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LIMITED POWER OF ATTORNEY PEOCHER (REAL ESTATE)

I/We, JAMES J. ADAMS OF LAKE	
designateTHU_T, ADAMS competent, do hereb	y
ofCounty, State of Indiana, as my true and lawful attorney-in-fact.	- '
I. POWERS AND PURPOSES	
The above name attorney-in-fact shall have authority with respect to real property transactions pursuant to Ind. Co 30-5-5-2, pertaining to the transaction real estate described below, situated in	ode :e
Legal attached	

the address of such real estate is commonly known as 9456 N 4630 (the "Real Estate") and shall be construed so as to ef way of illustration and not limitation, the power: s to effectuate this purpose. This authority shall include, by

To make, draw and indorse promissory notes, checks or bills or 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 contract 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

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 instrument.

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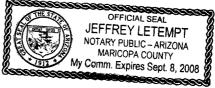
STEPHEN R. STIGLICH AKE COUNTY AUDITO

02093

CHICAGO TITLE INSURANCE COMPANY

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
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 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 ent is the property of
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 hereunto set my/our hand(s) and seal(s) this 14 day of Junie ,
Printed:
STATE OF INDIANA COUNTY OF Lake SS:
Before me, a Notary Public in and for said County and State, personally appeared TAMES
acknowledged the execution of the foregoing Power of Attorney, and who, having been duly sworn, stated that any
MITALESCO.
Printed: Vey Le Lengt Notary Public
My Commission Expires: Sed 8 2009 My County of Besidence: Marie Commission Expires: Sed 8 2009 My County of Besidence: Marie Commission Expires: Sed 8 2009 My County of Besidence: Marie Commission Expires: Sed 8 2009 My County of Besidence: Marie Commission Expires: Sed 8 2009 My County of Besidence: Marie Commission Expires: Sed 8 2009 My County of Besidence: Marie Commission Expires: Sed 8 2009 My County of Besidence: Marie Commission Expires: Sed 8 2009 My County of Besidence: Marie Commission Expires: Sed 8 2009 My County of Besidence: Marie Commission Expires: Sed 8 2009 My County of Besidence: Marie Commission Expires: Sed 8 2009 My County of Besidence: Marie Commission Expires: Sed 8 2009 My County of Besidence: Marie Commission Expires: Sed 8 2009 My County of Besidence: Marie Commission Expires: Sed 8 2009 My County of Besidence: Marie Commission Expires: Sed 8 2009 My County of Besidence: Marie Commission Expires: Marie Commission
his instrument was prepared by Ponk one



No: 620053335

LEGAL DESCRIPTION

The Easterly 25.75 feet of the Westerly 96.50 feet of Tract 23, by parallel lines and as measured at right angles to the Westerly line thereof, in Pebble Brooks, Phase Three, a Planned Unit Development, in the City of Crown Point, as per plat thereof, recorded in Plat Book 74 page 25, in the Office of the Recorder of Lake County, Indiana.

