2005 002503

STATE OF INDIANGE LAKE COUNTY FILED FOR RECORD

2005 JAN 13 AH 10: 03

MICHAEL A COMP RECORDEN

## LIMITED POWER OF ATTORNEY (REAL ESTATE) 620048415

I/We	HELEN	Chicago Title Insurance Company
		County, State of Indiana, being at least 18 years of age and mentally competent, do hereby
designate		V WARD
of ZA	Ke	County, State of Indiana, as my true and lawful attorney-in-fact.
I. POWERS	AND PURP	OSES
The abov	e name atto	rney-in-fact shall have authority with respect to real property transactions pursuant to Ind. Cod
	pertaining to	the transaction real estate described below, situated in LAKE County, State
or infolding.		NOTOFFICIALL
Lot 41,	and th	A South 10 Feet of Lot 42, in Block 2, in South Co's Sixth South Broadway Addition, to the City r plat thereof, recorded in Plat Book 9 page 4; of the Recorder of lake County 1845.
Broadwa	y Land	Co's Sixth South Broadway Addition to the City
or Gary	, as pe	r plat thereoforecorded in Plat Book 9 page 41
III CHE	UTTICE	of the Recorder of Lake County, Indiana.
he address o	of such real e	estate is commonly known as 3840 Massachusetts St Gary IN 46409
	(tue "Keal E	State") and shall be construed so as to effectuate this purpose. This authority shall include by
way of illustra	ation and no	l limitation, the power:
To made		
i o make, i	oraw and ind	dorse promissory notes, checks or bills or exchange pertaining to the Real Estate and to waive
iernano, pre:	seniment, pr	otest, notice of protest, and notice of non-payment of all such instruments;
To make a	nd avecure a	
TO HIGHE	LIE EXECUTES	any and all contract pertaining to the Real Estate;
To receive	mah ot bas	and all clump of many (And )
ne Real Esta	1A Which are	and all surns of money, debts, dues, accounts, bequests, interest and demands pertaining to
ne same:	te militin dic	now or shall nereafter become due or payable to us and to compromise, settle or discharge
To bargain	for, contrac	ct concerning, buy, sell, encumber and in anyway and manner, deal with personal property
cated upon	or pertaining	to the Real Estate; and,
•	•	
To execute	any and all	documentation necessary to effectuate the transactions described above, including, but not
niled to, a	closing sta	tements, instruments of conveyance and supporting documentation, certifications.
cknowledge	ments and li	to increase the second

## FILED

JAN 12 2005

STEPHEN R. STIGLICH LAKE COUNTY AUDITOR

000514

acknowledgements, and like instrument,

A. This power of attorney shall be effective: (select appropriate provision)  as of the date it is signed  as of the day of
as of the day of 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 not) affect or terminate this Power of Attorney.  C. This power of attorney shall terminate: (select appropriate provision)
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 not) affect or terminate this Power of Attorney.  C. This power of attorney shall terminate: (select appropriate provision) perty of
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 not) affect or terminate this Power of Attorney.  C. This power of attorney shall terminate: (select appropriate provision) perty.
NOT OFFICIAL!  C. This power of attorney small terminate: (select appropriate provision) perty of
the Lake Country December
the Lake Country December
upon my incapacity the Lake Country Recorder:
y upon the day of
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 that all 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.
IN WITNESS WHEREOF, I/We have herounto set my/our hand(s) and seal(s) this day of,
Lelen Ward
Printed: Helen Ward
STATE OF INDIANA ) SS:
COUNTY OF Lake
Before me, a Notary Public in and for said County and State, personally appeared  Helen Ward  and  who  acknowledged the execution of the foregoing Power of Attorney, and who, having been duly sworn, stated that any representations therein contained are true.  WITNESS my hand and Notarial seal, this  Printed:  Notary Public  Notary Public  My County of Residence:  This instrument was prepared by  Donna LaMere Attorney at Law 03089-64 mt/vp