NONTHWEST INDIANA TITLE SERVICES, INC. 162 Washington Street Lowell, Indiana 46358

LIMITED POWER OF ATTORNEY (REAL ESTATE)

	true and lawful attorne				4 6 36
I, <u>POW</u>	ERS AND PURPOSE	S TO THE OWN			
The akto Ind. code LAKE	§ 30 - 5 - 5 - 2, County, State of	pertaining to the tran	y with respect to real prousaction real estate de	operty transactions pursuant scribed below, situated in	l
FEET OAK M THERM OF TH	OF THE WEST MANOR THE FIR EOF, RECORDED HE RECORDER O	OF LOTS 13, 14 15 FEET OF LOT ST RE-DIVISION IN PLAT BOOK 2 F LAKE COUNTY, LEY ADJOINING S	17, IN BLOCK HAMMOND, AS 1 PAGE 24, IN INDIANA, ALSO	4 IN WHITE PER PLAT THE OFFICE THE NORTH HALF	
			7511 CATALPA	STREET, HAMMOND,	◆nupries
TUDIAN	10024	, (the "Real Estate", by way of illustration an	') and shall be constru	ed so as to effectuate this	22 '
		promissory notes, checking the contest, notice of protest ar		ertaining to the Real Estate t of all such instruments;	
To ma	This ike and execute any an	Document is the dall contracts pertaining the Lake County	ne property of to the Real Estate, Recorder!	f	930
To rec	ceive and to demand he Real Estate which	all sums of money, deb	ts, dues, accounts, bequ	uests, interest and demands to to us and to compromise	3
	rgain for, contract con d upon or pertaining to		ber and in any way and	manner, deal with personal	
but not limited		ts, instruments of convey		described above, including ocumentation, certifications	
pertaining to a	certain mortgage to	SUNBELT NATION	AL MORTGAGE CO	md all mortgage documents	1.60
II. <u>EFFE</u>	CTIVE DATE AND	TERMINATION	uui		ထ
A. This P	ower of Attorney shall	l be effective: (select appr	opriate provision)		
X	as of the date it is si	igned			
	as of the	day of	.19		
	upon the determina	tion that I am disabled or capacity, for this purpos	incapacitated, or no lon	ger capable of managing my the certificate of a qualified	
B. My di Power of Attor		ce (select appropriate pr	ovision): (MM) (shall	not) affect or terminate this	S
C. This P	ower of Attorney shall	l terminate: (select appro	priate provision)		
	upon my incapacity				

III. RATIFICATION AND INDEMNIFICATION

I / We hereby ratify and confirm all that my attorney-in-fact shall do by virtue hereof. Further, I / We agree to indemnify and hold harmless any person who, in good faith, acts under this Power of Attorney or transacts business with my attorney-in-fact in reliance upon this Power, without actual knowledge of its revocation.

IN WITNESS WHEREOF, I / We have AUGUST 19 95	hereunto set my/our hand(s) and	seal(s) this 31ST	day of
O . O q D			
Printed: RUBY D. MACLAUCHLAN	: 		
Printed:			
STATE OF INDIANA) SS: COUNTY OF LAKE)			
Before me, a Notary Public in and for s	aid County and State, personally a	ppeared RUBY D	MACLAUCHLA
contained are true. WITNESS my hand and Notarial seal, the Lake	nent is the property chis County Recorder!		tary Public
My Commission Expires: JANUARY 6, 1998	My County of Residence:		
This instrument was prepared by RUBY D			