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Licon Hobart
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STATE OF INDIANA
LAKE COUNTY
RECORDS

**LIMITED POWER OF ATTORNEY
(REAL ESTATE)**

99 OCT 25 AM 9:11

I, Geraldine A. Bobele, of Lake County, State of Indiana, being at least 18 years of age and mentally competent, do hereby designate Michael D. Bobele of Lake 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 Indiana Code §30-5-5-2, pertaining to the transaction real estate described below, situated in Lake County, State of Indiana:

[In the North 80 feet of the South 120 feet of Lot 5 in block 14 in Jake Kramer Jr. addition to Hobart, as per plat thereof, recorded in plat book 11 page 22 in the office of the Recorder of Lake County Indiana]

the address of such real estate is commonly known as: 1335 State Street, (the "Real Estate") and shall be construed so as to effectuate this purpose. The authority shall include, by way of illustration and not limitation, the power:

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.

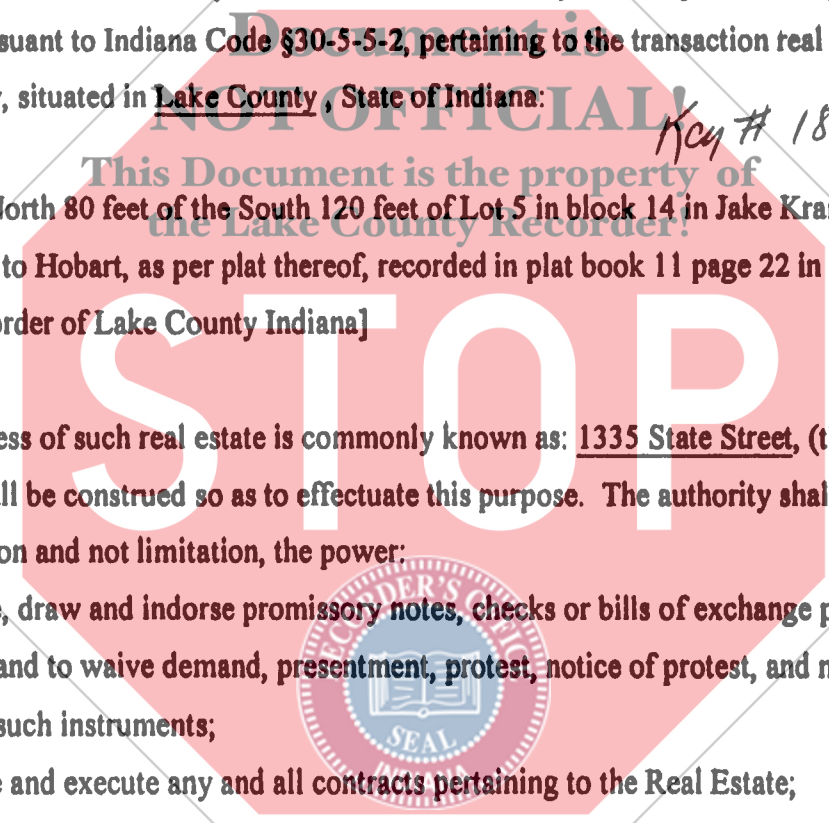
FILED

OCT 22 1999

PETER BENJAMIN
LAKE COUNTY AUDITOR

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II. EFFECTIVE DATE AND TERMINATION

A. The power of attorney shall be effective: *(select appropriate provision)*

- as of the date it was signed
- as of the _____ day of _____, 19__
- upon determination that I am disabled or incapacitated, or no longer capable of managing my affairs prudently. My disability or incapacity, for this may be established by the certificate of a qualified physician stating that I am unable to manage my affairs.

