

Chicago Title Insurance Company

STATE OF INDIANA
COUNTY OF LAKE

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2000 017755

CAROL J. SCOTT⁵⁰
GENERAL POWER OF ATTORNEY

C 620000637
C 199005406 LD

I, **CAROL J. SCOTT**, of 10405 Camden Avenue, Sun City, Arizona, hereby appoint my son, **MARK D. SCOTT**, of 13837 Grand Blvd., Crown Point, Indiana, to be my attorney to exercise the following powers in my name and on my behalf. If my son or any individual named in this sentence fails or ceases to act as my attorney, I appoint the following person as my attorney: **KELLY ROBERTSON**. A person shall be deemed to have failed or ceased to act as my attorney upon the first to occur of such person's death or legal disability or the execution by such person of an instrument renouncing or resigning the office of attorney hereunder.

* Including but not limited to the following property:

Lots 9 to 11, both inclusive in Block 1 in Highgrove, in the town of Cedar Lake, as per plat thereof, recorded in plat book 15 page 21 Office of Recorder of Lake County:
(a) Sale and management of property. To sell, lease, mortgage, improve, repair and in all other respects manage and deal with my property, real or personal, and to employ brokers and agents in connection therewith; to invest and reinvest in any stocks, bonds or other securities or property of any kind or nature, real or personal; to exercise any option to purchase property; to vote my stock or other securities and sign proxies; to insure my property against loss or damage by fire or other casualty and to insure me and my attorney against liability with respect thereto; to collect rents and to collect the proceeds of any sale or mortgage of my real property, and to execute and deliver any and all instruments which my attorney may deem advisable in connection therewith, including contracts, leases, deeds of general warranty, releases of homestead and dower, restrictive covenants, mortgages and assignments of rent, and plats of subdivision, dedication and annexation; and in all other respects manage and deal with my property as fully as I myself could do.

(b) Guardian. In the event I am adjudged incompetent or a disabled person, I designate the person who is named herein as my attorney (or as my successor attorney, as the case may be) to be the guardian of my estate. I excuse any guardian designated by me from giving bond, or security or surety thereon.

(c) General. For the aforesaid purposes, to sign my name and execute in my name and on my behalf all deeds, notes, mortgages, contracts, tax returns, instruments and documents whatsoever and do everything necessary or desirable for the accomplishment of any of the powers herein conferred and also to appoint and remove at my attorney's pleasure any substitute for or agent under my attorney. No person paying any money or delivering any property to my attorney

* This document is being re-recorded to clarify the property covered by this Power of Attorney.

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PETER BENJAMIN
LAKE COUNTY AUDITOR
JUL 1

2000 017755

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FILED

MAR 14 2000

PETER BENJAMIN
LAKE COUNTY AUDITOR

15.00
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Handwritten signature/initials

shall be bound to see to the application thereof. Every person dealing with my attorney shall incur no liability in relying on this instrument until that person receives actual notice of its revocation. My attorney shall have the power to exercise any or all of the powers herein conferred. I hereby ratify and confirm everything which my attorney, or any substitute or agent appointed by my attorney, shall do or cause to be done. Any person who acts in good faith reliance on a copy of this instrument that is accompanied by the original or a photocopy of the affidavit by my attorney that to the best of the attorney's knowledge (a) the copy of this instrument is a true copy of this instrument, as signed by me, (b) the attorney's powers are in full force and effect and have not terminated, and (c) if my son is not acting as my attorney, that each predecessor attorney has failed or ceased to act, will be fully protected to the same extent as though such person had dealt directly with me as a fully competent person.

(d) I may revoke this power of attorney at any time when I am competent to transact ordinary business prudently.

IN WITNESS WHEREOF, I have executed this instrument on 8-31,
1999.

The signature of my attorney appears below for purposes of identification.

Mark D. Scott
Mark D. Scott

I hereby certify to the correctness of my attorney's signature.



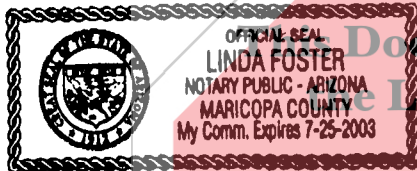
Carol J. Scott
Carol J. Scott



STATE OF ARIZONA)
) ss:
COUNTY OF Maricopa)

The undersigned, a notary public in and for the above county and state, certifies that Carol J. Scott, known to me to be the same person whose name is subscribed as principal to the foregoing power of attorney, signed and delivered this instrument as the free and voluntary act of the principal, for the uses and purposes therein set forth.

Dated: 8 31, 1999



Linda Foster
Notary Public
My commission expires: 7-25-03

