

3

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

(2)

2000 055415

2000 AUG -4 AM 10:01

Chicago Title Insurance Company

MORRIS W. GANTER

c 62-3043 70

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

LIMITED POWER OF ATTORNEY
(REAL ESTATE)

I/We, Mary Ferris AKA MARY K. Ferris Lake County, State
of Indiana, being at least 18 years of age and mentally competent, do hereby designate Thomas
Ferris, of Lake County, State of Indiana, as my true and lawful attorney-in-fact.
AKA THOMAS J. FERRIS

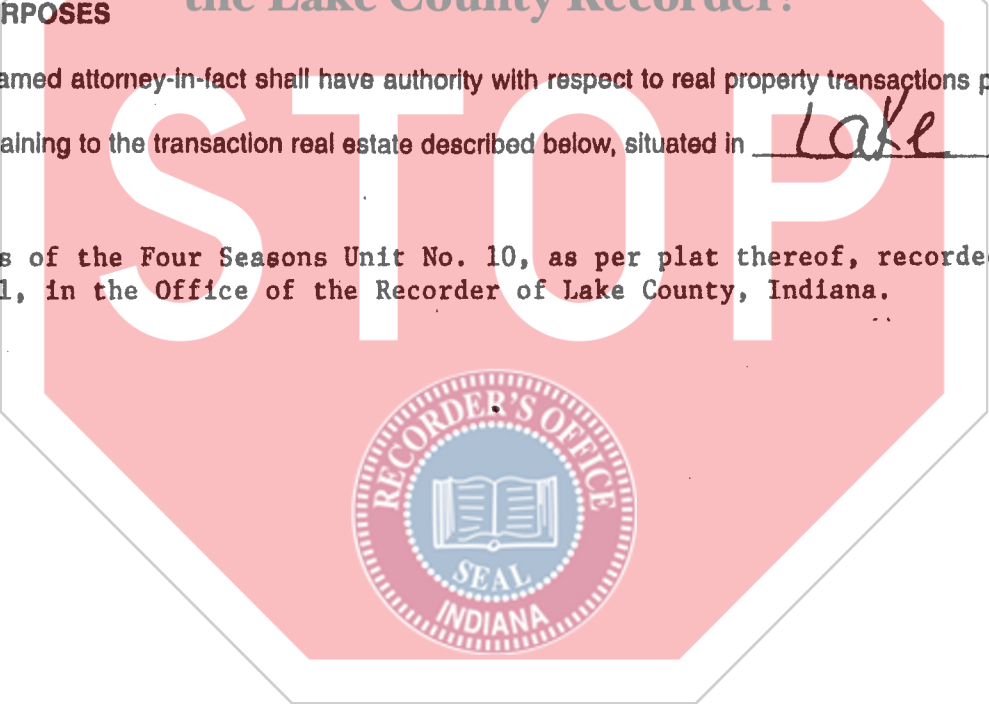
Document is NOT OFFICIAL!
This Document is the property of the Lake County Recorder!

I. POWERS AND PURPOSES

The above named attorney-in-fact shall have authority with respect to real property transactions pursuant to Ind. Code §30-5-5-2, pertaining to the transaction real estate described below, situated in Lake County, State of Indiana:
Lot 658 in Lakes of the Four Seasons Unit No. 10, as per plat thereof, recorded in Plat Book 39, page 11, in the Office of the Recorder of Lake County, Indiana.

Chicago Title Insurance Company

K# 11-10-54-10



the address of such real estate is commonly known as 10 Michael Anthony Lane, Lancaster NY (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:

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;

FILED
AUG 3 2000
PETER BENJAMIN
LAKE COUNTY AUDITOR

00303

1300
MC
CX

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 anyway 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.

II. EFFECTIVE DATE AND TERMINATION

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

~~1/21/00~~
as of the date it is signed

as of the 27th ~~31st~~ day of July, 19 2000

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)* *(shall not)* affect or terminate this Power of Attorney.

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

upon my incapacity

upon the 31st day of July, 19 2000

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 27th day of JULY, 2000.

Mary Ferris

Printed: Mary Ferris
AKA MARY K. FERRIS

Printed: _____

STATE OF NEW YORK)
INDIANA)

COUNTY OF Erie)

Document is NOT OFFICIAL!

This Document is the property of the Lake County Recorder!

Before me, a Notary Public in and for said County and State, personally appeared Mary K. Ferris
and _____ who acknowledged the execution of the foregoing Power of Attorney, and
who, having been duly sworn, stated that any representations therein contained are true.
AKA Mary K. Kennerson
AKA MARY FERRIS

WITNESS my hand and Notarial seal, this 27th day of JULY, 2000.

Printed: Michelle Leo, Notary Public
MICHELLE LEO
Notary Public, State of New York
Qualified in Erie County
My Commission Expires 3/11/2002

My Commission Expires: 3/11/2002
My County of Residence: Erie County

This instrument was prepared by MARY K. FERRIS, attorney at law.