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POWER OF ATTORNEY

MICHAEL A. BROWN
RECORDER

I, Sue Hall, Secy., of Lake County, State of Indiana, do hereby designate Robert Lavery of Lake County, State of Indiana, my true and lawful attorney in fact, or agent, to have the following powers:

(Select or add appropriate provision)

to make, draw and endorse promissory notes, checks or bills of exchange 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 contracts;

to purchase, sell, dispose of, assign and pledge notes, stocks, bonds and securities and to exercise such voting rights as my ownership of any notes, stocks, bonds and securities may entitle me, either in person or by proxy;

to represent me in all matters pertaining to the business of any corporation in which I may have any interest;

to receive and to demand all sums of money, debts, dues, accounts, bequests, interest, dividends, and demands whatsoever which are now or shall hereafter become due or payable to me and to compromise or discharge the same;

to bargain for, contract concerning, buy, sell, mortgage and in any and every way and manner deal with personal property of any kind or nature;

to execute and file tax returns;

to purchase, sell, mortgage, convey and lease any interest in real estate, wherever located, of which I may be owner now or hereafter;

Lot 10 in August Oaks Subdivision Unit 2, an Addition to the town of Cedar Lake, as per plat thereof, recorded in Plat Book 93, page 98,

in the office of the Recorder of Lake County, Indiana 24-232-10 (30)

and I hereby ratify and confirm all that my said attorney in fact or agent shall do by virtue hereof.

I hereby reserve the right of revocation; however, this Power of Attorney shall continue in full force and effect until:

(Select or add appropriate provision)

(A) I have executed and recorded in the Recorder's Office of the county of my domicile a written revocation hereof.

(B) The _____ day of _____

(C) _____

I further state that:

(Select or add appropriate provision)

(1) This Power of Attorney shall not be affected by my incapacity.

(2) This Power of Attorney shall become effective upon my incapacity.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 7th day of February, 2006.

X Sue Hall, Secy.
SUE HALL, Secy.

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Printed Signature

Before me, a Notary Public in and for said County and State, personally appeared Sue Hall, who acknowledged the execution of the foregoing Power of Attorney.

WITNESS my hand and Notarial Seal, this 7th day of February, 2006.

MY COMMISSION EXPIRES:

COUNTY OF RESIDENCE:

Philip J. Ignarski
Notary Public

THIS INSTRUMENT PREPARED BY: Sue Hall

DULY ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER

PHILIP J. IGNARSKI
Notary Public, State of Indiana
Lake County
My Commission Expires 07/17/06

FEB 10 2006

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PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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SS

Declaration

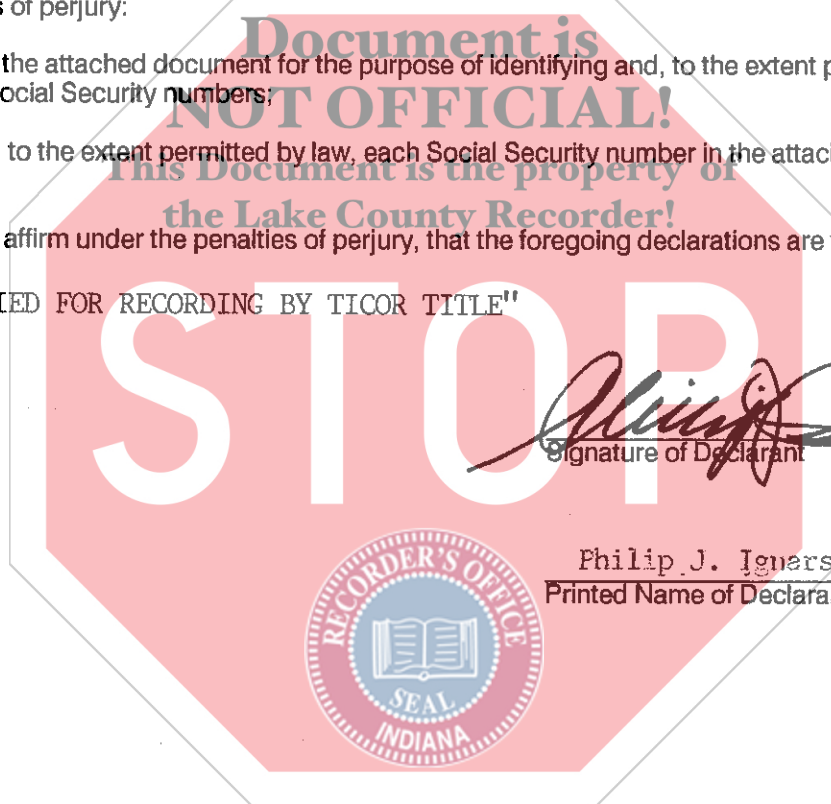
This form is to be signed by the preparer of a document and recorded with each document in accordance with IC 36-2-7.5-5(a).

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"



Philip J. Ignarski
Signature of Declarant

Philip J. Ignarski
Printed Name of Declarant