:: :: H 493542 E. Chicago Titie Insurance Company

## LIMITED POWER OF ATTORNEY (REAL ESTATE)

I'We. CRAIL EVANS LANCE County, State of Indiana, being at least 18 years of age and mentally competent, do hereby designate Brester Ruyros Campbell of LANCE 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 extremely described below, situated in Lake County, State of Indiana; described below, situated in \_ County, State of Indiana:

Lot 8, Twin Creek block two, to the Town of Munster, as shown in plat book 45, page 1, in Lake County, Indiana as amended by certificate of correction recorded October 10, 1978 as document NO. 495144

# FILED

NOV 19 1997

SAM ORLICH / UDITOR LAKE COUNTY

1324 Brookside Drive the address of such real estate is commonly known as: , (the "Real Estate") and shall be construed so as to effectuate this purpose. This authority shall include, by way of illustration and not limitation, the power: (c) Copyright 1993, by

001168

AUG. 06'97 10:51 219 838 1336

The ride:

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.	his 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 of managing my affairs prudently. My disability or incapacity, for this purpose, may ished by the certificate of a qualified physician stating that I am unable to managers.
	ly disability or incompetence (select appropriate provision): (shall) (shall not) affect tate this Power of Attorney.
C.	his power of attorney shall terminate: (select appropriate provision)
i	upon my incapacity
	upon the day of 19
where	upon the execution and recordation with the Recorder's Office of the County e Real Estate is located a written revocation hereof.

2

III.	B	TIONA		CATION
	_	 		

I/We hereby ratify and confirm all that my attorney-in-fact shall do by virtue hereof. this Power, without actual knowledge of its revocation.

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 IN WITNESS WHEREOF, I/We have hereunto set my/our hand(s) and seal(s) this Printed: STATE OF INDIANA COUNTY OFMCLEAN Before me, a Notary Public in and for said County and State, personally appeared 5. Crowand \_\_\_ 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 6 day of Que aust 1991 ce? Notary Public OFFICIAL SEAL My Commission Expires: My County of Residence: E. JEAN NAFZIGER NOTARY PUBLIC, STATE OF ILLINOIS MY COMMISSION EXPIRES 8/26/00 This instrument was prepared by attorney at law.