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Chicago Title Insurance Company

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

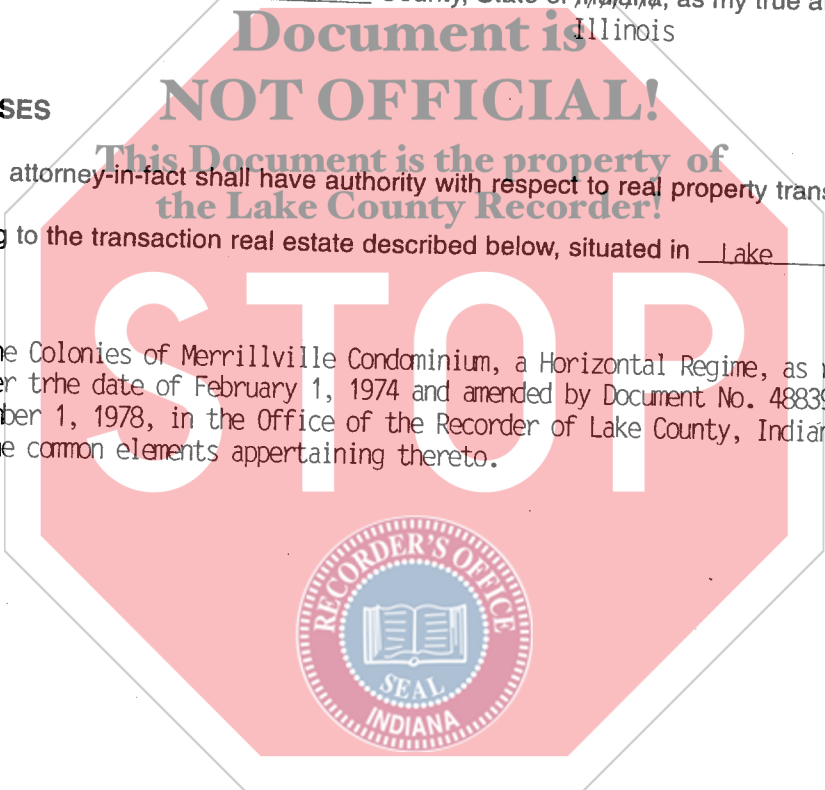
LIMITED POWER OF ATTORNEY (REAL ESTATE)

I/We, Paul Bryan Schoenberger A/K/A Paul Schoenberger, _____ County, State

of Indiana, being at least 18 years of age and mentally competent, do hereby designate Madonna Patzer

_____, of Cook County, State of Indiana, as my true and lawful attorney-in-fact.

Chicago Title Insurance Company



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:

Building 20 Unit 2 in The Colonies of Merrillville Condominium, a Horizontal Regime, as recorded as Document No. 238215 under the date of February 1, 1974 and amended by Document No. 488399 recorded under the date of September 1, 1978, in the Office of the Recorder of Lake County, Indiana, and the undivided interest in the common elements appertaining thereto.

the address of such real estate is commonly known as 6866 Fillmore Drive, Unit 2, Merrillville IN 46410, (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;

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PETER BENJAMIN
LAKE COUNTY AUDITOR

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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)*

as of the date it is signed

as of the _____ day of _____, 19 _____.

