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LIMITED POWER OF ATTORNEY

We, Kevin L. Ranke and Monica Price n/k/a Monica Ranke, of Lake County, State of Indiana, do hereby make, constitute and appoint Joseph Ranke, of 5901 Roosevelt Place, Merrillville, IN 46410, Lake County, our true and lawful ATTORNEY-IN-FACT, for us and in our name, place and stead to purchase, accept, sell, pledge, encumber, mortgage, convey, lease and otherwise deal in any interest in real property, including personal property incidental thereto, and to proceeds therefrom, wherever located, of which we may be owner or have any interest in, now or hereafter; to make and execute any and all contracts, notes, statements and other items of reference to said property and proceeds; and to receipt for and to disburse any and all funds and monies in connection therewith; and we do hereby ratify and confirm all that my ATTORNEY-IN-FACT shall do by virtue hereof. This power shall only apply to the following real property, commonly known as: 3341 Florida, Lake Station, IN 46405

Lots 5 and 6 in Block 1 in Johnson Park 1st Subdivision, as per plat thereof, recorded in Plat Book 21 page 1, in the Office of the Recorder of Lake County, Indiana.
Common address: 3341 Florida, Lake Station, IN 46405.

This Limited Power of Attorney shall commence on the date of execution thereof and shall expire upon the sale of the real estate herein described. This Limited Power of Attorney shall not be affected by incompetence of the principal.

IN WITNESS WHEREOF, We have hereunto set our hands and seals, this day of Feb., 2006.

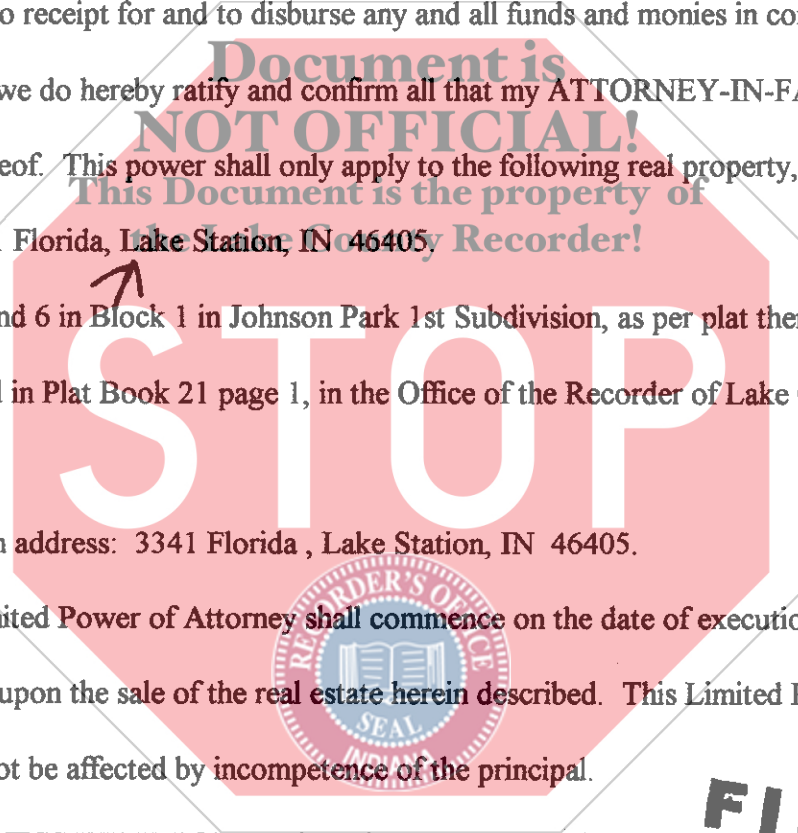
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PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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2006 MAR 1 PM 1:27
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD



Kevin Ranke

(Signature)

KEVIN RANKE

(Printed Name) SSN: 317-96-4290

Monica Ranke

(Signature)

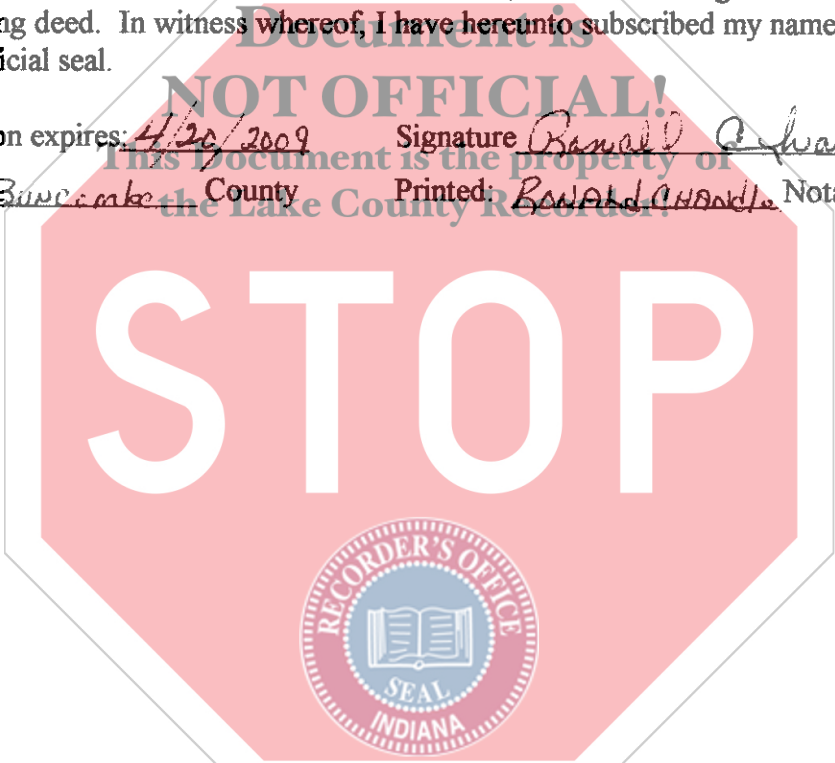
MONICA RANKE 308-86-9472

(Printed Name) SSN:

COUNTY OF LAKE STATE OF INDIANA

Before me, the undersigned, a Notary Public in and for said County and State, this 11 day of Feb., 2006 personally appeared: **KEVIN L. RANKE AND MONICA PRICE N/K/A MONICA RANKE**, and acknowledged the execution of the foregoing deed. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

My commission expires: 4/20/2009 Signature Ronald A. Handke
Resident of Buncombe County Printed: Ronald A. Handke Notary Public



This instrument prepared by: Ervin C. Carstensen, I. D. #3141-45
503 Main Street, Hobart, IN 46342

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.




Signature of Declarant

Shannel Mason
Printed Name of Declarant