

STATE OF INDIANA  
LAKE COUNTY  
**LIMITED POWER OF ATTORNEY**  
**Real Estate in Lake County, Indiana**  
2006 MAR -8 AM 9:52

2006 019186

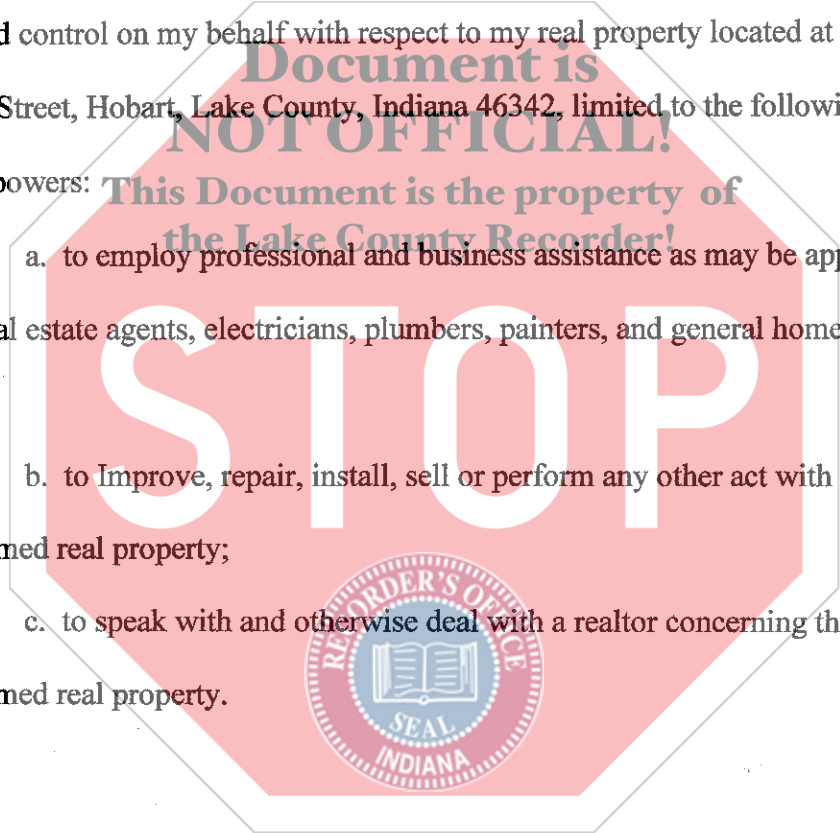
MICHAEL A. BROWN  
RECORDER

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I, Denny P. Romig, of 8850 South Zephyr Street, Littleton, Colorado, do hereby appoint Nickolas Gossert of 1890 Truman Street, City of Portage, Lake County, Indiana as my true and lawful Attorney-in-Fact ("Agent") for me, in my name, and on my behalf:

1. **Authority to Act:** The Agent, Nickolas Gossert, is authorized to act for me under this Power of Attorney as described herein.

2. **Powers of Agent.** The Agent, Nickolas Gossert, may act and exercise power, authority, and control on my behalf with respect to my real property located at 232 North Washington Street, Hobart, Lake County, Indiana 46342, limited to the following enumerated powers:

- a. to employ professional and business assistance as may be appropriate, including, real estate agents, electricians, plumbers, painters, and general home remodelers;
- b. to Improve, repair, install, sell or perform any other act with respect to the above named real property;
- c. to speak with and otherwise deal with a realtor concerning the sale of the above named real property.