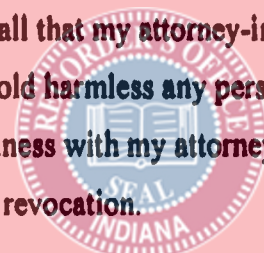
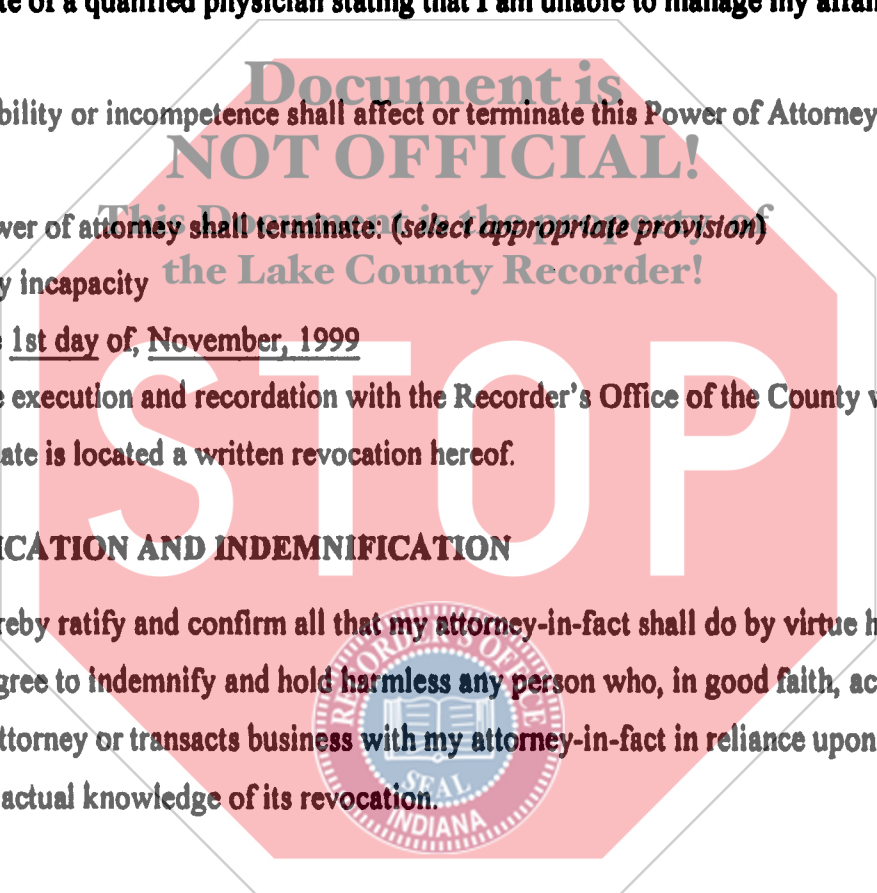
B. My disability or incompetence shall affect or terminate this Power of Attorney.

C. This power of attorney shall terminate: *(select appropriate provision)*

- Upon my incapacity
- as of the 1st day of, November, 1999
- upon the execution and recordation with the Recorder's Office of the County where the Real Estate is located a written revocation hereof.

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.



IN WITNESS WHEREOF, I/We have hereunto set my/our hand(s) and seal(s) this 15th day of JUNE, 1999

Geraldine A. Bobele

Printed: GERALDINE A. BOBELE

Printed: _____

STATE OF MISSISSIPPI)

COUNTY OF JACKSON

Document is NOT OFFICIAL!
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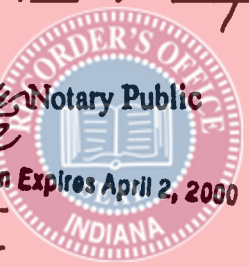
Before me, a Notary Public in and for said County and State, personally appeared GERALDINE BOBELE and _____ who acknowledged the execution of the foregoing Power of Attorney, and who, having been duly sworn, stated that any and all representations herein contained are true.

WITNESS my hand and Notarial seal this 15th day of June, 1999.

Printed: Jonda A. Seymour Notary Public

My Commission Expires: My Commission Expires April 2, 2000

County of Residence: Jackson



Instrument prepared by: G. Bobele