Y

## LIMITED POWER OF ATTORNEY (REAL ESTATE)

100

We, Gary J. and Deborah A. Metro, Cerro Gordo County, State Of Iowa.

being at least 18 years of age and mentally competent, do hereby desginate L. Lee Norris, of Dake 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 IN. Code 830-5-5-2, pertaining to the transaction real estate described below, situated in **Lake**. County, State of Indiana:

Legal Description: ASSR'S DES: FIELDSTONE CROSSING TOWNHOME ACC.

That part of the Engineer 1/s of the Roytheet 1/4 of Raction 23, towardly 35 North; Rungs 2 West of the Section Principal Northies 1/4; theirs should agd described be follows: Reginning at the Southeest course? Of said Mortheest 1/4 of the Warthiniat 1/4; theirs Engineer 37 for Part 734.56 feet along the South 11s of said Wortheest 1/4 of the Marthiniat 1/4; theirs Engineer 174.76 feet along the South 11s of said Wortheest 1/4 of the Marthiniat 1/4 of the Marthiniat 1/4; theirs Engineer Royth 00 -41 -52 East 13.06 feet along the East 11s of said 1/4 th; The the South 1/4 of South 1/

The address of such real estate is commonly known as 1532 W. 93<sup>rd</sup> Court.

(the "Real Estate") and shall be constructed so as to effectuate this purpose. This authority shall include, by way of illustration and not limitation, the power:

To make and execute any and all contracts 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, encumber and in any way 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.

FILE NO 2 30021

\m^ \m^

## II. EFFECTIVE DATE AND TERMINATION

A. This power of attorney shall be effective: as of the date it is signed.

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 (shall not) affect or terminate this Power of Attorney.
- C. This power of attorney shall terminate upon the 30th day of November, 2004.

## 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.

	27 1	,	216 04
I/We have hereunto set my/our hand(s) and seal(s) this_	d/	day of	Detober ,2004.
Printed: Gary J. Metro	Printed:_	Deboral	14 Metro
Signed: Documer	it Signed:	Debore	Lametu
SS# 341-46-798/NOT OFFI			-2910
STATE OF IOWA This Document is the the Lake County I	A A Ø		
COUNTY OF Cerro Gordo			
Before me, a Notary Public in and for said County as			
representations therein contained are true.			
WITNESS my hand and Notarial seal, this 27	day of	October	<u>, 2004</u> .
Printed: Linda F Halfman	Notary Public	Lendo	I Halfman
My Commission Expires:	County of Re	esidence;	U
July 7, 2006	Dorth		
	****	-	
LINDA F. H Notarial Se		ł	

Commission # 147352

My Commission Expires 7-7-06