

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2003 073822

2003 JUL 16 10:14 AM

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WHEN RECORDED RETURN TO:  
PROFESSIONALS' TITLE SERVICES, LLC  
9195 BROADWAY  
MERRILLVILLE, IN 46410

4

The above space for recorder's use only

**SPECIAL OR LIMITED DURABLE POWER OF ATTORNEY**

KNOW ALL MEN BY THESE PRESENTS, that I THOMAS A. FERINCE AND JAMES K FERINCE, of DuPage (County), ILLINOIS (State), have made, constituted and appointed and by these presents do make, constitute and appoint: GERARD S. VAUGHN & MARY K VAUGHN, of LAKE (County), INDIANA (State), my true and lawful agent and attorney-in-fact (hereinafter referred to as "attorney"), for me and in my name, place and stead to make, execute, acknowledge, amend, modify and deliver in my name such notes, agreements, promises to pay, affidavits, closing statements, contracts, instruments of conveyance, mortgage (including without limitation deeds of trust) or lease, and any and all other instruments, agreements and documents as my said attorney may deem appropriate and that are in any way related to any transaction involving the ownership, maintenance, financing, purchase and/or sale of, or any matter in any way related to, the following described property (the "Property"):

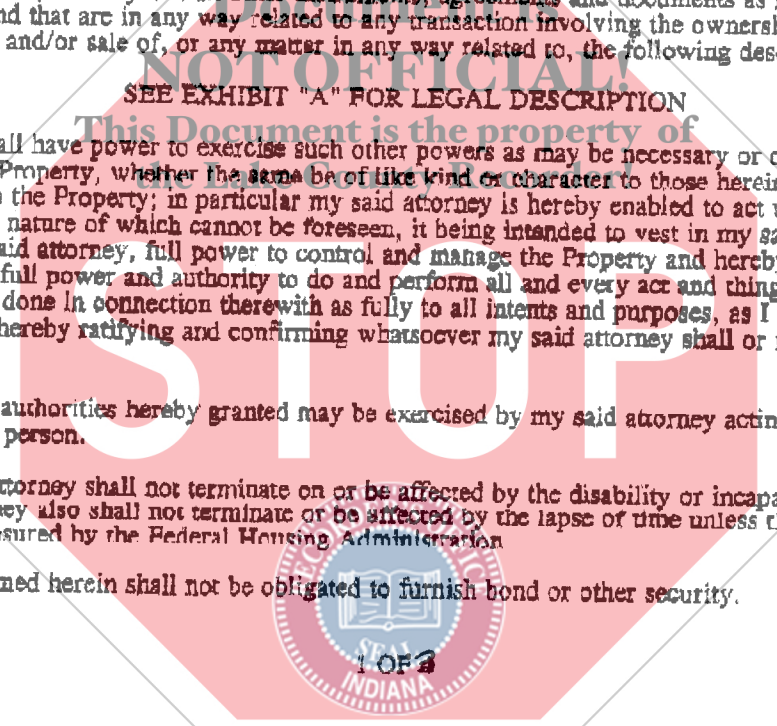
SEE EXHIBIT "A" FOR LEGAL DESCRIPTION

My attorney shall have power to exercise such other powers as may be necessary or desirable in the management of the Property, whether the same be of like kind or character to those herein enumerated or not, so long as related to the Property; in particular my said attorney is hereby enabled to act under changed conditions the exact nature of which cannot be foreseen, it being intended to vest in my said attorney, and I do hereby vest in my said attorney, full power to control and manage the Property and hereby giving and granting to my said attorney full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done in connection therewith as fully to all intents and purposes, as I might or could do if personally present, hereby ratifying and confirming whatsoever my said attorney shall or may do by virtue hereof.

All powers and authorities hereby granted may be exercised by my said attorney acting alone without the joinder of any other person.

This power of attorney shall not terminate on or be affected by the disability or incapacity of the principal. This power of attorney also shall not terminate or be affected by the lapse of time unless the loan contemplated hereunder is to be insured by the Federal Housing Administration

The attorney named herein shall not be obligated to furnish bond or other security.



001125

**FILED**

JUL 16 2003

STEPHEN R. STIGLICH  
LAKE COUNTY AUDITOR

15.00  
LP

#  
3166  
3198

Lot 9 in Block 16 in Homestead Gardens Master Addition, Blocks 16 and 17, in the Town of Highland, as per plat thereof, recorded in Plat Book 33, page 35, in the Office of the Recorder of Lake County, Indiana.



(LENZO, JEREMY.PFD/PTS03-4506-1940/24)

Any authority granted to my attorney herein shall be limited so as to prevent this power of attorney from causing my attorney to be taxed on my income and from causing my estate to be subject to a general power of appointment by my attorney, as that term is defined in Section 2041 of the Internal Revenue Code.

I hereby ratify and confirm all that my attorney, of his successors, shall lawfully do or cause to be done by virtue of the power of attorney and the rights and powers granted herein.

I hereby bind myself to indemnify my attorney herein named and any successors who shall so act against any and all claims, liabilities, demands, losses, damages, actions and causes of action, including expenses, costs and reasonable attorneys' fees which my attorney at any time may sustain or incur in connection with his/her carrying out the authority granted him/her in this power of attorney.

