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Durable Power of Attorney

I (We) DARRIN D. BROWN of 11590 NW 45th STREET, CORAL SPRINGS, FL 33065 do make, constitute and appoint JANNIE L. WELCH of 3646 VIRGINIA STREET, GARY, IN 46409 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 CITY OF GARY

LAKE County, State of INDIANA, described as:

Lot 33, Block 6, South Broadway Addition To Gary, As Shown In Plat Book 7, Page 8, In Lake County, Indiana

Commonly known as: 3661 CONNECTICUT STREET, GARY, IN 46409

Tax Identification Number: 24-47-0070-0036 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, whether done before or after the

Unterberg + Assoc.
108 E 90th Dr.
Meer, IN 46410

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CK# 025380

date this document is signed and delivered by me (us), shall be binding on me (us) and 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 JUNE 29, 19 98.

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

May, 19 98.

Witnesses: Mahe Wanjit

C. C. Brown

Signers

DARRIN D. BROWN

STATE OF Florida

County of Broward

Document is NOT OFFICIAL!
This Document is the property of the Lake County Recorder!

The foregoing instrument was acknowledged before me this 5 day of May 1998, by

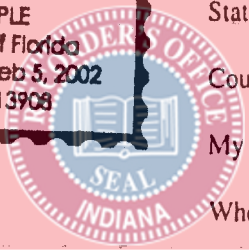
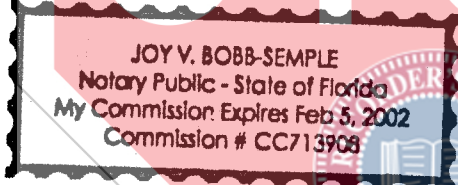
Notary Public Joy V. Bobb-Semple

State of Florida

County of Broward

My Commission Expires: _____

When recorded return to: _____



This instrument drafted by:
FCNBDMortgage Company
P.O. Box 5016
Troy, MI 48007-9833

(Blank lines completed by: _____)

Please Type