

94003452 LIMITED POWER OF ATTORNEY

Barbara A. Dobrowolski, the undersigned, wife of Aloysius Dobrowolski, of Lake County, State of Indiana, do hereby make, constitute and appoint Aloysius Dobrowolski of Lake County, State of Indiana, my true and lawful attorney-in-fact for me and in my name pursuant to Indiana Code §30-5-5-2 to make and enter into agreements, to execute instruments and documents for the sale of the following described real estate in Lake County, State of Indiana, to James Konja and Kristin L. Konja, Husband and Wife, commonly known as 312 LaSalle Street, Hobart, Indiana 46342 (hereinafter referred to as the "Real Estate") to-wit:

Lot 15 in Crestwood Park in Hobart, as shown in Plat Book 31, page 8, Lake County, Indiana;

This authority shall include, by way of illustration and not limitation, the power to execute and deliver on my behalf a Warranty Deed to James Konja and Kristin L. Konja, Husband and Wife, the Buyer, to execute all instruments necessary for the sale of such Real Estate by me, to execute any and all closing agreements and closing statements, to pay the expenses of the closing and sale, including brokers commissions; and in furtherance of these powers, I give my attorney-in-fact power and authority to do for me and in my name those things which such attorney deems expedient to and necessary to effectuate the intent of this instrument, as fully as I could do personally for myself and in general to do and perform each and every act and thing whatsoever requisite and necessary or proper to be done in order to complete the sale of the above described Real Estate, reserving unto myself, however, the power to act on my own behalf and also to revoke these powers given in this instrument.

the Lake County Recorder!

This Power of Attorney shall be effective as of the date it is signed.

Any act or thing lawfully done by my attorney-in-fact under this instrument shall be binding on me and my heirs, assigns, and legal representatives.

Persons to whom this instrument may be delivered may rely upon its being in effect and unrevoked unless I have executed a proper instrument of revocation and delivered the same to the person holding this instrument. If not revoked as aforesaid, the powers given my attorney-in-fact shall automatically terminate on the 30th day of January, 1994, and this instrument shall become null and void.

Signed this 30th day of December, 1993, for the person named below as witness, who has duly witnessed my signing of this instrument in two counterparts, each of which shall be considered an original.

Barbara A. Dobrowolski
BARBARA A. DOBROWOLSKI

334-70-2206
Grantor's Social Security No

LaWanda S. Hall
Witness to Signing by Grantor

FILED

JAN 10 1994

Jana N. Antox
AUDITOR LAKE COUNTY

JAN 12 11 07 AM '94
STATE RECORDER

STATE OF INDIANA
OFFICE OF THE RECORDER
HOBART, INDIANA

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STATE OF INDIANA)
COUNTY OF PARKE)

SS:

Before me, the undersigned, a Notary Public in and for said County and State, this 30th day of December, 19 93, personally appeared the Grantor named above, and acknowledged the execution of the above instrument to be her voluntary act and deed, for the uses and purposes therein stated.

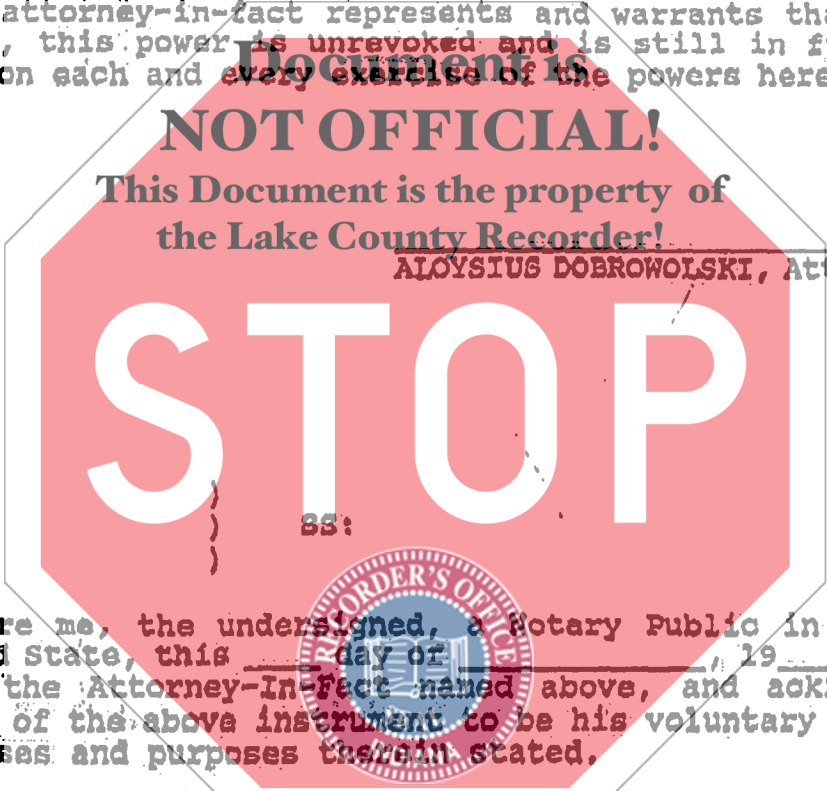
IN WITNESS WHEREOF, I have hereunto set my hand and official seal the day and year last above written.

