

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2006 007716

2006 FEB -1 AM 9:11

**LIMITED POWER OF ATTORNEY
(REAL ESTATE)**

MICHAEL A. BROWN
RECORDER

3

I, Dennis Jackson of Lake County, State of Indiana, being at least 18 years of age and mentally competent, do hereby designate Lisa M. Thompson of Lake 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 Ind. Code S 30-5-2, pertaining to the transaction of the real estate described below, situated in Lake County, State of Indiana:

LOT 24, EXCEPT THE EAST 4.42 FEET, IN BLOCK 4 IN HOMESTEAD GARDENS MASTER ADDITION, IN THE TOWN OF HIGHLAND, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 31, PAGE 79 IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

the address of such real estate is commonly known as 3003 Duluth Street Highland, IN 46322, (the "Real Estate") and shall be construed so as to effectuate this purpose. This authority shall include, by way of illustration and not limitation, the power:

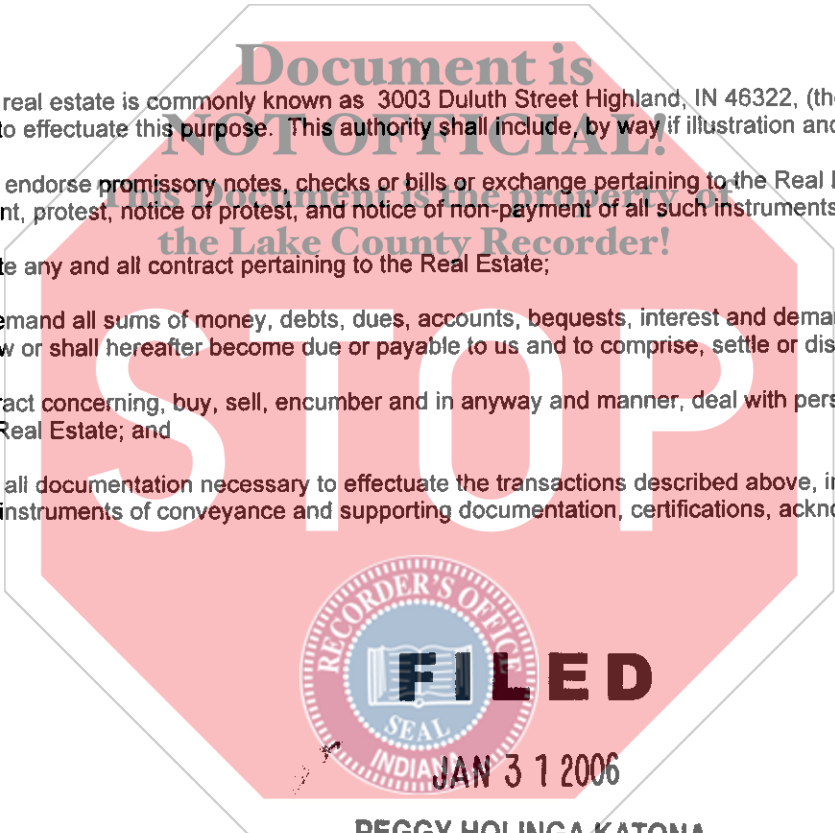
To make, draw, and endorse promissory notes, checks or bills or exchange pertaining to the Real Estate and to waive demand, presentment, protest, notice of protest, and notice of non-payment of all such instruments;

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 comprise, settle or discharge the same;

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, acknowledgments, and like instruments.



PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

II. EFFECTIVE DATE AND TERMINATION

001936

2051251BT Ticor Highland Burnet Fritz

13-
+5
LP
TI

A. This power of attorney shall be effective: (Select appropriate provision)

as of the date it is signed

as of the _____ day of _____, 20____

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

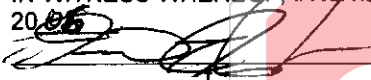
upon the _____ day of _____, 20____

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 IDENTIFICATION

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 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 19TH day of JANUARY, 2006

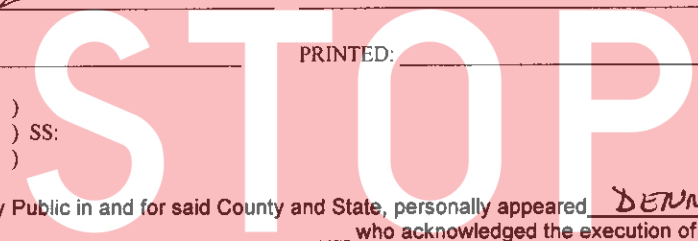


PRINTED: Dennis Jackson

PRINTED: _____

STATE OF INDIANA

COUNTY OF LAKE

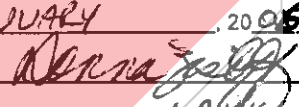


Before me a Notary Public in and for said County and State, personally appeared DENNIS L. JACKSON and who, having been duly sworn, stated that any representations therein contained are true.

