEEPLECHASE WAY
(Street Address)
GRAYSLAKE, IL 60030
(City, State, Zip)

A. Banking and other financial institution transactions (as defined in Uniform Statutory Form Power of Attorney Act); and

TO WITHOLD A POWER, DO NOT INITIAL THE LINE IN FRONT OF IT. YOU MAY, BUT NEED NOT, CROSS OUT EACH POWER WITHHELD.

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- (a) Real property transactions;
 (b) Tangible personal property transactions;
 (c) Stock and bond transactions;
 (d) Commodity and option transactions;
 (e) Business operating transactions;
 (f) Insurance and annuity transactions;
 (g) Estate, trust, and other beneficiary transaction.
 (h) Claims and litigation;
 (i) Personal and family maintenance;
 (j) Benefits from social security, Medicare, Medicaid, of other governmental programs, civil or military service;
 (k) Retirement transactions;
 (l) Tax matters;
 (m) ALL OF THE POWERS LISTED ABOVE. YOU NEED NOT INITIAL ANY OTHER LINES IF YOU INITIAL LINE (m).
- Book 2009 Page 4664
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 Date 12/18/2009 Time 1:19:4
 Rec Amt \$24.00*
- DEBORAH L PEYTON, RECORDER/RECORDING CLERK
 DELAWARE COUNTY IOWA



DEBORAH L PEYTON, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

SPECIAL INSTRUCTIONS:

ON THE FOLLOWING LINES YOU MAY GIVE SPECIAL INSTRUCTIONS LIMITING OR EXTENDING THE POWERS GRANTED TO YOUR AGENT:

IN THE EVENT MY ATTORNEY-IN-FACT IS UNABLE TO
SERVE FOR ANY REASON, I NAME PATRICK J. FUNKE
OF 2N134 ADDISON RD. VILLA PARK, IL 60181 AS
SUCCESSOR TO MY ATTORNEY-IN-FACT

THIS POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY AND WILL CONTINUE UNTIL IT IS REVOKED.

This Power of attorney will continue to be effective even though I become disabled, incapacitated, or incompetent.

If this power of attorney is executed in Florida, This durable power of attorney is not affected by subsequent incapacity of the principal except as provided in s. 709.08, Florida Statutes.

(Strike the preceding two sentences if you do not want this power of attorney to continue if you become disabled, incapacitated or incompetent.)

If you are a Trustee of a Trust, under a Trust instrument which allows you to appoint an attorney in fact to exercise powers of Trustee, and you wish to add this power, then initial the clause below and fill in the name of the Trust and the date of Trust Instrument (TO ADD THIS POWER YOU MUST INITIAL BELOW):

Initial here: _____ I am a trustee of a trust with the following name and date:

So long as the trust instrument allows for the trustee to act through an attorney in fact, then I authorize the Agent named herein to exercise all of my powers as trustee of the trust, as designated in such trust instrument, and, to the extent the trustee is permitted to so act in the trust instrument, to do each of the foregoing actions listed in this Power of Attorney, as the act and deed of the Trustee under such Trust instrument.

I agree that any third party who receives a copy of this document may act under it. Revocation of the power of attorney is not effective as to a third party until the third party learns of the revocation. I agree to indemnify the third party for any claims that arise against the third party because of reliance on this power of attorney.

Signed this 23 day of 11 20 09

Ida E. Franke

[Principal's Signature]

[Principal's Social Security Number]

STATE OF
COUNTY OF

Illinois
Lake

On [date] 11-23-09 before me, [name of notary] Jeff Anwar personally appeared [name] Ida E. Franke who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of Illinois that the foregoing paragraph is true and correct.

Witness my hand and official seal.

Jeff Anwar

[Signature of notary public]

My commission expires

5-26-12



THE ATTORNEY IN FACT, BY ACCEPTING OR ACTING UNDER THE APPOINTMENT, ASSUMES THE FIDUCIARY AND OTHER LEGAL RESPONSIBILITIES OF AN AGENT.