

STATE OF INDIANA LAGE COUNTY FILED FOR RECORD

2005 000614

2005 JAH-5 AMII: 02

(SELLER) MTC - 25462KO4

Know all men by these presents that Judy K. Jensen of adult age, do hereby make, constitute and appoint:

Barbara Harrigan, an adult person, to be my true and lawful attorney, for me and in my name, place and stead to do any and all of the following:

 To bargain, agree, contract to sell, execute a Warranty Deed, complete such sale and to tender possession of all property real and personal located at and described as:

The North 60 feet of Lot 8, Block 12, in the City of Hobart, as shown in Plat Book 12, page 30, in Lake County, Indiana.

221 S. California Street

Hobart, Indiana 46342

27 - 12-0040-0015

and any personal property in connection therewith or any interest in such real or personal property upon such terms and conditions and under such covenants, my Attorney-in-Fact shall deem fit.

- 2. To enter into tax proration and escrow agreements in connection with such sale, upon such terms, my Attorney-in-Fact shall-deem fit.
- 3. To sign and deliver and as necessary, to acknowledge and swear to closing statements, vendor's affidavits, private mortgage insurance affidavits, certificates, written statements and acknowledgments and all forms required or requested by any lender, or any governmental or private agency, firm or corporation insuring or guaranteeing repayment of such loan, or by any governmental agency, firm or corporation which may purchase said loan, my Attorney-in-fact shall deem fit.
- 4. To cause title insurance or other evidence of title to be issued insuring or certifying the status of the title to the real estate being purchased, as required by the purchaser and/or lender, by such title insurance underwriter for such amount and insuring such risks as my Attorney-in-Fact, shall deem fit.
- 5. To modify and amend all documents executed which my Attorney-in-Fact shall deem fit.
- 6. To appoint and authorize any other person or corporation to exercise the power and authority for and on behalf of my Attorney-in-Fact should my Attorney-in-Fact not be so available to exercise such power.
- 7. To perform all those functions and activities set out in I.C. 30-5-5-2 and I.C. 30-5-5-5.

This Power shall not be affected by my later disability or incompetence.

I give and grant to the said Attorney-in-Fact full power and authority to do and perform all and every act and thing requisite or proper to be done in the exercise of the rights and powers herein granted, as fully, to all intents and purposes, as we might or could do if personally present, with full power and substitution and revocation and with full authority to deal with the property as authorized above hereby ratifying and confirming all that the said Attorney-in-Fact, or his substitute, or substitutes, shall lawfully do or cause to be done by virtue of the authority granted herein.

Signed this 15 day of DECEMBER, 2004

Judy K. Jensen

JAN 5 2005

STEPHEN R. STIGLICH LAKE COUNTY AUDITOR

State of Fronce, County of Proviles ss:

Before me, the undersigned, a Notary Public in and for said County and State aforesaid, on this <u>IS</u> day of <u>Nacinal</u>, <u>personally</u> appeared Judy K. Jensen, who acknowledged the execution of the foregoing Limited Power of Attorney to be a voluntary act and deed for the uses and purposes therein set forth.

WITNESS, my hand and Notarial Seal.

HOLD FOR MERIDIAN TITLE CORP

000130 PR

My Commission Expires:_ 10 いろっち

Printed Name of Notary Public

Notary Public County and State of Residence

This instrument was prepared by:

Frank A. Antonovitz, Attorney-at-Law #2437-98. 202 S. Michigan St., Ste. 1000, South Bend, IN 46601 2546LK04 ps

Signature of Notery Public



