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TICOR TITLE INSURANCE CO.
Highland, Indiana

No. 34 POWER OF ATTORNEY Rev. 75 ©1978 Bradford Publishing Co., 1846 Stout Street, Denver, Colorado (573-5011) -9-78

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KNOW ALL MEN BY THESE PRESENTS: That LYNDA MAE SMITH
of the _____ County of
Pueblo, State of Colorado, reposing special trust and confidence in
PAUL MICHAEL SMITH
of the _____ County of Pueblo, State of Colorado has made, con-
stituted and appointed, and by these presents does make, constitute and appoint the said
PAUL MICHAEL SMITH
true and lawful attorney for her and in her name, place and stead, for
sole use and benefit

Key # 23-1242

to sign any and all documents on my behalf,
in my individual capacity regarding the
following property:

Lot 2 in Fountain Ridge 2nd, Unit #2,
City of Crown Point, as recorded in Plat
Book 42, Page 4 in the office of the
recorder of Lake County Indiana.

Also known as: 1722 West 95th Avenue

Hereby giving and granting unto said attorney full power and authority to do and perform
all and every act and thing whatsoever requisite and necessary to be done in and about the
premises, as fully to all intent and purposes as she might or could do if personally
present, including, but not limited to, the execution of Deeds conveying real estate, with full
power of revocation hereby ratifying and confirming all that said attorney shall lawfully do or
cause to be done by virtue hereof.

~~This instrument is not to be affected by the disability of the grantor.~~

~~This instrument is not to be affected by the disability of the grantor.~~

IN WITNESS WHEREOF, I have hereunto set hand and seal this 1st
day of June, 19 83.

Lynda Mae Smith [SEAL]
LYNDA MAE SMITH

_____[SEAL]
_____[SEAL]

FILED

JUL 28 1983

James D. Smith
AUDITOR LAKE COUNTY

(See reverse for acknowledgment)

STATE OF INDIANA
FILED FOR RECORD
JUL 29 10 05 AM '83
RECORDED
WILLIAM SIELSKI JR
RECORDER

*Strike either or both according to fact.



STATE OF COLORADO

County of Pueblo

ss.

The foregoing instrument was acknowledged before me this 1st day of June 1983, by Lynda Mae Smith

My commission expires January 6, 1986. Witness my hand and official seal.



Mary Annette Hogland
Mary Annette Hogland Notary Public
650 Thatcher Building
Pueblo, Colorado 81003

15-14-501, CRS 1973. When power of attorney not affected by disability. When a principal designates another his attorney in fact or agent by a power of attorney in writing and the writing contains the words "This power of attorney shall not be affected by disability of the principal", or "This power of attorney shall become effective upon the disability of the principal", or similar words showing the intent of the principal that the authority conferred shall be exercisable notwithstanding his disability, the authority of the attorney in fact or agent is exercisable by him as provided in the power on behalf of the principal notwithstanding later disability or incapacity of the principal at law or later uncertainty as to whether the principal is dead or alive. Any acts done by the attorney in fact or agent pursuant to the power during any period of disability or incompetence or uncertainty as to whether the principal is dead or alive have the same effect and inure to the benefit of and bind the principal or his heirs, devisees, and personal representative as if the principal were alive, competent, and not disabled. If a conservator thereafter is appointed for the principal, the attorney in fact or agent, during the continuance of the appointment, shall account to the conservator rather than the principal. The conservator has the same power the principal would have had if he were not disabled or incompetent, to revoke, suspend, or terminate all or any part of the power of attorney or agency.

No. _____

POWER OF ATTORNEY

LYNDA MAE SMITH

TO

PAUL MICHAEL SMITH

STATE OF COLORADO } ss.
County of Pueblo

I hereby certify that this instrument was filed for record in my office at _____, o'clock _____ M., 19____, and duly is recorded in book _____ page _____ Film No. _____ Reception No. _____

By _____ Recorder.
Deputy _____

Fees, \$ _____

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