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NOTICE: USE OF THIS FORM CONSTITUTES THE PRACTICE OF LAW AND IS LIMITED TO LICENSED ATTORNEYS

Chicago Title Insurance Company

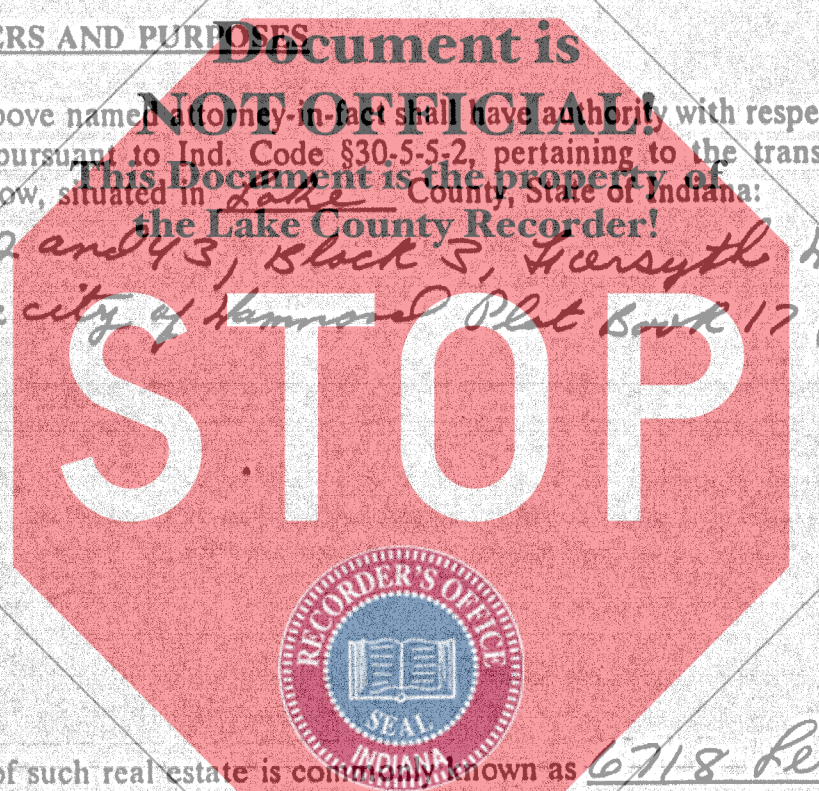
LIMITED POWER OF ATTORNEY (REAL ESTATE)

I/We, Robert Humerickhouse, Lake County, State of Indiana, being at least 18 years of age and mentally competent, do hereby designate Jan Humerickhouse, of Lake County, State of Indiana, as my true and lawful attorney-in-fact.

I. POWERS AND PURPOSES

The above named attorney-in-fact shall have authority with respect to real property transactions pursuant to Ind. Code §30.5-5-2, pertaining to the transaction real estate described below, situated in Lake County, State of Indiana:

Lot 42 and 43, Block 3, Hersyth Highland Add. in the city of Hammond Plat Book 17 page 25



the address of such real estate is commonly known as 6718 Beland, Hammond, Indiana (the "Real Estate") and shall be construed so as to effectuate the purpose. This authority shall include, by way of illustration and not limitation, the power

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To make, draw and indorse promissory notes, checks or bills of exchange pertaining to the Real Estate and to waive demand, presentment, protest, notice of protest, and notice of non-payment of all such instruments;

To make and execute any and all contracts pertaining to the Real Estate;

To receive and to demand all sums of money, debts, dues, accounts, bequests, interest and demands pertaining to the Real Estate which are now or shall hereafter become due or payable to us and to compromise, settle or discharge the same;

To bargain for, contract concerning, buy, sell, encumber and in any way and manner, deal with personal property located upon or pertaining to the Real Estate; and,

To execute any and all documentation necessary to effectuate the transactions described above, including, but not limited to, closing statements, instruments of conveyance and supporting documentation, certifications, acknowledgements, and like instruments.

II. EFFECTIVE DATE AND TERMINATION **This Document is the property of the Lake County Recorder!**

A. This power of attorney shall be effective: *(select appropriate provision)*

as of the date it is signed

as of the _____ day of _____, 19____.

upon the determination that I am disabled or incapacitated, or no longer capable of managing my affairs prudently. My disability or incapacity, for this purpose, may be established by the certificate of a qualified physician stating that I am unable to manage my affairs.

B. My disability or incompetence *(select appropriate provision)*: *(shall)* *(shall not)* affect or terminate this Power of Attorney.

C. This power of attorney shall terminate: *(select appropriate provision)*

upon my incapacity

upon the _____ day of _____, 19____

upon the execution and recordation with the Recorder's Office of the County where the Real Estate is located a written revocation hereof.

