

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ ) ss  
Witness my hand and Official Seal.  
Indexed Paged Blotted

I hereby certify that the within instrument was  
filed for record in \_\_\_\_\_ County,  
State of \_\_\_\_\_  
County Recorder

No. \_\_\_\_\_  
Book \_\_\_\_\_ Page \_\_\_\_\_  
Date \_\_\_\_\_  
Request of: \_\_\_\_\_

By \_\_\_\_\_ Deputy \_\_\_\_\_ Fee \_\_\_\_\_

When recorded, mail to:

007132

### SPECIAL POWER OF ATTORNEY

(DURABLE)

KNOW ALL MEN BY THESE PRESENTS that I (we) Charles Elmer & Amelia L. Huges  
Hughes Husband & wife the undersigned  
principal(s), whose address is 9009 E. Davenport Drive  
Scottsdale, AZ 85260, by this instrument,  
hereby constitute and appoint Hugh D. Blackwell  
whose address is 5100 W. 5th Ave, Gary, IN 46406 as my (our) Attorney-In-Fact to  
act in my (our) name, place and stead, and for my (our) use and benefit as if I (we) were personally present to transact any business and perform every act requisite  
and necessary to: Rental and or sale of 3861 Polk St.  
Gary, IN Key # 46-399 (Briefly describe the specific act to be accomplished)

RED OAK ADD S2 LOT 27 BLK 7  
ALL LOT 31 BLK 7

**NOT OFFICIAL!**

Furthermore, I (we) specifically authorize my (our) above named Attorney-In-Fact to:

- a) buy, sell, contract, receive, possess, transfer, lease, lot, demise, remise, release, encumber, hypothecate, or mortgage, whichever is applicable, to accomplish the objectives heretofore described above;
- b) sign, seal, deliver or otherwise execute and/or acknowledge any and all instruments, papers or documents requisite and necessary to accomplish the objectives heretofore described;
- c) \_\_\_\_\_  
(describe here any other or additional authority not previously mentioned above)

GIVING AND GRANTING unto said Attorney-In-Fact, full power and authority to transact any business, perform every act and thing whatsoever requisite and necessary to fully accomplish the intents and purposes of this Power of Attorney, and therefore, I (we) hereby ratify and confirm every act that said Attorney-In-Fact shall lawfully do or cause to be done by virtue of these presents

The validity of this Power of Attorney shall not be affected by my (our) subsequent disability or incapacity as recognized under the applicable State Laws, and shall continue in full force and effect during my (our) lifetime, unless sooner revoked or terminated by me (us) in writing.

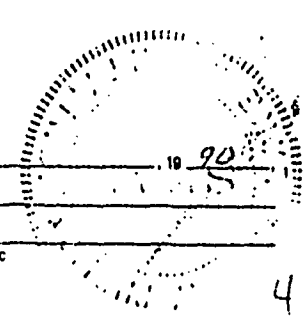
IN WITNESS WHEREOF, I (WE) have hereunto set my (our) hand(s) this \_\_\_\_\_ day of \_\_\_\_\_

APRIL 19 90  
Charles Elmer Huges Principal Amelia L. Huges Principal



State of INDIANA  
County of LAKE

This POWER OF ATTORNEY was acknowledged before me, the undersigned Notary Public, this 19th day of APRIL, 19 90  
by \_\_\_\_\_  
My Commission Expires: JUNE 10, 1992  
Allen Barrett Notary Public  
Shirley Barrett



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**FILED**

APR 23 1990

Allen Barrett  
ALBERT LAKE COUNTY

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