

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2006 009669

2006 FEB -7 AM 9:56

MICHAEL A. BROWN
RECORDER

CHICAGO TITLE INSURANCE COMPANY

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

620057540

I/We, Loubertha Nalls
Browns County, State of ~~Indiana~~ ^{Florida}, being at least 18 years of age and mentally competent, do hereby designate Timothy L. McColly of Porter County, 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. Code § 30-5-5-2, pertaining to the transaction real estate described below, situated in Lake County, State of Indiana:

Lot 17 in Block 1 in School Site Addition to Gary, as per plat thereof, recorded in Plat Book 13, page 17, in the Office of the Recorder of Lake County, Indiana.

the address of such real estate is commonly known as 2369 Monroe St., Gary, IN 46407 (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:

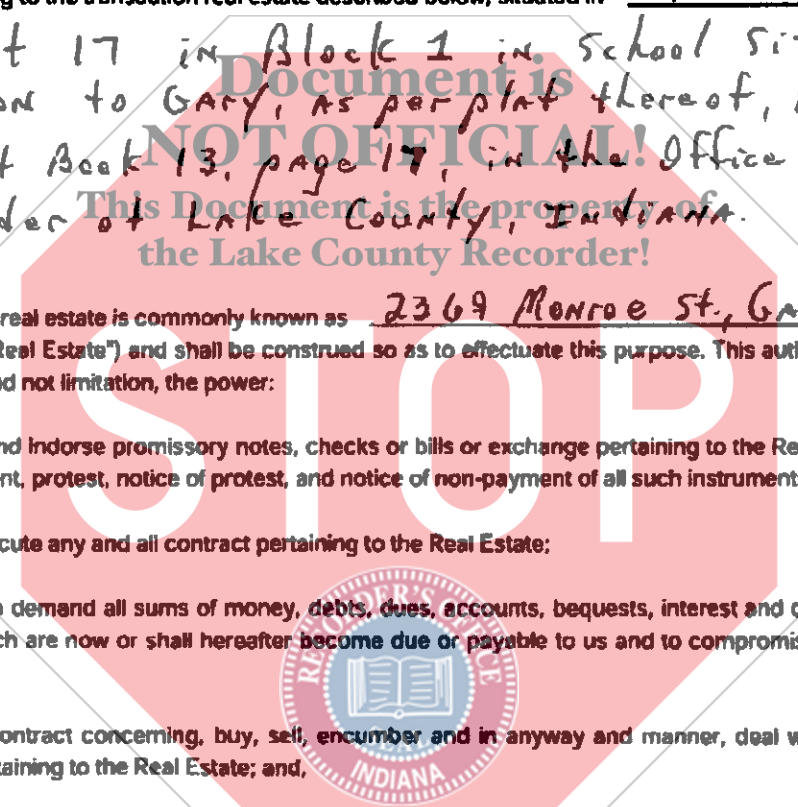
To make, draw and indorse promissory notes, checks or bills or exchange pertaining to the Real Estate and to waive demand, presentment, protest, notice of protest, and notice of non-payment of all such instruments;

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 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, acknowledgements, and like instrument.



FILED

FEB 06 2006

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

1300
CT
[Signature]

(2)

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.

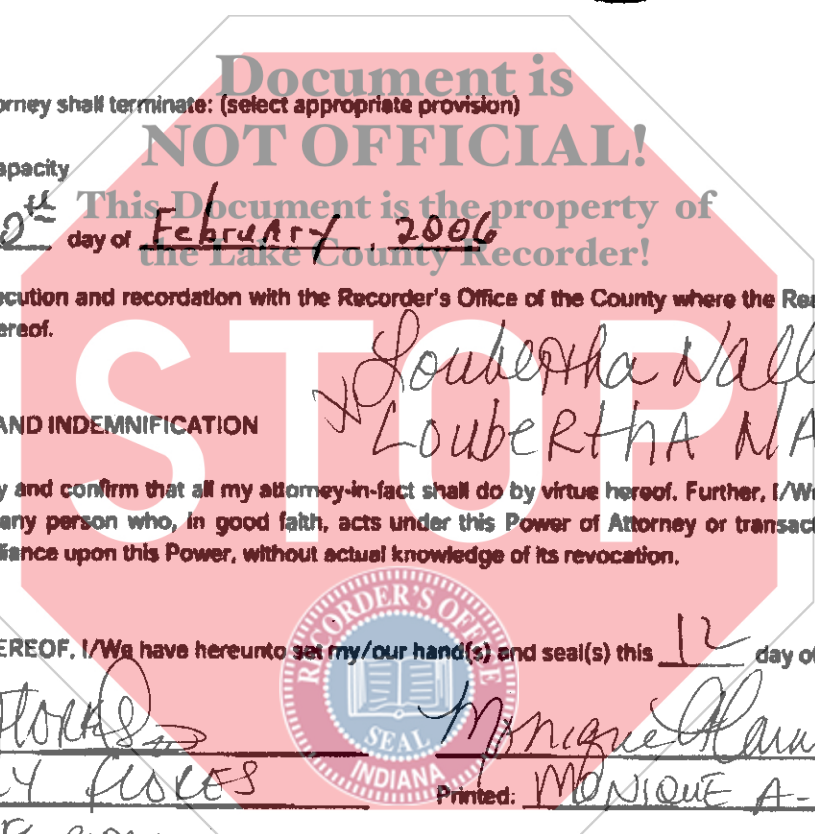
B. My disability or incompetence (select appropriate provision): (shall) (shall not) affect or terminate this Power of Attorney.

C. This power of attorney shall terminate: (select appropriate provision)

upon my incapacity

upon the 12th day of February, 2006

upon the execution and recordation with the Recorder's Office of the County where the Real Estate is located a written revocation hereof.



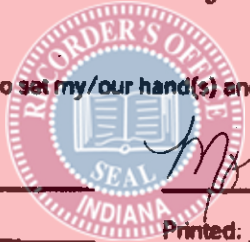
III. RATIFICATION AND INDEMNIFICATION

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.

Loubertha Walls
LOUBERTHA WALLS

IN WITNESS WHEREOF, I/We have hereunto set my/our hand(s) and seal(s) this 12 day of Jan 06

[Signature]
Printed: ESLY FOLEY



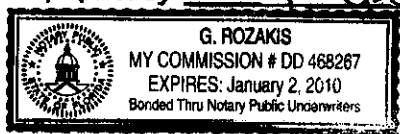
[Signature]
Printed: MONIQUE A-CARABALLO

STATE OF ~~FLORIDA~~ FLORIDA } SS:
COUNTY OF ~~DADE~~ DADE

Before me, a Notary Public in and for said County and State, personally appeared Loubertha Walls and _____ who acknowledged the execution of the foregoing Power of Attorney, and who, having been duly sworn, stated that any representations therein contained are true.

WITNESS my hand and Notarial seal, this 12 day of Jan, 06
Printed: Angela Rozakis Notary Public *[Signature]*

My Commission Expires: _____ My County of Residence: _____
This instrument was prepared by Fed N420520698030



DECLARATION

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

PREPARED FOR RECORDING BY
CHICAGO TITLE INSURANCE COMPANY

