

VO 482657 LD

3

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

Chicago Title Insurance Company

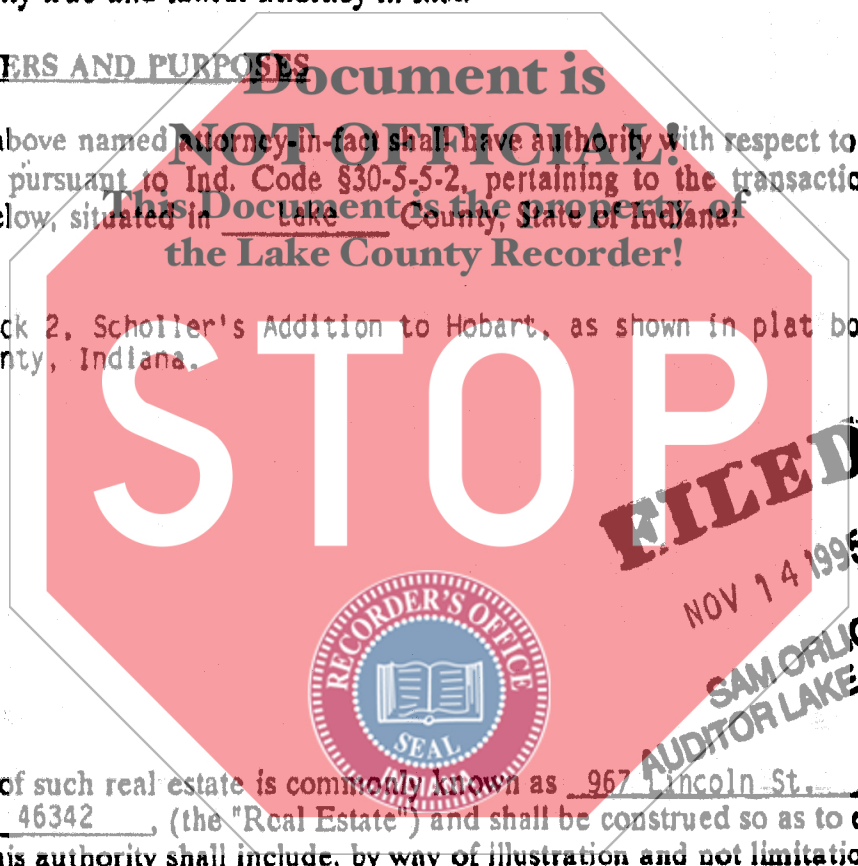
**LIMITED POWER OF ATTORNEY
(REAL ESTATE)**

I/We, William E. Blair *[Signature]*, Larimer County, State of Indiana, being at least 18 years of age and mentally competent, do hereby designate Rosemary Blair, 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 21, Block 2, Scholler's Addition to Hobart, as shown in plat book 9, page 3 in Lake County, Indiana.



FILED
NOV 14 1995

SAM ORLICH
AUDITOR LAKE COUNTY

the address of such real estate is commonly known as 967 Lincoln St. Hobart, In 46342, (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:

(c) Copyright, 1993, by Indianapolis Bar Association

Brunice Deuan, Notary
Commission expires 9-14-96

000872

95069952

95 NOV 15 AM 10:02

LAKE COUNTY FILED FOR RECORD

MARGARET C. CLAY AND RECORDED

JK
13-00-95

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

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

as of the date it is signed

as of the 1 day of November 1995.

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.

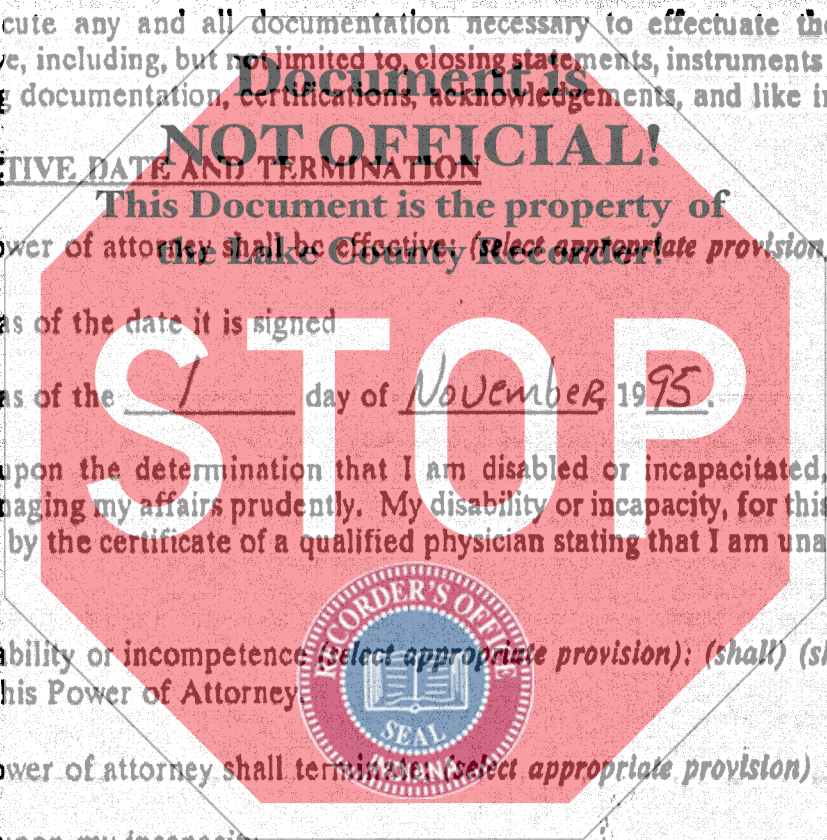
B. My disability or incompetence *(select appropriate provision)*: *(shall)* *(shall not)* affect or terminate this Power of Attorney.

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.



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 hereunto set my/our hand(s) and seal(s) this

* 1 day of November, 1995

* William E. Blair

William E. Blair

Printed: _____

Document is NOT OFFICIAL!

This Document is the property of the Lake County Recorder!

Printed: _____

STATE OF ~~INDIANA~~)
 ~~COLORADO~~) SS:

* COUNTY OF Sumner

Before me, a Notary Public in and for said County and State, personally appeared William E. Blair and _____ who acknowledged the execution of the foregoing Power of Attorney, and who, having been duly sworn, stated that any representations therein contained are true.

WITNESS my hand and Notarial seal, this 1 day of November, 1995

* Bernice Duran, Notary Public

My Commission Expires:

My County of Residence:

* 9-14-96

* Sumner

This instrument was prepared by William E. Blair /attorney/ev/vw/1111