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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2004 037575

Key #
19-63-50

LF240-04
R240-04

LIMITED POWER OF ATTORNEY (With Durable Provision)

NOTICE: THIS IS AN IMPORTANT DOCUMENT. BEFORE SIGNING THIS DOCUMENT, YOU SHOULD KNOW THESE IMPORTANT FACTS. THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON WHOM YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO PLEDGE, SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. YOU MAY SPECIFY THAT THESE POWERS WILL EXIST EVEN AFTER YOU BECOME DISABLED, INCAPACITATED OR INCOMPETENT. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL OR OTHER HEALTH CARE DECISIONS FOR YOU. IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

TO ALL PERSONS, be it known, that I, Raymond Shearer
of 1143 Central Ave, Lake Station, IN 46405
as Grantor, do hereby make and grant a limited and specific power of attorney to
of 20 Fraser Lane, Hobart IN 46342
and appoint and constitute said individual as my attorney-in-fact.

John Shearer

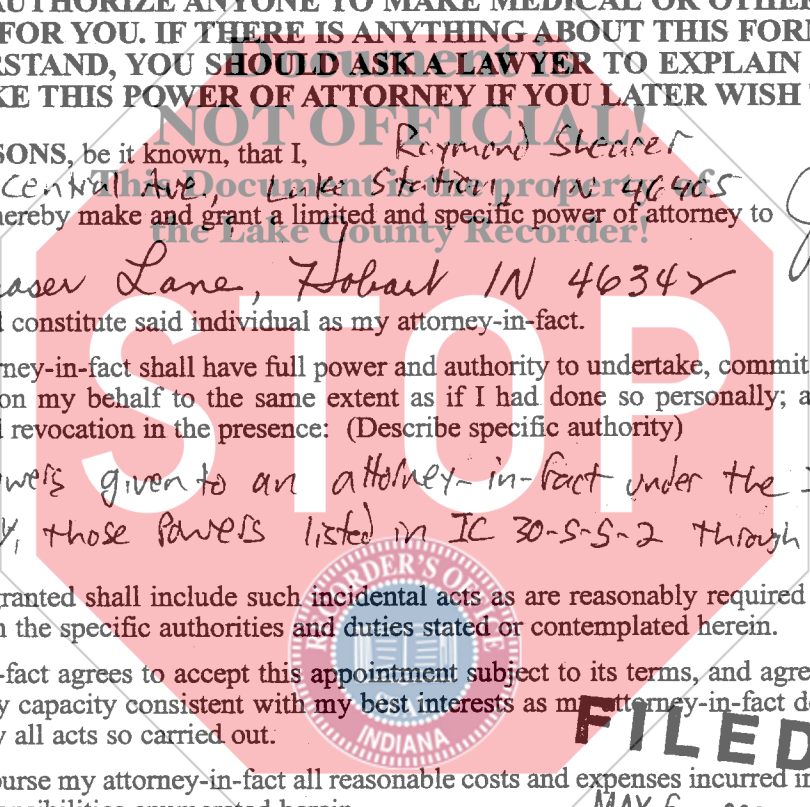
My named attorney-in-fact shall have full power and authority to undertake, commit and perform only the following acts on my behalf to the same extent as if I had done so personally; all with full power of substitution and revocation in the presence: (Describe specific authority)

*All Powers given to an attorney-in-fact under the Indiana Code,
Specifically, those Powers listed in IC 30-5-5-2 through IC 30-5-5-19, inclusive.*

The authority granted shall include such incidental acts as are reasonably required or necessary to carry out and perform the specific authorities and duties stated or contemplated herein.

My attorney-in-fact agrees to accept this appointment subject to its terms, and agrees to act and perform in said fiduciary capacity consistent with my best interests as my attorney-in-fact deems advisable, and I thereupon ratify all acts so carried out.

I agree to reimburse my attorney-in-fact all reasonable costs and expenses incurred in the fulfillment of the duties and responsibilities enumerated herein.



IMPORTANT NOTE: This form is not valid for delegating personal financial and or property matters in the state of Maine. To obtain the correct form, call 800-822-4566 or visit www.MadeE-Z.com and click "access bonus forms" for a free downloadable form.

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Special durable provisions:

This power of attorney shall not be affected by subsequent incapacity of the Grantor. This power of attorney may be revoked by the Grantor giving written notice of revocation to the attorney-in-fact, provided that any party relying in good faith upon this power of attorney shall be protected unless and until said party has either a) actual or constructive notice of revocation, or b) upon recording of said revocation in the public records where the Grantor resides.

Other terms:

Signed under seal this _____ day of _____, 20____
Signed in the presence of:

Witness

Witness

Witness

Witness

X Grantor John Sheeran
Attorney-in-Fact

State of IN
County of Lake
On 1-27-04

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

appeared before me, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.
WITNESS my hand and official seal.

Signature Debra Serratto Affiant _____ Known _____ Produced ID _____
Resident of Porter County Type of ID _____ (Seal)
My Commission Expires 2/21/2009

State of _____
County of _____
On _____
appeared before me,

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.
WITNESS my hand and official seal.

Signature _____ Affiant _____ Known _____ Produced ID _____
Type of ID _____ (Seal)