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STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

MAR-29 1993

Anna N. Anton
AUDITOR LAKE COUNTY

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POWER OF ATTORNEY

James R. Nichols
a/k/a/

KNOW ALL MEN BY THESE PRESENTS, that I, JAMES NICHOLS of 5347 O'Shea Lane, Stone Mountain, DeKalb County, Georgia, have made, constituted and appointed, and by these presents does make, constitute and appoint my brother, ROBERT L. NICHOLS of Griffith, Lake County, Indiana, as my true and lawful Attorney-in-Fact for me and in my name, place and stead to do all or any of the following acts:

To make and enter into contracts to sell the following described realty in which I have a one-third (1/3) interest, located in Lake County, Indiana, more particularly described as follows:

This Document is the property of the Lake County Recorder!
Lots 7 and 8, Block 3, M. M. Towles's Third Addition to the City of Hammond, as per plat thereof, recorded in Plat Book 2, page 37, in the Office of the Recorder of Lake County, Indiana.

Commonly known as: 4115 Torrence Ave., Hammond, IN
Key #36-206-7 & 8

STATE OF INDIANA'S S.A.O.
LAKE COUNTY
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and to receive and collect the consideration therefor; to grant, bargain, sell and convey said real estate, and to execute propositions, contracts with attorneys and realtors, all for such price and on such terms as they shall seem proper, and for me and in my name to make, execute, acknowledge and deliver good and sufficient deeds, titles and conveyances for the same.

I hereby authorize my said Attorney to perform any other act on my behalf which, due to my absence, I cannot perform myself, and I specifically exempt him from any personal liability so long as he shall use that degree of care which reasonable people would use with their own property.

I further exempt any financial institution or title company which relies upon this Power of Attorney, from any liability to me, other than their ordinary legal liability when dealing directly with me.

I hereby declare that any act or thing lawfully done hereunder by my said Attorney shall be binding upon myself, and my heirs, legal and personal representatives, and assigns whether the same shall have been done before or after my death, or other revocation of this instrument unless and until reliable intelligence or notice thereof shall have been received by my said Attorney and by the

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person, firm or corporation dealing with my Attorney pursuant to the powers herein granted;

giving and granting unto my said Attorney full power to do every act necessary to be done as fully as I might or could do if personally present, with full power of substitution and revocation, hereby ratifying and confirming all that my said Attorney shall lawfully do or cause to be done by virtue thereof.

This Power of Attorney shall not be effected by subsequent disability or incapacity of the principal, or lapse of time. My Attorney-in-Fact shall be fully protected and free from any liability for payment application, or accumulation made, or other action taken in reliance upon the powers herein granted.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on this ~~28th~~ 25th day of Jan ~~1993~~ 1993.

NOT OFFICIAL!

This Document is the property of JAMES NICHOLS a/k/a James R. Nichols
the Lake County Recorder.

STATE OF GEORGIA)
COUNTY OF DeKalb)

SS:

*a/k/a James R. Nichols

Before me, the undersigned, a Notary Public, in and for said County and State, personally appeared JAMES NICHOLS who acknowledged the execution of the foregoing Power of Attorney to be his voluntary act and deed.

WITNESS MY HAND AND SEAL this 25th day of January, 1993.

MY COMMISSION EXPIRES:

3/19/92



William J. Cunningham

NOTARY PUBLIC

THIS INSTRUMENT PREPARED BY: WILLIAM J. CUNNINGHAM, ATTORNEY AT LAW
HILBRICH, CUNNINGHAM & SCHWERD

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PH: 219/924-2427