

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

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MORRIS W. CARTER  
RECORDER

Chicago Title Insurance Company

C198501866 LD

A240-10  
R240-04

### LIMITED POWER OF ATTORNEY

(With Durable Provision)

NOTICE: THIS IS AN IMPORTANT DOCUMENT. BEFORE SIGNING THIS DOCUMENT, YOU SHOULD KNOW THESE IMPORTANT FACTS. THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON WHOM YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO PLEDGE, SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. YOU MAY SPECIFY THAT THESE POWERS WILL EXIST EVEN AFTER YOU BECOME DISABLED, INCAPACITATED OR INCOMPETENT. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL OR OTHER HEALTH CARE DECISIONS FOR YOU. IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.



TO ALL PERSONS, be it known, that I, Vivian M. Kirkwood, of 8109 Colquitt Road, Apt. A, Atlanta, GA 30350, as Grantor, do hereby make and grant a limited and specific power of attorney to James A. Kirkwood, of 3543 Johnson St. Gary, Indiana 46408 and appoint and constitute said individual as my attorney-in-fact.

My named attorney-in-fact shall have full power and authority to undertake, commit and perform only the following acts on my behalf to the same extent as if I had done so personally; all with full power of substitution and revocation in the presence: (Describe specific authority)

On behalf of Vivian Kirkwood, James Kirkwood is granted permission to conduct closing procedures for the sale of the property located at 7900 Hemlock St, Gary, Indiana 46403.

Legally described as: Lot 321, in Robert Bartlett's Marquette Park Estates First Addition, in the City of Gary, as per plat thereof, recorded in Plat Book 27, page 57, in Lake County, Indiana. The authority granted shall include such incidental acts as are reasonably required or necessary to carry out and perform the specific authorities and duties stated or contemplated herein.

My attorney-in-fact agrees to accept this appointment subject to its terms, and agrees to act and perform in said fiduciary capacity consistent with my best interests as my attorney-in-fact deems advisable, and I thereupon ratify all acts so carried out.

I agree to reimburse my attorney-in-fact all reasonable costs and expenses incurred in the fulfillment of the duties and responsibilities enumerated herein.

#### Special durable provisions:

This power of attorney shall not be affected by subsequent incapacity of the Grantor. This power of attorney may be revoked by the Grantor giving written notice of revocation to the attorney-in-fact, provided that any party relying in good faith upon this power of attorney shall be protected unless and until said party has either a) actual or constructive notice of revocation, or b) upon recording of said revocation in the public records where the Grantor resides.

#### Other terms:

Grantor request that shared proceeds from sale of property should be distributed as follows:  
Current taxes are to be paid from James Kirkwood's half. The other half should be issued as a separate check in the name of Vivian M. Kirkwood and mailed to 8109 Colquite Road, Apt. A, Atlanta, GA 30350.

FILED



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SAM ORLICH  
AUDITOR LAKE COUNTY

001097

HW  
at  
su

Signed under seal this 14th day of November, 1998 (year).  
Signed in the presence of:

Witness

Vivian M. Kirkwood 11-14-98  
Grantor

Witness

Attorney in Fact

Witness

Witness

State of Georgia  
County of Cobb  
On November 14, 1998 before me,  
appeared

Vivian M. Kirkwood

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature

Sandra C. Coffey

Notary Public, Cobb County, Georgia.  
My Commission Expires November 11, 2000.

State of

County of

On

appeared

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature



Document is NOT OFFICIAL!

This Document is the property of the Lake County Recorder!



Affiant \_\_\_\_\_ Known \_\_\_\_\_ Produced ID \_\_\_\_\_  
Type of ID \_\_\_\_\_ (seal)

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Type of ID \_\_\_\_\_ (Seal)