

3

DONALD L. BRINKLEY
29 GRAPE-HAMMOCK
LAKE WALES FL. 33898
813-692-0797

STATE OF INDIANA
LAKE COUNTY
FILED FEB 01 2006

2006 007892

2006 FEB -1 AM 11:02

MICHAEL J. DROWN
LIMITED POWER OF ATTORNEY

1046 LK06

Helen Brinkley A/K/A H.P. Brinkley
Brinkley, Donald

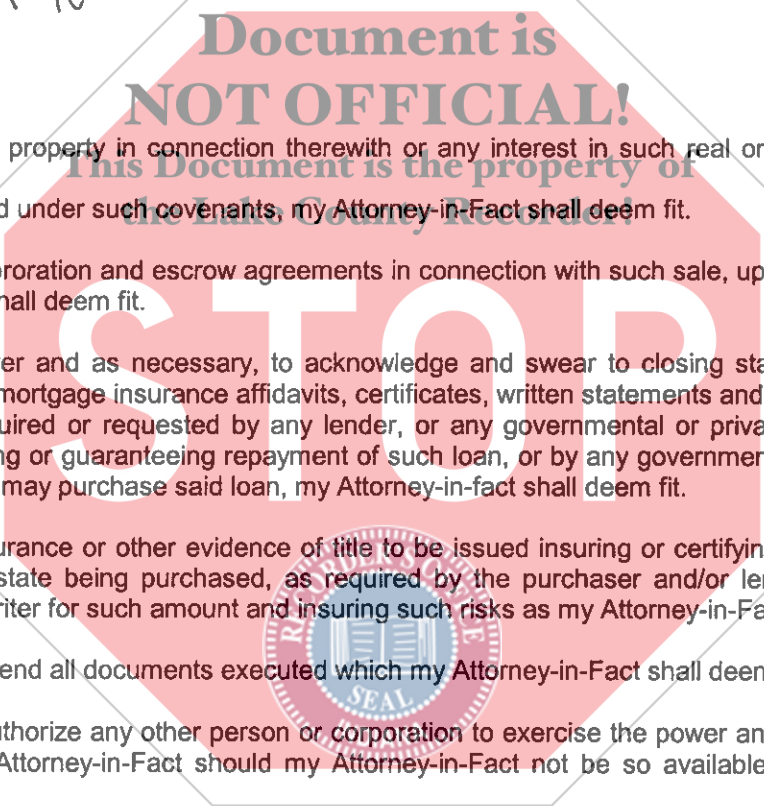
Know all men by these presents that _____ of adult age, do hereby make, constitute and appoint:

Barbara A Riley

, 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:

1. 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/

Palmer lots 6 & 7 except (cast) PB 1/72
Parcel No 11-10-0043-0010



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 8th day of October, 2005.

FILED Donald Brinkley **002085**
Donald Brinkley,

FEB 01 2006

Helen Brinkley
Helen Brinkley A/K/A H.P. Brinkley

State of Indiana, County of Lake ss:

Before me, the undersigned, a Notary Public in and for said County and State aforesaid, on this 8th day of October, 2005, personally appeared, Donald Brinkley & who

Helen Brinkley A/K/A H.P. Brinkley

HOLD FOR MERIDIAN TITLE CORP
1046 LK06

\$13
MT
CAR

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.

My Commission Expires: December 21, 2012

Ashley E. Highsmith
Signature of Notary Public

Printed Name of Notary Public

Ashley E. Highsmith

Notary Public County and State of Residence

Lake, Indiana

This instrument was prepared by:

ASHLEY E. HIGHSWORTH
NOTARY PUBLIC, Lake County, Indiana
My Commission Expires December 21, 2012
Resident of Lake County, Indiana



Prescribed by the
State Board of Accounts
(2005)

County form 170

Declaration

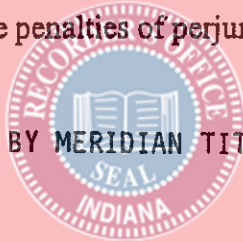
This form is to be signed by the preparer of a document and recorded with each document in accordance with IC 36-2-7.5-5(a).

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 number in attached document.
2. I have redacted, to the extent permitted by law, each Social Security number in the attached document.

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

"VERIFIED FOR RECORDING BY MERIDIAN TITLE"




Signature of Declarant

Valerie M. Gilbert
Printed Name of Declarant