STATE OF INDIANA LAKE COUNTY FILED FOR SECOND

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2000 SEP 26 AM 9: 00

MORRIS W. CARTER RECORDER

A 240-10 R 240-04

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.

Kient 47-40-53

TO ALL PERSONS, be it known, that I, Benny P. Garcia, as Grantor, do hereby make and grant a limited and specific power of attorney to Joe Barber (Son), of 4765 Sonewall Tell Rd

College Park, GA 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)

Shall have Broad powers to pledge, sell, or otherwise dispose of any real or personal property without advance and/or approval by me.

He shall have full power to dispose and/or convert any Stocks and/or

Bonds that may be in my name and/or my husband's name. 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:

FILED

SEP 25 2000

PETER BENJAMIN LAKE COUNTY AUDITOR

01554



Rev. 4/99 11.00 El'1

Signed under seal this Signed in the presence of:	sinski
Frank S Helery & Malida Scherger Witness	Grantor Benne Concia August Sanker August Toe Banker
Witness	
Witness	
State of INDANA County of LAKE On JUNE 80 2000 before me,	BOUNT GRECIA + JOE BARRI
personally known to me (or proved to me on the basis/are subscribed to the within instrument and acknowledge)	asis of satisfactory evidence) to be the person(s) whose name(s) whedged to me that he/she/they executed the same in his/her/their signature(s) on the instrument the person(s), or the entity upon
WITNESS my hand and official seal	MARK A. PRUSINSXI
Signature / A	Notary Public State of Indiana Take County Refined My Commission Explase 32/16/2002 Take County Refined Refined The Produced 2002
the L	Type of ID Soc. Sec.
	(scal)
State of LAUCE On June 30 200 before me,	NALIDA SEBAGEN + FRANKS HARCHESA
appeared	
	asis of satisfactory evidence) to be the person(s) whose name(s) owledged 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 ir WITNESS my hand and official soal.	nstrument.
2//	
Signature	Affiant Known Produced ID
	Type of ID(Seal)
	WOIANA LILLE
repaired by Benny Garcia	MARK A. PRUSINSK! Notary Public, State of Indiana
)	County of Lake
	My Commission Expires 02/16/2007

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