L. Wanda S. Hall

Notary Public

My Commission Expires: June 13, 1997
My County of Residence: Parke

The attorney-in-fact represents and warrants that within his knowledge, this power is unrevoked and is still in full force and effect upon each and every exercise of the powers herein granted.



STATE OF)
COUNTY OF)

SS:

Before me, the undersigned, a Notary Public in and for said County and State, this ___ day of ___, 19 ___, personally appeared the Attorney-In-Fact named above, and acknowledged the execution of the above instrument to be his voluntary act and deed, for the uses and purposes therein stated.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal the day and year last above written.

Notary Public

My Commission Expires: _____
My County of Residence: _____

STATE OF INDIANA)
COUNTY OF PARKE) SS:

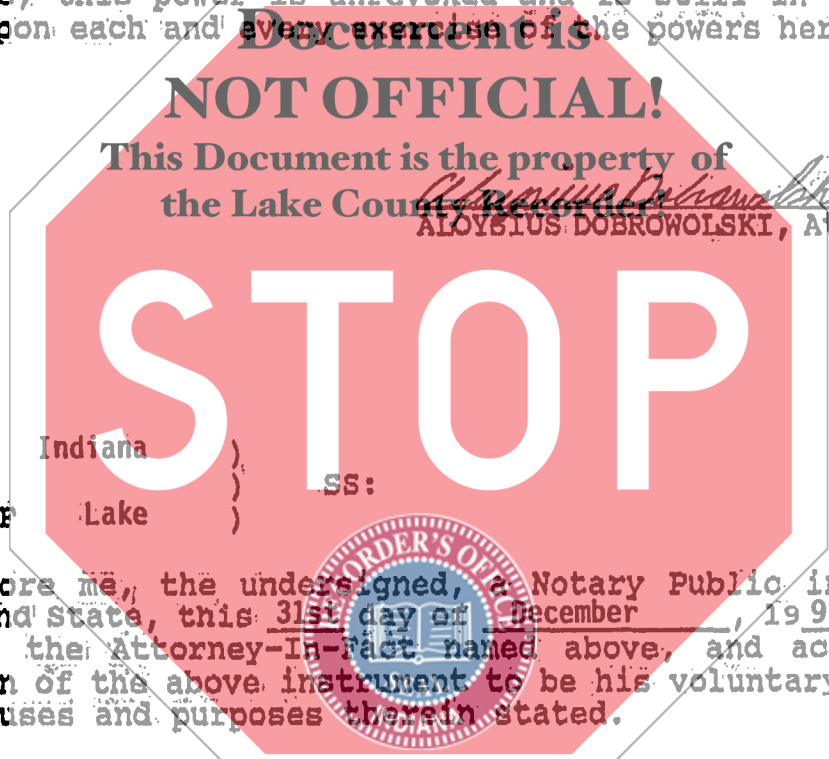
Before me, the undersigned, a Notary Public in and for said County and State, this 30th day of December, 1993, personally appeared the Grantor named above, and acknowledged the execution of the above instrument to be her voluntary act and deed, for the uses and purposes therein stated.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal the day and year last above written.

, Notary Public

My Commission Expires: _____
My County of Residence: _____

The attorney-in-fact represents and warrants that within his knowledge, this power is unrevoked and is still in full force and effect upon each and every exercise of the powers herein granted.



STATE OF Indiana)
COUNTY OF Lake) SS:

Before me, the undersigned, a Notary Public in and for said County and State, this 31st day of December, 1993, personally appeared the Attorney-In-Fact named above, and acknowledged the execution of the above instrument to be his voluntary act and deed, for the uses and purposes therein stated.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal the day and year last above written.

Jacalyn L. Smith

Jacalyn L. Smith Notary Public

My Commission Expires: 12/08/95
My County of Residence: Lake