STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2006 008237

2006 FED - 2 MINO: 47

MICHAEL A BROWN RECORDER

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[Space A	bove This Line For Recordi			_
After recording return to:		Prepar	red by: Lely N	FFF
COUNTRYWID		read to	<i>-</i> ,	
1525 U.S. HIGH	WAY 41, STE. C-26			
SCHERERVILL	E, IN 46375			
D	ocument	is		
SPECIFIC DUI	RABLE POWER (	OF ATTORNEY		
NOTICE: IF YOU HAVE ANY QUESTIC AGENT AND ATTORNEY-IN-FACT IN TI MAY REVOKE THIS POWER OF ATTORN	HS DOCUMENT, OB	TAIN COMPETENT LEG	NTING TO YOUR AL ADVICE, YOU	
I. James Ramsey			,	
	the LN Cedi	ar lake IN	46303	
appoint <u>Denise RAMSey</u>			,	
whose address is 9722 W 136	oth LN CEDA	of hake IN	46303_	
as my agent and attorney-in-fact ("Agent")	to act for me in any	lawful way with respect	to applying for and	
consummating financial transactions involving	g the Property (describe	d below).		
	THE REEL SO			
1. PROPERTY  The Property is described as: 9722	W 136h	LN CEDAR h	AKE IN	4630
and has an address of 9722	W 13692 L	V CEDAR LAKE	AKE FN FN 463	03
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## 2. AGENT'S AUTHORITY

(YOU MUST CROSS OUT ALL POWERS YOU WISH TO WITHHOLD FROM YOUR AGENT)

I hereby authorize my Agent to do all acts necessary to obtain financing and pledge the Property as security on my behalf for the following purposes:

Purchase the Property
Refinance to pay off existing liens on the Property
Construct a new dwelling on the Property
Improve, alter or repair the Property
Withdraw cash equity from the Property
Establish a line of credit with the equity in the Property

## 3. SPECIAL INSTRUCTIONS

	VA Loan: In the event my Agent applies for a loan on my behalf that is guaranteed by the Depart Veterans Affairs: (1) all or a portion of my entitlement may be used; (2) if this is a purchase transact price of the Property is \$; (3) the amount of the loan to be secured by the Property \$; and (4) I intend to use and occupy the Property as my home. My A authorized to sign the loan application, receive federal-, state- and investor-required disclosures, and documents necessary to consummate the loan on my behalf.						
	FHA Loan: I intend to use and occupy the Property as my home. My Agent is authorized to sign the loa application (only if I am incapacitated), receive federal-, state- and investor-required disclosures, and sign a documents necessary to consummate the loan on my behalf.						
4.	Conventional Loan: My Agent is authorized to sign the loan application, receive federal-, state- and investor-required disclosures, and sign all documents necessary to consummate the loan on my behalf.  This Document is the property of the Lake County Recorder!  THIS POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY AND WILL CONTINUE UNTIL IT IS						
	REVOKED BY ME. Any third party who receives a copy of this Power of Attorney may act under it. Revocation of this Power of Attorney is not effective as to a third party until the third party receives actual notice of the revocation. I agree to indemnify the third party for any claims that arise against the third party due to reliance on this Power of Attorney.						
	THIS POWER OF ATTORNEY IS NOT AFFECTED BY MY SUBSEQUENT DISABILITY OR INCAPACITY.						
	I HEREBY RATIFY AND CONFIRM ALL THAT MY AGENT MAY LAWFULLY DO OR CAUSE TO BE DONE BY VIRTUE OF THIS POWER OF ATTORNEY AND THE RIGHTS, POWERS AND AUTHORITY GRANTED HEREIN.						
Wi	ness Date Principal Date						
Wi	mess Date						
	ecific Durable Power of Attorney Page 2 of 3 015-XX (07/05) gsg						

ATTENTION NOTARY PUBLIC: If the acknowledgment below does not meet the statutory requirements of your authorizing state, complete a proper acknowledgment on a separate sheet of paper and attach it to this document.

STATE OF <u>FACIANA</u>			
COUNTY OF <u>ARKE</u>		A	
Before me, on this day personally app	eared <u>TAMeS</u>	KAMSEY	
known to me (or proved to me on the o	oath of	J	
or through		) to be t	the person whose name is
subscribed to the foregoing instrumen	t and acknowledged to n	ne that s/he executed the sa	ame for the purposes and
consideration therein expressed.			
			_
SANDHA L. HEIN Lare County		Xand Xlle	
My Commission Expires May 2, 2007	Notary Pu	iblic Sundra L	/HeiW

WARNING TO AGENT: THE AGENT AND ATTORNEY-IN-FACT, BY ACCEPTING OR ACTING UNDER THE APPOINTMENT, ASSUMES THE FIDUCIARY AND OTHER LEGAL RESPONSIBILITIES OF AN AGENT.



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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 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

Susan Reynolds

Printed Name of Declarant