LATE COUNT FILED FOR RECON

2006 015973

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## MICHAEL C ap LIMITED POWER OF ATTORNEY (REAL ESTATE)

i/We	John C. Wil		
Lincoln	County, State of TN	being at least 18 years of age and mentally	competent, do hereby
designate	Debra E.	McCormack	,
or <u>DuPage</u>	County, State of I L	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 \_ County, State § 30-5-5-2, pertaining to the transaction real estate described below, situated in Lake of Indiana:

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

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

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.

PEGGY HOLINGA KATONA
COUNTY AUDITOR

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## II. EFFECTIVE DATE AND TERMINATION

as of the date it is signed    XX   so of the   3th   day of   February   . 2006     upon the determination that I am disabled or incapacitated, or no longer capable of managing my effairs 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)	A. This power of automet shall be encoured toology appropriate processing
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  I pupon the	as of the date it is signed
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  IXXI upon the	xx as of the 13th day of February , 2006
Attorney.  C. This power of attorney shall terminate: (select appropriate provision)  upon my incapacity  XX 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 ent is the property of  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 I/I day of August Printed:  Tohn C. Williams  Printed:  Tohn C. Williams  Printed:  Tohn C. Williams  Printed:  WITNESS my hand and Notarial seal, this I/I day of I/I measure.  WITNESS my hand and Notarial seal, this I/I day of I/I measure.  Notary Public  Notary Public  My Commission Expires:  My County of Residence:  Tankanana.	prudently. My disability or incapacity, for this purpose, may be established by the certificate of a qualified physician
witten revocation hereof.  III. RATIFICATION AND INDEMNIFICATION ent is the property of  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 day of 1/2002.  Printed:  Tohn C. Williams  Printed:  STATE OF Tennessee   SS:  COUNTY OF Lincoln  Before me, a Notary Public in and for said County and States personally appeared John C. Williams who acknowledged the execution of the foregoing Power of Attorney, and who, having been duty sworn, stated that any representations therein contained are true.  WITNESS my hand and Notarial seal, this 1/2 day of 1/2002.  My County of Residence: 2/2802.  My County of Residence: 2/2802.  My County of Residence: 2/2802.	
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 ent is the property of  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	C. This power of attorney shall terminate: (select appropriate provision)
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 ent is the property of the Lake County and the property of the Lake County 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 day of 1/2002.  Printed: Tohn 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 who acknowledged the execution of the foregoing Power of Attorney, and who, having been duty sworn, stated that any representations therein contained are true.  WITNESS my hand and Notarial seal, this day of Language.  My County of Residence: Language.  My Commission Expires: 12-38-05 My County of Residence: Language.  My Commission Expires: 12-38-05 My County of Residence: Language.	upon my incapacity
III. RATIFICATION AND INDEMNIFICATION ent is the property of  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   Printed:  Tohn 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  who  acknowledged the execution of the foregoing Power of Attorney, and who, having been duty sworn, stated that any representations therein contained are true.  WITNESS my hand and Notarial seal, this day of James Duckey  Printed:  Ara   Notary Public   Ar	upon the 1st day of March, 2006
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	written revocation hereof. NOT OFFICIAL!
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 day of 1/200/20.  Printed:	I/We hereby ratify and confirm that all my attorney-in-fact shall do by virtue hereof. Further, I/We agree to indemnify
IN WITNESS WHEREOF, I/We have hereunto set my/our hand(s) and seal(s) this 17 day of table.  Printed:	and hold harmless any person who, in good faith, acts under this Power of Attorney or transacts business with my
Printed:	the 11
Printed:	2006
Before me, a Notary Public in and for said County and State, personally appeared John C. Williams and 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 day of Frinted:  Printed:  Notary Public  My County of Residence:  My County of Residence:  My County of Residence:	
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 Motarial seal, this day of January. 2006  Printed: Aral Quellan Notary Public and Quelland My Country of Residence: Lineary.	
Printed:	and
Printed:	
Printed:	representations therein contained are true.
This instrument was prepared by	My Commission Expires: 12-28-08 My County of Residence: Lin Bolin
	This instrument was prepared by

Prescribed by the State Board of Accounts (2005)

County form 170

## 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 herby 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.

Signature of Declarant

Printed Name of Declarant