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

H499482 LIMITED POWER OF ATTORNEY (REAL ESTATE)

I/We, Luis F. Uribe , Lake County, State of Indiana, being at least 18 years of age and mentally competent, do hereby designate Chery M. Stockton of Lake County, State of Indiana, as my true and lawful attorney-in-fact.

I. POWERS AND PURPOSES

Lot 108 Highland Terrace Fifth Addition to the Town of Highland Indiana. AS Shown in PLAT Book 30, PAGE 19, IN LAKE COUNTY, INDIANA.

This Document is the property of

the Lake County Recorder!

072868

the address of such real estate is commonly known as 3014 Grand Blvd.

(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:

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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 Deed in Trust pertaining to the real estate.

EFFECTIVE DATE AND TERMINATION

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.

| A. This power of attorney shall be effective: (select appropriate provision) |
|--|
| as of the date it is signed OFFICIAL! |
| as of the Docuday of t is the prop19 rty of |
| 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 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. |

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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.

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TOTAL P.04 P.04