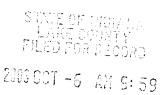
2003 106422



LIMITED POWER OF ATTORNEY CARTER (REAL ESTATE)



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_	// We
d	esignate
O.	f Luke County, State of Indiana, as my true and lawful attorney-in-fact.
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 f Indiana:
Tract fo	West of the 2nd Principal Meridian, in Lake County, Indiana, being that primerly known and designated as Lot 62, in Englehart's Country Club Manor, plat thereof, recorded in Plat Book 24 page 75, in the Office of the Recorder
of Lake	County, Indiana.
th	ne address of such real estate is commonly known as 1307 W. WIST AV Merrillville, TV.
-	(the "Real Estate") and shall be construed so as to effectuate this purpose. This authority shall include, by vay of illustration and not limitation, the power:
4	To make, draw and indorse promissory notes, checks or bills or exchange pertaining to the Real Estate and to waive emand, presentment, protest, notice of protest, and notice of non-payment of all such instruments;
u	the Lake County Recorder.

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.

OCT 3 2003
STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

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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 ,
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 This Document is the property of
I/ We hereby ratify and confirm that all my afforney-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 26 day of
Donise L. Sunny
Printed: Denise L. Sunu DONIREADY
STATE OF INDIANA Lake County SEA My Commission Expires
COUNTY OF Lake May 23, 2009
Before me, a Notary Public in and for said County and State, personally appeared 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 day of Salaman (7200 3
Printed: Notary Public Notary Public
My Commission Expires: May 23, 200 9 My County of Residence: Lake
This instrument was prepared by 28H 20 NINU