This power of attorney and the powers herein granted shall terminate upon the earliest occurrence of (i) my death, (ii) revocation by an instrument in writing, duly executed and acknowledged by me and recorded or filed for record or filed for record in the office of the County Clerk or Recorder of the County and State in which the Property is located, or (iii) in the event the loan contemplated hereunder is to be insured by the Federal Housing Administration, the expiration of a period of time ending \_\_\_\_\_. It is my intention that any person or any firm, corporation, joint venture, association or other legal entity of any kind or character dealing with my said attorney, or his/her substitute or substitutes, shall be entitled to rely on the provisions of this paragraph in determining whether or not this power of attorney has been revoked, and I hereby represent to those dealing with my said attorney, or his/her substitute or substitutes, that they are entitled to rely upon the terms and provisions of this paragraph in determining whether this power of attorney has been revoked.

IN WITNESS WHEREOF, I have hereunto set my hand this 5 day of July, 2003.

Janet K Ference  
Signature

Janet K. Ference  
Printed Name

Document is NOT OFFICIAL!  
This Document is the property of the Lake County Recorder!

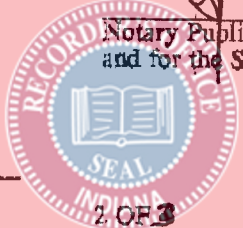
STATE OF ILLINOIS  
COUNTY OF LAKE

BEFORE ME, the undersigned authority, a Notary Public in and for said County and State, on this day personally appeared \_\_\_\_\_, known to me to be that person whose name is subscribed to the foregoing instrument, and acknowledged to me that \_\_\_\_\_ executed the same for the purposes and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE this the 5 day of July, 2003.

Notary Public in and for the State of ILLINOIS

My Commission Expires: 11/20/06



The undersigned witness certifies that Thomas A. Ference & Janet R. Ference  
known to me to be the same person whose name is subscribed as principal to the foregoing power of attorney,  
appeared before me and the Notary Public and acknowledged signing and delivering the instrument as the free  
and voluntary act of the principal, for the uses and purposes therein set forth. I believe him or her to be of  
sound mind and memory.

IN WITNESS WHEREOF, I have hereunto set my hand this 5<sup>th</sup> day of July, 2003.

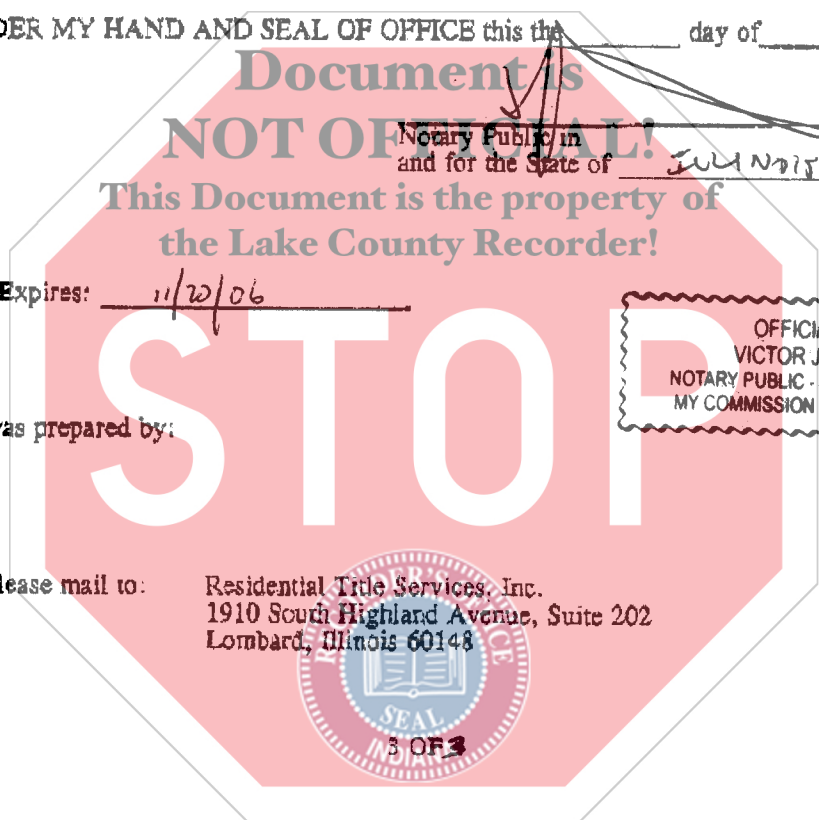
[Signature]  
Signature

Thomas A. Ference  
Printed Name

STATE OF ILLINOIS  
COUNTY OF DU PAGE

BEFORE ME, the undersigned authority, a Notary Public in and for said County and State, on this day  
personally appeared THOMAS AND JANET FERENCE, known to me to be that  
person whose name is subscribed to the foregoing instrument, and acknowledged to me that \_\_\_\_\_ executed  
the same for the purposes and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE this the \_\_\_\_\_ day of \_\_\_\_\_, 2003.



Notary Public in  
and for the State of ILLINOIS

My Commission Expires: 11/20/06

This Document was prepared by:



After recording please mail to: Residential Title Services, Inc.  
1910 South Highland Avenue, Suite 202  
Lombard, Illinois 60148

