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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

97 DEC 15 AM 10:29

MORRIS W. CARTER  
RECORDER

Life Insurance Co.

C 494892

**Durable Power of Attorney**

I (We) Darrin D. Brown of 11590 NW 45th St., Coral Springs, FL  
do make, constitute and appoint JANNIE L. WELCH of GARY, IN

my (our) true and lawful attorney, to act in, manage, and conduct all my (our) estate and all my (our) affairs, in my (our) name, place and  
stead as my (our) act and deed, either to do and execute, or to concur with persons jointly interested with me (us) in the doing or  
executing of all or any of the following acts, deeds, and things:

To borrow money on such terms as my (our) attorney may choose.

To purchase, sell, lease, convey, assign, pledge, hypothecate, mortgage and warrant, or otherwise deal with any or all real or  
personal property in which I (we) may have an interest, for such purposes and upon such terms and in such form as my  
(our) attorney may choose, including, but not limited to, property located in the \_\_\_\_\_

Lake County, State of Indiana, described as:

Lots 34 & 35, block 7 in Schug Park South Broadway Addition to Gary  
PLAT BOOK 8, PAGE 9, IN LAKE COUNTY, INDIANA

Commonly known as: 3653 Maryland St., Gary, IN 46409

Tax Identification Number: 25 47-26-34 including all lands and interests therein contiguous or  
appurtenant to land owned or claimed by me (us), whether or not specifically described above.

To make, execute, acknowledge and deliver under seal or otherwise any contract, agreement, bond, note, mortgage, deed of trust,  
deed, assignment, pledge, security agreement, power, guaranty, application for credit, application for insurance,  
statement, tax form, affidavit, disclosure, consent, amendment, election, vote, waiver, escrow agreement, endorsement, certification,  
promise, receipt, acknowledgment, instruction, order form, commitment, accounting, notification, letter, rider, addendum, authorization,  
appointment, power of attorney, stipulation, disclaimer, accord and satisfaction, settlement statement, settlement agreement, closing  
statement, closing instruction, disbursement authorization, listing agreement, subordination agreement, release discharge, questionnaire,  
proprietary certificate, request, document, form required by any federal, state or local law, regulation or ordinance, or other instruments  
which said attorney may deem necessary;

To make, draw, sign, endorse, accept or otherwise place my (our) name or signature upon any checks, notes, drafts or other instruments;

And to receive and collect and to give acquittances for all sums of money at any time due me (us).

**Giving and Granting** unto my (our) named attorney full power and authority to do and perform all and every act, deed, matter and  
thing whatsoever, in and about my (our) estate, property, and affairs as fully and effectually to all intents and purposes as I (we) might or  
could do in my (our) own proper person if personally present, the above specifically enumerated powers being in aid and exemplification  
of the full, complete, and general power herein granted and not in limitation or definition thereof; and hereby ratifying all that my (our)  
said attorney shall lawfully do or cause to be done by virtue of this document.

And I (we) hereby declare that any act or thing lawfully done hereunder by my (our) said attorney shall be binding on me (us) and

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my (our) heirs, conservators, guardians, trustees, legal and personal representative, and assigns, whether the same shall have been done before or after my (our) death, or other revocations of this instrument, unless and until reliable intelligence or notice thereof shall have been received by my (our) said attorney.

This appointment being executed by me (us) shall cover my (our) jointly and severally owned property, property owned by me (us) in the entireties or as community property, and property owned by a trustee for my (our) benefit.

This power of attorney shall expire and terminate on DECEMBER 31, 19 97.

This power of attorney shall not be affected by my disability (or the disability of either or both of us).

In Witness Whereof, I (we) have set my (our) hand and seal this \_\_\_\_\_ day of

10/29, 1997  
Witnesses: [Signature]  
Horace Prince

Signers [Signature]

STATE OF Florida )  
County of Broward ) SS.

The foregoing instrument was <sup>executed and</sup> acknowledged before me this day of

October 29, 19 97.

by [Signature] DARRIN D. BROWN

Notary Public [Signature]  
State of Florida  
County of Broward

My Commission Expires [Signature] CARL T THOMPSON, SR  
My Commission CO520698  
Expires Jan. 29, 2000

This instrument drafted by:  
Thomas J. Tate (P21275)  
P.O. Box 331789  
Detroit, Michigan 48232-7789

(Blank lines completed by:  
KAREN CRUSE)

Please Type

When recorded return to  
DARRIN D. BROWN  
11590 N.W. 45th Street  
Coast Springs, FL 33065

FIRST CHICAGO NBD MORTGAGE COMPANY  
115 SOUTH COURT STREET  
CROWN POINT, IN 46307