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**LIMITED POWER OF ATTORNEY  
(REAL ESTATE)**

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

I, Michael J. Wilczynski **2002 050246** **2002 MAY 31 AM 9:41**  
Lake County, State of Indiana, being at least 18 years of age and mentally competent, do  
hereby designate Robert E. Wilczynski **RECORDED**  
County, State of Indiana, as my true and lawful attorney-in-fact.

Chicago Title Insurance Company

**I. POWERS AND PURPOSES**

The above name 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:

Apartment #6414 Taft Street, Merrillville, Indiana, in Country Aire Condominiums as per Declaration of Condominiums thereof, recorded on the 17th day of May, 1982 as Document No. 668877 as amended by instrument recorded July 12, 1983 as Document No. 715855 and as shown in Plat Book 54 page 44 in the office of the Recorder of Lake County, Indiana; together with an undivided 1/14th interest in the common areas and facilities appertaining thereto.

the address of such real estate is commonly known as 6414 Taft Street (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 contract pertaining to the Real Estate;

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 instrument.

**FILED**

MAY 30 2002

PETER BENJAMIN  
LAKE COUNTY AUDITOR

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N.H.  
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II. EFFECTIVE DATE AND TERMINATION

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

as of the date it is signed

as of the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

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 \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

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 that all 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 17<sup>th</sup> day of May, 2002.

Michael J Wilczynski  
Printed: Michael J Wilczynski Printed: \_\_\_\_\_

STATE OF INDIANA )  
COUNTY OF \_\_\_\_\_ ) SS:



Before me, a Notary Public in and for said County and State, personally appeared Michael Wilczynski 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.

WITNESS my hand and Notarial seal, this 17 day of May, 2002  
Printed: Shoshana M. Hawkins, Notary Public  
My Commission Expires: June 22, 2004 My County of Residence: San Bernardino, CA  
This instrument was prepared by \_\_\_\_\_