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LAKE COUNTY  
FILED FOR RECORD

2006 015973

2006 FEB 28 PM 12:23

MICHAEL S. BROWN

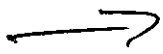
**LIMITED POWER OF ATTORNEY  
(REAL ESTATE)**

I/We, John C. Williams  
Lincoln County, State of TN being at least 18 years of age and mentally competent, do hereby  
designate Debra E. McCormack  
of DuPage County, State of IL as my true and lawful attorney-in-fact.

**I. POWERS AND PURPOSES**

The above named 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:

Fogg and Hammonds second addition, lot #4,  
Block 2, Hammond, IN Commonly known as  
936 State Street, Hammond, IN 46320



the address of such real estate is commonly known as 936 State Street Hammond, IN 46320  
(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 27 2006

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

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Cmm

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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 13th day of February, 2006

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 1st day of March, 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.

IN WITNESS WHEREOF, I/We have hereunto set my/our hand(s) and seal(s) this 17<sup>th</sup> day of Feb., 2006.

John C. Williams  
Printed: John C. Williams Printed: \_\_\_\_\_

STATE OF Tennessee } ss:  
COUNTY OF Lincoln

Before me, a Notary Public in and for said County and State, personally appeared John C. Williams 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 17<sup>th</sup> day of February, 2006  
Printed: Carol Durham Notary Public Carol Durham  
My Commission Expires: 12-28-08 My County of Residence: Lincoln  
This instrument was prepared by \_\_\_\_\_

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 number in attached document.
2. I have redacted, to the extent permitted by law, each Social Security number in the attached document.

I, undersigned, affirm under the penalties of perjury, that the foregoing declarations are true.



*Debra E. McCormack*  
Signature of Declarant

DEBRA E. MCCORMACK  
Printed Name of Declarant