WITNESS my hand and NOTARIAL seal, this 19TH day of JANUARY, 2006

Printed: DONNA ZISOFF

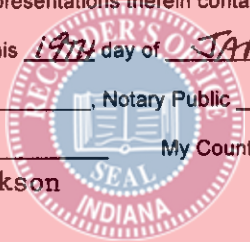
Notary Public



My Commission expires: 02-04-08

My County of Residence: LAKE

Prepared by Dennis L. Jackson



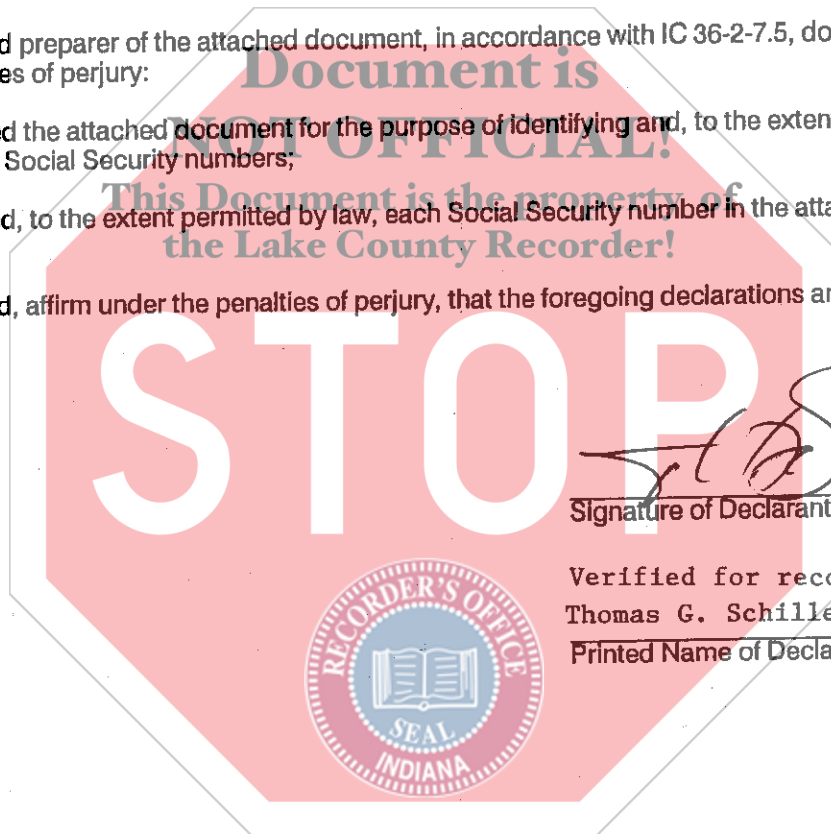
Declaration

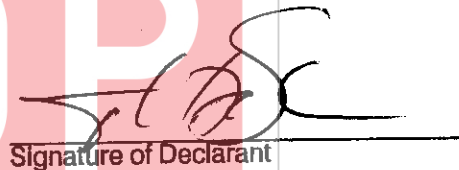
This form is to be signed by the preparer of a document and recorded with each document in accordance with IC 36-2-7.5-5(a).

I, the undersigned preparer of the attached document, in accordance with IC 36-2-7.5, do hereby affirm under the penalties of perjury:

1. I have reviewed the attached document for the purpose of identifying and, to the extent permitted by law, redacting all Social Security numbers;
2. I have redacted, to the extent permitted by law, each Social Security number in the attached document.

I, the undersigned, affirm under the penalties of perjury, that the foregoing declarations are true.




Signature of Declarant

Verified for recording by Ticor Title
Thomas G. Schiller
Printed Name of Declarant