

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

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Chicago Title Insurance Company

MORRIS W. CARTER
RECORDER

NOTICE: USE OF THIS FORM CONSTITUTES THE PRACTICE OF LAW AND IS LIMITED TO USE BY ATTORNEYS

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

We, JAMES N. ADAMS OF LAKE County, State

of Indiana, being at least 18 years of age and mentally competent, do hereby designate THU T

ADAMS 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: INDIAN RIDGE ADDITION, Unit 2, Lot 59

Lot 59, Indian Ridge Addition, Unit 2, to the City of Crown Point, as per plat thereof, recorded in Plat Book 51 page 13, in the Office of the Recorder of Lake County, Indiana.

the Lake County Recorder!

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the address of such real estate is commonly known as 9712 PIERCE ST, 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;

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STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

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CHICAGO TITLE INSURANCE COMPANY

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

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

as of the date it is signed.

as of the _____ day of _____, 19_____.

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 30 day of August, 2004

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.



