STATE OF INDIANA LAKE COUNTY

WYERS ONLY. THE SELECTION OF A FORM OF INSTRUMENT, FILLING MAY CONSTITUTE THE PRACTICE OF LAW WHICH SHOULD ONLY BE D 020404

THE ORDER OF

CITY BANK OF INDIAN ABA 074000065

FOR DEPOSIT ONLY INTERCOUNTY TITLE COMPANY ESCROW ACCT 601870755 515 89930N

FILED

OF .

PRINCIPAL

Cornelio Tirado

APR 04 2000

TO

Carmen Anguiano

PETER BENJAMIN AKE COUNTY AUDITOR

ATTORNEY IN FACT

made under Indiana Code 30-5, as it may be amended, or replaced (the "Statute")

I, as principal, designate and name the person whose name appears above to be my attorney in fact.

A. Powers. According to the Statute, an attorney in fact has a power granted under IC 30-5 if the power of attorney incorporates the power. Therefore, by referring to the language of the Statute describing powers, this Power of Attorney incorporates into it the powers here listed and confers general authority with respect to them:

[IC 30-5-5-2] real property transactions; [IC 30-5-5-3] tangible personal property transactions; bond, share, and commodity transactions; [IC 30-5-5-4] banking transactions; [IC 30-5-5-5] **Jocument** is business operating transactions; [IC 30-5-5-6] IC 30-5-5-71 insurance transactions; **TOFFICI** [IC 30-5-5-8] beneficiary transactions; gift transactions; [IC 30-5-5-9] This Document is the propert (IC 36-5-5-10) fiduciary transactions; the Lake County Recorder [IC 30-5-5-11] claims and litigation; family maintenance; [IC 30-5-5-13] benefits from military service; [IC 30-5-5-14] records, reports, and statements; [IC 30-5-5-15] estate transactions; all other matters. [IC 30-5-5-19]

[Note: Though the Statute grants powers with respect to health care [IC 30-5-5-16 and IC 30-5-5-17] and delegation [IC 30-5-5-18], this Power of Attorney does not include them. Health care can be provided in a separate power of attorney concerning health care.]

Any power I do not wish to incorporate into this Power of Attorney I have deleted by lining out and writing my initials opposite the deletion. Any power to be modified or added I have modified or added as follows: [and have verified by writing my initials in the space provided here in the margin].

N/A

IN FURTHERANCE OF THESE POWERS, I give my attorney in fact power to act on my behalf and to do for me and in my name those things which such attorney deems expedient to and necessary to effectuate the intent of this Power of Attorney, as fully as I could do for myself.

- B. Reservation of Power to Act and to Revoke. I reserve unto myself, however, the power to act on my own behalf and also to revoke or amend this Power of Attorney.
- C. Chapters of Statute Also Applicable. The following chapters of the Statute also apply to this Power of Attorney and acts performed under it:

Definitions [IC 30-5-2]

General Provisions [IC 30-5-3]

recorded, in the Office of the Recorder of \_\_\_Lake\_

Duties [IC 30-5-6]

Reliance [IC 30-5-8] Liabilities [IC 30-5-9] Termination [IC 30-5-10]

- D. Liability of Attorney in Fact. As permitted by IC 30-5-9-5, I, as principal, specifically provide that my attorney in fact is liable only if my attorney in fact acts in bad faith.
- E. Reliance on Power of Attorney. In addition to provisions of the Statute regarding reliance, the holding institution(s) named in this Paragraph E and the banking institution named in Paragraph F may rely on this Power of Attorney being in effect unless I shall have executed a proper instrument revoking or changing it and delivered such instrument, or caused it to be delivered, to such person(s):

Holding Institution N/A	Type of Account	Account Number	140
			$=Q^{\prime}$
All other persons to whom this Power of Attorney shall have executed a proper instrument revoking or ch	may be delivered may rely of anging it and recorded such i	on its being in effect unler	ss I be TTC

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. County, State of Indiana.

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(5) (1) (1)	INSTITUTION)	(BRANCH)	(CITY)
ither individu roperty to it, a	ally or jointly with any other and to relocate such box wit	r person. I give the power also to re	y other safe deposit box in my name emove property from such box or add t another. Powers here given are in
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ate of this Pow		loes not affect the validity of an a	wers of attorney I signed before the ct performed under a prior power of
ominate <u>Car</u>	men Anguiano	ngs for my person or for my est as guardian of my person, and case without bond as may be per	
J. Succes laria Vent	ssor Attorney in Fact. A	As a successor to my attorne uch successor shall become my a	y in fact I designate and name attorney in fact when the person(s the Statute, or has/have declined to
Ouring a period uthorized to ac	l of my incapacity, my attorr ct under this Power of Attorn	ney in fact shall continue to serve	n fact may resign or decline to serve until a successor attorney in fact is ed in this Power of Attorney as such sor.
K. Binding and my suc	ng Effect. Any act or thing persons in interest, as the St	tatute provides.	under this Power of Attorney binds
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N/A

## LEGAL DESCRIPTION:

LOT 17, BLOCK 3, IN EAST LAWN ADDITION TO HAMMOND, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 2 PAGE 75, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

ADDRESS: 1133 TRUMAN, HAMMOND, IN 46320

UNIT NO. 26, TAX KEY NO. 33-41-20

