

POWER OF ATTORNEY

DIANA

BY THIS POWER OF ATTORNEY, I, ~~DIANE~~ S. PALINCA, name an attorney-in-fact with power to act on my behalf pursuant to Indiana Code Title 30 Article 5 as it exists now and is amended in the future.

I hereby revoke any powers of attorney executed by me prior to the date of this power of attorney.

1. As my attorney-in-fact, I name ROSEMARY POWELL, whose address as of this date is 7217 Schneider Ave., Hammond, Lake County, Indiana.

2. My attorney-in-fact shall only be liable for actions undertaken in bad faith.

3. This power of attorney shall be effective as of the date I have signed it.

4. I give to my attorney-in-fact or any successor attorney-in-fact, the powers specified in this section to be used on my behalf, PROVIDED that my attorney-in-fact shall not have any power which would cause my attorney-in-fact to be treated as the owner of any interest in my property, and which would cause that property to be taxed as owned by the attorney-in-fact.

5. Specifically I give my attorney-in-fact authority with respect to:

a. real estate property transactions pursuant to IC 30-5-5-2 in regards to the real estate located at 3305 - 173rd Street, Hammond, Lake County, Indiana, and legally described as follows:

That part of the Southwest Quarter (SW 1/4) of the Southwest Quarter (SW 1/4) of Section Ten (10), Township Thirty-six (36) North, Range Nine (9) West of the Second Principal Meridian, described as commencing at a point 595.21 feet East of the Southwest corner of said Section, thence North 414.86 ft., thence East 52-1/2 feet, thence South 414.86, thence West 52-1/2 feet to the place of beginning containing 1/2 acre more or less, in the City of Hammond, Lake County, Indiana, commonly described as 3305 - 173rd Street, Hammond, Indiana.

Key # 37-39-8

6. My attorney-in-fact shall not have authority to negotiate any of the terms of the sale of the above real estate.

7. I have been given a copy of the aforementioned Indiana Code section and I have read and understood it.

8. Without regard to my mental or physical condition, this power of attorney shall continue in effect until revoked or until my death, whichever occurs first.

Date: 9/30/00

Diana S. Palınca
DIANA ~~DIANE~~ S. PALINCA
Social Security No. 307-52-7578

STATE OF INDIANA)
COUNTY OF LAKE)SS

The undersigned, a notary public in and for the above county and state, residing in Lake County, Indiana, certifies and witnesses that the above signed, personally known to me to be the same person whose name is subscribed to this instrument, appeared before me in person and acknowledged the signature and delivered the instrument as a free and voluntary act, for the uses and purposes named in the instrument.

DATE: 9-30-2000

My commission expires: 6-19-2004 *Cathy Gordon*

My county of residence: Lake

This Instrument Was Prepared By: JULY ENTERED FOR RECORD IN HIGHLAND, IN 46322
FINAL ACCEPTANCE FOR TRANSFER

"OFFICIAL SEAL"
CATHY GORDON
NOTARY PUBLIC STATE OF ILLINOIS
My Commission Expires 06/19/2004

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PETER BENJAMIN
LAKE COUNTY AUDITOR

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Smith

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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