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)*

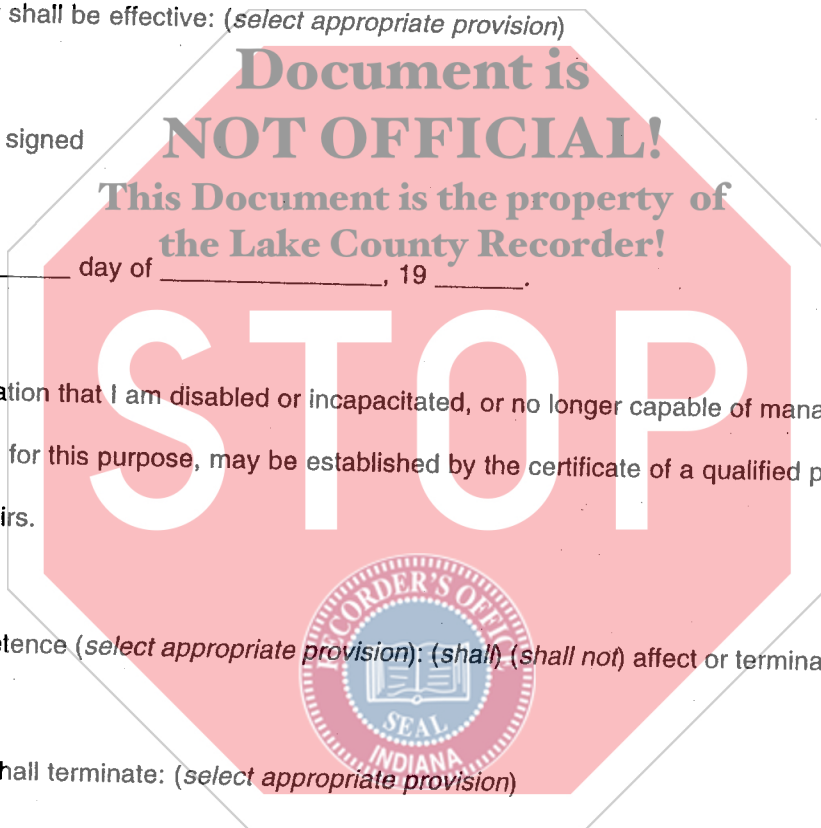
upon my incapacity

upon the 22nd day of February, 10 2002.

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.



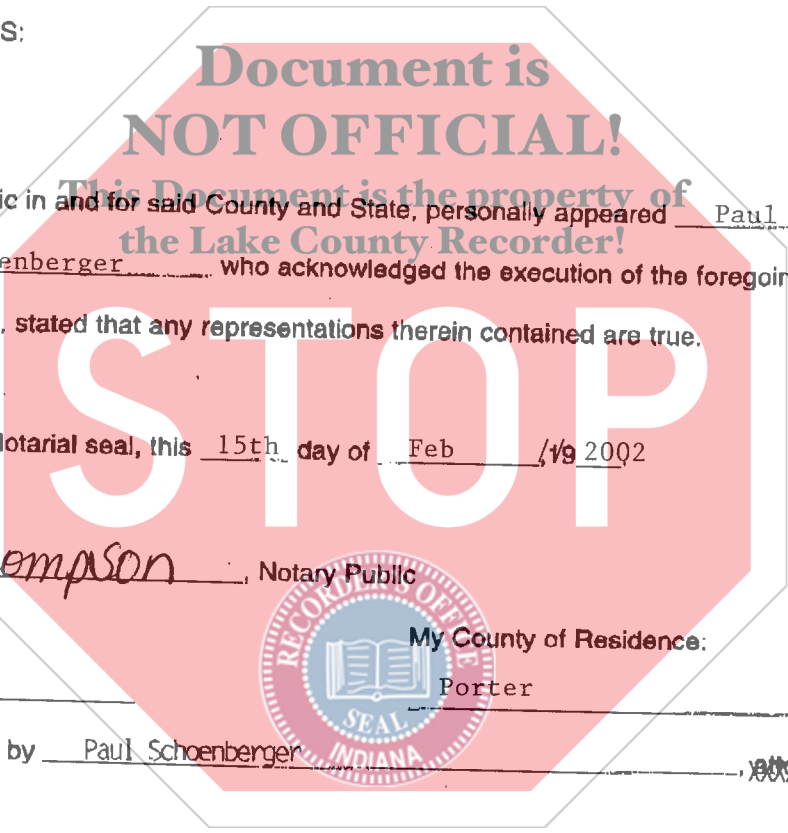
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IN WITNESS WHEREOF, We have hereunto set my/our hand(s) and seal(s) this 15 day of Feb, 2002

Paul Bryan Schoenberger
Printed: a/k/a Paul Schoenberger

Printed: _____

STATE OF INDIANA)
) SS:
COUNTY OF Lake)



Before me, a Notary Public in and for said County and State, personally appeared Paul Bryan Schoenberger
/and/ / a/k/a Paul Schoenberger who acknowledged the execution of the foregoing Power of Attorney, and
who, having been duly sworn, stated that any representations therein contained are true.

WITNESS my hand and Notarial seal, this 15th day of Feb, 2002

Printed: Marie R. Thompson, Notary Public

My Commission Expires: _____

My County of Residence:
Porter

This instrument was prepared by Paul Schoenberger ~~attorney at law~~

"OFFICIAL SEAL"
Marie R. Thompson
Notary Public, State of Indiana
County of Porter
My Commission Expires March 25, 2008

ACOR

F.H.E. COMMERCIAL

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