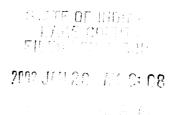
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A240-10 R240-04

## 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:

TO ALL PERSONS, be it kno	the Lake	ount Rec	order!	2001	NW 123rd
TO ALL PERSONS, be it kno	own, that I,	The Dreet	35/4	, of 5081	1400 120
AVENUE		, as Gr	antor, do hereby	make and grant a l	imited and
specific power of attorney to	JANNIE L	WEICH	, of	3646 VIRA	imited and
GARYIM	and appoint and	constitute said indi	vidual as my atto	orney-in-fact.	
My named attorney-in-fact shall	I have full power an	d authority to unde	ertake, commit an	nd perform only the	following
acts on my behalf to the same e	ytent as if I had done	e co perconally: all	with full power	of substitution and	maria a 4:
in the presence: (Describe spec	cific authority) S	ign ANY	docume	outs per	torn ing
to the closi	ug oe le	ASE FOR	- the F	roperty	locoted
in the presence: (Describe special to the clos)  Ad 4401	Virginia	Street	K H	41-238	- )

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:



Rev. 4/99

12/4

Signed under seal this Signed in the presence of:  day of ANUARY, , 2002 (year).
make write
Witness Mable wricht Grantor Darrin Brown
Spannie L. Welch
Witness Attordey in Fact Jannie L. Welch
Witness
Witness
State of FLORIDA } County of BROWARD Commission # CC 781697
On 01-02-2002 before me, BONDED THRU ATLANTIC BONDING CO., INC.
personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s)
is/are subscribed to the within instrument and acknowledged 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) asted, executed the instrument.
WITNESS my hand and official sea. Document is
NOT OFFICIAL
Signature Produced ID
This Document is the propeType of ID (seal)
State of Indiana the Lake County Recorder!
County of Lake
On 1-18-02 before me, a notary public , appeared Jannie L. Welch
personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s)
is/are subscribed to the within instrument and acknowledged 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 instrument.
WITNESS my hand and official seal.
Signature Affiant Known Produced ID
Type of ID Drivers License (Seal)
thy Commission Expires April 16, 2009
WOIANA MULTINE
This document was prepared by: Darrin Brown