

**POWER OF ATTORNEY**

I (We) CLIFFORD RAY YOUNG

do hereby appoint and constitute: ANDREW BAILEY

of LAKE County, in the State of IN, my (our) attorney in fact with full power for me (us) in my (our) names(s) place and stead to do any and every act on my (our) behalf as fully as if I (we) were present in person, including, but not in any way in limitation of said attorney's absolute and full power, to do each and all of the following:

- 1. To accept delivery of deeds, execute promissory notes and mortgages, execute Truth-in-Lending Statements, Closing Statements and any and all documents required by the FHA or VA if applicable and any other documents or instruments required by the lender, all in connection with the purchase of certain real estate which is more specifically described as follows:

LOT 37 AND THE SOUTH 1/2 OF LOT 36, BLOCK 2, KELLEY-SEMMESS BOULEVARD HEIGHTS ADDITION TO GARY, AS SHOWN IN PLAT BOOK 9 PAGES 23, LAKE COUNTY, INDIANA.

- 2. To adjust, settle, compromise and arbitrate any claims, suits, or demands in favor of or against me (us) upon such terms as my (our) attorney may determine.

I (We) further give unto my (our) said attorney full power and authority in his absolute discretion to do and perform each and every act and thing whatsoever requisite, necessary, advisable or convenient to be done to fully carry out and perform all the powers herein granted to my (our) said attorney.

I (We) relieve all persons dealing with my (our) said attorney from seeing to the proper application of any money or other property received by my (our) said attorney on my (our) behalf.

This Power of Attorney shall not be affected by my (our) subsequent incompetence and shall expire July 01, 2006

*Clifford Ray Young*  
CLIFFORD RAY YOUNG

STATE OF INDIANA,  
COUNTY OF MARION

Before me, a Notary Public in and for the said County and State, personally appeared

CLIFFORD RAY YOUNG, known to me personally to be the individual(s) who executed and acknowledged the execution of the foregoing Power of Attorney as his (their) voluntary act and deed.

In Witness Whereof, I have hereunto affixed my signature and official seal this \_\_\_\_\_ day of \_\_\_\_\_

My commission expires:

May 01 2009

Signature *Joseph A. Rogauski*

Printed Joseph A Rogauski Notary Public

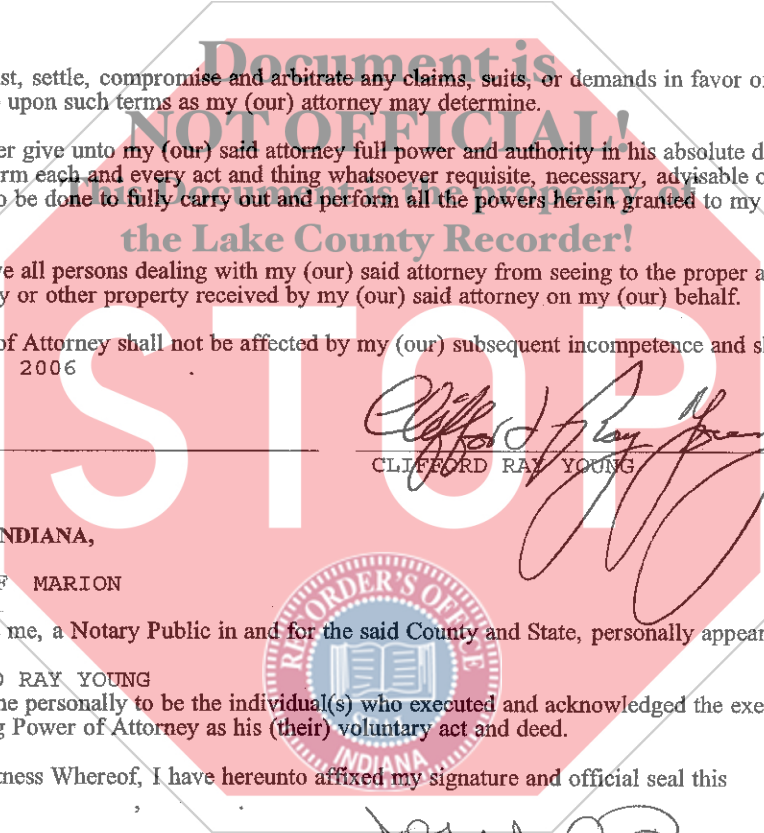
Residing in Lake County, Indiana

*This instrument prepared by: Dean Lopez, Attorney at Law - 155 E. Market #850, Indianapolis, In 46204*

2006 012467

2006 FEB 15 PM 1:28

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD



FILED

FEB 14 2006

REGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

-> Security Title

003198

#21594  
1200  
AB

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.

