

STATE OF INDIANA
LIMITED POWER OF ATTORNEY
FILED FOR REC'D 7-40 (25)

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2006-009121
2006 FEB - 6 AM 9:06
MICHAEL A. BROWN
REGORRE
I, the undersigned, **JOHNNIE MARBLE**, of Lake County, State of Indiana, do hereby make, constitute and appoint **WILEY LEONARD** of the City of Gary, Lake County, State of Indiana, as my true and lawful attorney-in-fact pursuant to Indiana Code §30-5-5-2, as it may be amended or replaced (the "Statute"), to execute instruments and documents for the sale of the real estate located in Lake County, State of Indiana, commonly known as: [REDACTED] (hereafter referred to as the "Real Estate").

2133 Garfield St., Gary 46404

In addition to the powers granted to my attorney-in-fact by the Statute, this authority shall include, by way of illustration and not limitation, the power to execute all instruments necessary for the sale of such Real Estate; the power to execute any and all deeds, closing agreements and closing statements; the authority to pay the expenses of the closing; and the power to collect any and all sums owed from any party at closing; and in furtherance of these powers, I give my attorney-in-fact power and authority to do for me and in my name those things which such attorney-in-fact deems expedient to and necessary to effectuate the intent of this instrument, as fully as I could do personally for myself and in general to do and perform each and every act and thing whatsoever requisite and necessary or proper to be done in order to complete the sale of the above described Real Estate, reserving unto myself, however, the power to act on my own behalf and also to revoke these powers given in this instrument.

This Power of Attorney shall be effective as of the date it is signed. Any act or thing lawfully done by my attorney-in-fact under this instrument shall be binding on me and my heirs, assigns, and legal representatives. As permitted by Indiana Code section 30-5-9-5, I, as principal, specifically provide that my attorney-in-fact is liable only if my attorney-in-fact acts in bad faith.

Persons to whom this instrument may be delivered may rely upon its being in effect and unrevoked unless we have executed a proper instrument of revocation and delivered the same to the person holding this instrument. This Power of Attorney is not terminated by my incapacity.

Signed this 9th day of December, 2005.

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Johnnie Marble
Johnnie Marble

Before me, the undersigned, a Notary Public in and for said County and State, this 9th day of December, 2005, personally appeared Johnnie Marble and signed this Limited Power of Attorney, and acknowledged the execution of the above instrument as a free and voluntary act and deed for the uses and purposes therein stated.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal the day and year last above written.

Brenda Halliburton
Brenda Halliburton - Notary Public's Signature
My Commission Expires April 16, 2010
My County of Residence: Lake

This instrument prepared by: Patrick A. Schuster, Attorney at Law, 1920 N. Main St., Crown Point, IN 46307

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PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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[Signature]
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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.

"VERIFIED FOR RECORDING BY TICOR TITLE"

Cathy Meyer
Signature of Declarant

CATHY MEYER
Printed Name of Declarant

