Prepared by, recording return to:		047027	FILED FOR RECORD
Name: Company:		04/02/	<b>20%</b> 25 hely 20 to 3
Address: City:			MORALE ELL
State: Phone: Fax:	Zip:		MORANA (1947) Ristor
684LKOY	OR CLOSING REAI	ER OF ATTORNE	
STATE OF INDIAL			
KNOW ALL MEN whose address is 9	475 W CARLETON	ROTT	CLANTON (City), bute a SPECIAL POWER
	ereby appoint, William	AM J. KRIZMIS	SR of
LAKE	County, Indiana,	as my Attorney-in-Fa	et to act as follows
OKANTING unto m	ny Attorney-in-Fact ful	inty Recorder!	UI
	the Lake Cot	mity McCoruct:	

To do all things necessary to close on the sale of the property described below, commonly known as

9219 6 ARING E. CHICACO IN 16312 (address), with full power and authority for me and in my name to execute any and all documents necessary to effect the sale, conveyance and settlement on said property to any person or persons of his choosing, including but not limited to, deeds, checks, receipts, releases, warranties, affidavits, contracts, addenda, settlement statements, loan commitments and disclosure statements, truth-in-lending statements, all forms of commercial papers, endorsements to checks, or the like, and any such other instrument or instruments in writing of whatever kind, character and nature as may be necessary to complete the sale, financing arrangements, and the settlement process. FURTHER GRANTING full power and authority to collect and receive any funds or proceeds of said sale in any manner which, in his subtenties for transfer

The legal description of the property is as follows, to-wit:

.IIIN 4 2004

STEPHENR STIGUCH

[INSERT DESCRIPTION OR ATTACH EXHIBIT]

00042\$

HOLD FOR MERIDIAN TITLE CORP



I hereby ratify and confirm all that said attorney-in-fact shall lawfully do or cause to be done by virtue of this Power of Attorney and the rights and powers herein granted.

All acts done by means of this power shall be done in my name, and all instruments and documents executed by my Attorney hereunder shall contain my name, followed by that of my attorney and the description "Attorney-in-Fact", excepting however any situation where local practice differs from the procedure set forth herein, in that event local practice may be followed. This SPECIAL POWER OF ATTORNEY shall be valid and may be relied upon by any third parties until such time as any revocation is recorded in the recorder's office of the county where the land is located.

DATED this the $26$ day of $MAY$	, 20 <u>04</u> .			
	ma Jean Krizmis Howitt matured nt Name: LAURA JEAN KAIZMIS HOWATT			
STATE OF INDIANA MICHIGAN STATE OF INDIANA M				
Before me, the undersigned, a Notary Public, in and for said County and State,				
Inic 2/ TV doy of 1 17 Al C C C C C C C C C C C C C C C C C C				
LAURA JEAN KRIZMIS HOWATT, said person being over the age of 18 years, and acknowledged the execution of the forces in increase of 18				
years, and acknowledged the execution of the foregoing instrument.				
	Notary Public  Print Name: RICHARD FARRELL JARRETT			
My commission expires:  RICHARD FARRELL JARRETT				
8/21/2006	Notary Public, Lenawee County, MI My Commission Expires Aug. 21, 2006			
Principal Name and Address	Attorney-in-Fact Name and Address			
Name: LANGA J. KRIZMIS HOWATT	Name: WILLIAM J. KRIZMIS, JR			
Address: 947 5 W. CARLETON ROLAND	Address: 1012 SAVANNAH RIVER			
City: CLAYTON	City: ADRIAN			
State: MI Zip: 49232	State: on F. Zin: 110			

Phone:

517-264-5770

Phone:

517-445-2737

## **EXHIBIT A**

Lot Numbered 37 and the North 10 feet of Lot Number 36, Block 13 as shown on the recorded plat of Resubdivision of part of the Northwest quarter of Section 29, Township 37 North, Range 9 West of the 2<sup>nd</sup> P.M. in the City of East Chicago recorded in Plat book 5, page 3, in the Office of the Recorder of Lake County, Indiana.

