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

LIMITED POWER OF ATTORNEY (REAL ESTATE)

(· · · · · · · · ·	4		•	
I∕We,Donald Green		Lake	County	. State
of Indiana, being at least 18 years of age an Kevin W. Marshall		etent, do Lake	hereby des County, St	ignate
Indiana, as my true and lawful attorney-in-fac	t.		,, 0.	ato 01
I. POWERS AND PURPOSES				
The above named attorney-in-fact shall transactions pursuant to Ind. Code §30-5-5-2	northing to	*ha +	t to real process.	operty estate
described below, situated in Lake Cou	nty, State of Ind	iana:	G	
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NOTOFFI				
This Document is the		of		
the Lake County	Recorder:			
the address of such root ast	0.4.4		28 of	7 7
the address of such real estate is commonly kn Frown Point, IN 463 (The "Real Estate") an	d shall be constr	and co oc		Sabia
purpose. This authority shall include, by way o	f illustration and	l not limita	ition, the be	ower:
(c) Copyright, 1993, by Indianapolic Bar Association	80.		j j	
SEAL MOIANA	ILED			
· ·	JAN 27 2005	0	01378	

STOLIEN R. STIGLICH



TICOR TITLE - SCHERERVILLE 920050062

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;

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 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.

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 as a large
be established by the certificate of a qualified physician stating that Lam unable to manage
my affairs. the Lake County Recorder!
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 1 day of March, 15 2005
where the Real Estate is located a written revocation hereof.
SEAL SEAL
WOJANA JUST

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.

IN WITNESS WHE	REOF, I/We have h 199xx, 2005.	ereunto set my/ou	r hand(s) and	seal(s) thi
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Printed:				
STATE OF INDIANA	J			
COUNTY OF The	SS:			
foregoing Power of Attorner representations therein contra	ney, and who, ha	who acknowled ving been duly property of	ged the execu	y appeared tion of the that any
WITNESS my hand a	nd Notarial seal, th	Reporder!	aneder	2001
Printed: 10A DESATNIC	M., Notary Public	2 Don	luca	
My Commission Expires:	Му Со	ounty of Residence	e:	
1-13-08	Z	rke		
This instrument was prepared	d by Kevin	W. Marshall	attorr	iey at law.
	SEAL MOIANA	CE LUI	, attori	icy at law.
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