

LTIC # 54701

FEB 09 1993

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David N. Antone
AUDITOR LAKE COUNTY

LAWYERS TITLE INS. CORP.
ONE PROFESSIONAL CENTER
SUITE 215
CROWN POINT, IN 46307

SPECIFIC POWER OF ATTORNEY

(Refinance of Real Property)

KNOW ALL MEN BY THESE PRESENTS, That I, Jay A. Johnson

have made, constituted and appointed, and by these presents do make, constitute and appoint Elizabeth M. Johnson my true and lawful attorney, for me and in my name, place and stead; to undertake and to do all acts necessary to complete the refinance of my property located at 855 W. 72nd. Court Merrillville, Indiana and being more particularly described as Lot 57 in Turkey Creek South, Unit 2, as shown in Plat Book 37, page 58, Lake County, Indiana by obtaining a loan in an amount not to exceed \$170,000.00 *15-403-8* from *Lampa* *Jay* Enterprize Carl I. Brown to be secured by the above described property upon such terms and conditions as my Attorney-In-Fact may deem proper.

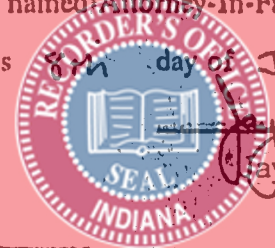
Further, I do authorize my Attorney-In-Fact to do all acts necessary to obtain the above described loan, including but not limited to the execution, acknowledgment, sealing, and delivery of all contracts, deeds, notes, deeds of trust, mortgages, settlement statements, Truth-In-Lending Act forms, Real Estate Settlement Procedures Act forms, any affidavits including but not limited to those relating to FNMA, FHLMC, private mortgage insurance, title insurance, or name, any forms required by the Veterans Administration including but not limited to VA forms 1802, 1876, 1820, 1859, any forms required by the Federal Housing Administration or the Department of Housing and Urban Development including but not limited to FHA form 92900, and any and all other documents or amendments thereto necessary to the refinance and encumbrance of such property as fully and largely as I might or could do if acting personally.

I hereby ratify, confirm, and declare that any act or thing lawfully done hereunder by my Attorney-In-Fact shall be binding on myself and my heirs, legal and personal representatives, and assigns, and absolve and hold harmless any and all persons, lenders, corporations, or others from acting in reliance thereon.

This power of attorney and authority shall not terminate upon my mental or physical disability, incompetence or incapacity.

Further, this power of attorney shall not terminate until written revocation of this power of attorney has been received by my above named Attorney-In-Fact.

Given under my hand and seal this *8th* day of *January*, 1993.



(SEAL)

STATE OF *Ohio*
CITY/COUNTY *Lucas*

On this the *8th* day of *January*, 1993, before me, the undersigned officer, personally appeared *Jay Johnson* known to me or satisfactorily proved to be the person whose name is subscribed to the instrument and acknowledged that he executed the same for the purposes therein contained.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

Rita R. Clark
NOTARY PUBLIC
Rita R. Clark

My Commission expires: *February 1, 1995*
Notary Seal

My County of Residence: Lucas

AFFIDAVIT TO BE EXECUTED BY THE ATTORNEY-IN-FACT AT SETTLEMENT:
As of this *21st* day of *January*, 1993, I have not received actual knowledge or actual notice of the revocation or termination of this power of attorney, by death, or otherwise, or notice of any facts indicating the same.

x *Elizabeth M. Johnson*
ATTORNEY-IN-FACT
Elizabeth M. Johnson

[Multistate: Refinance: 4/89]

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