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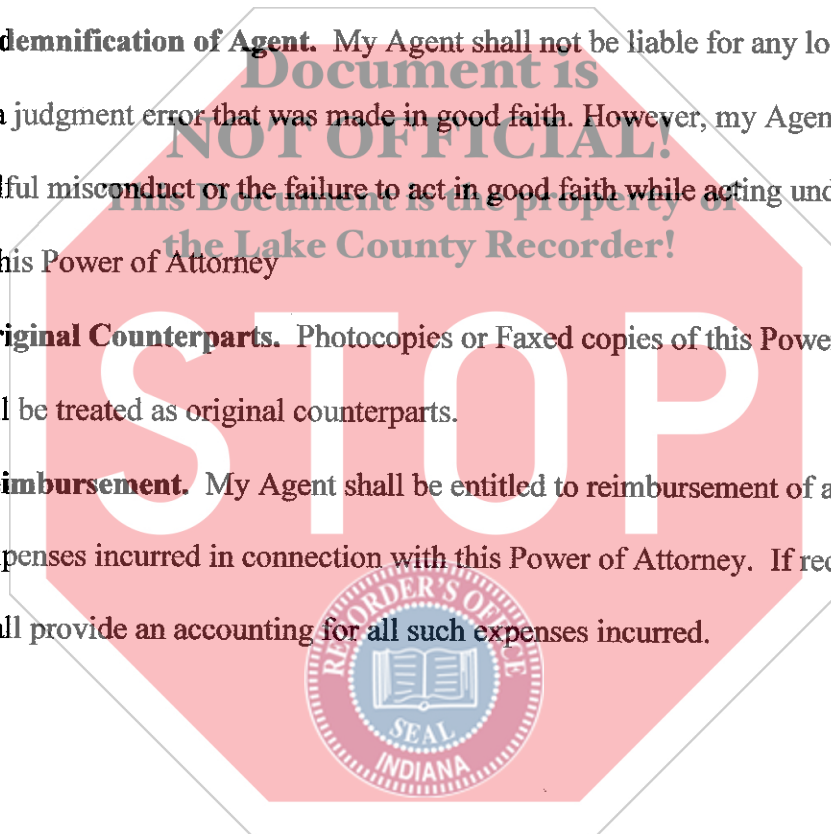
3. **Durability.** This Limited Power of Attorney shall expire upon the sale, and transfer of title, of the above named Lake County real property, or at an earlier date if revoked by me in writing, providing written notice to my Agent.

4. **Reliance by Third Parties.** I authorize my Agent to indemnify and hold harmless any third party who accepts and acts under this document. Third parties may rely upon the representations of the Agent as to all matters regarding powers granted to the Agent. No person who acts in reliance on the representations of the Agent or the authority granted under this Power of Attorney shall incur any liability to me or to my estate for permitting the Agent to exercise any power prior to actual knowledge that the Power of Attorney has been revoked or terminated by operation of law or otherwise.

5. **Indemnification of Agent.** My Agent shall not be liable for any loss that results from a judgment error that was made in good faith. However, my Agent shall be liable for willful misconduct or the failure to act in good faith while acting under the authority of this Power of Attorney

6. **Original Counterparts.** Photocopies or Faxed copies of this Power of Attorney shall be treated as original counterparts.

7. **Reimbursement.** My Agent shall be entitled to reimbursement of all reasonable expenses incurred in connection with this Power of Attorney. If requested, my Agent shall provide an accounting for all such expenses incurred.



This Power of Attorney shall become effective immediately and shall not be affected by my disability or lack of mental competence, except as may be provided otherwise by applicable state statute.

Dated : March 8, 2006 at 9:47 a.m.

Denny P. Romig  
Denny P. Romig (signature)

Denny P. Romig  
Denny P. Romig (Printed)

\_\_\_\_\_  
Witness (signature)

\_\_\_\_\_  
Witness (Printed name)

\_\_\_\_\_  
Witness (signature)

\_\_\_\_\_  
Witness (Printed name)

**Acknowledgment/Notary**

STATE OF INDIANA

COUNTY OF LAKE

The foregoing Limited Power of Attorney was acknowledged or signed and subscribed to before me this 8 day of March, 2006.

Barbara J. Bortoli  
Signature

Notary Public of Lake County, Indiana  
My commission expires: May 19, 2008

BARBARA J. BORTOLI  
Notary Public, State of Indiana  
County of Lake  
My Commission Expires 05/19/2008



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 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.



*Denny P. Romig*  
Signature of Declarant

Denny P. Romig  
Printed Name of Declarant