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

MORRIS W. CARTER
RECORDER

I/WE, **David A. Barlow**, of **Lake** County, State of **Indiana**, being at least 18 years of age and mentally competent, do hereby designate **Deborah A. Barlow**, of **Lake** County, State of **Indiana**, as my true and lawful attorney-in-fact.

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:

LOT 13 IN HIDDEN CREEK ESTATES, LAKE COUNTY, INDIANA, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 76 PAGE 7, AND AS AMENDED BY PLATS OF CORRECTION RECORDED JULY 26, 1994 IN PLAT BOOK 76 PAGE 89, AND RECORDED AUGUST 18, 1994, IN PLAT BOOK 77 PAGE 11, AND RECORDED SEPTEMBER 30, 1994 IN PLAT BOOK 77 PAGE 35, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

the address of such real estate is commonly known as **10265 Cass Street, Crown Point, IN 46307**, (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;

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

COMMUNITY TITLE COMPANY
FILE NO 26704

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

- as of the date it is signed
- as of the 19th day of June, 2003.

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- 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 _____, 20_____.
- 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.

IN WITNESS WHEREOF, I/We have hereunto set my/our hand(s) and seal(s) this 19th day of June, 2003.


Printed: **David A. Barlow**

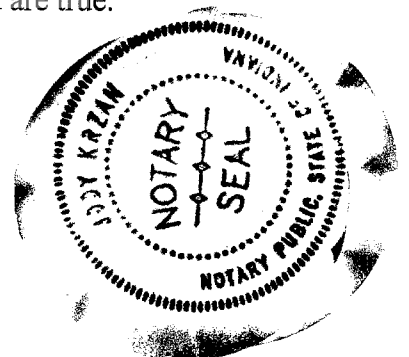
STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, a Notary Public in and for said County and State, personally appeared **David A. Barlow**, 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 19th day of June, 2003.

Jody Krzan, Notary Public
Signed: Jody Krzan
My Commission Expires: November 22, 2010
My County of Residence: Lake

This Instrument was prepared by: **Jody Krzan**



Notary Public - State of Indiana
Lake County
My Commission Expires:
November 22, 2010