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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2006 020273

2006 MAR 10 AM 11:34

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MICHAEL J. BROWN
NOTARY PUBLIC

POWER OF ATTORNEY

I, Vicki J. Murphy, of Lake County, State of Indiana, do hereby designate Michael J. Murphy of Lake County, State of Indiana, my true and lawful attorney in fact, or agent, to have the following powers:

(Select or add appropriate provision)

to make, draw and endorse promissory notes, checks or bills of exchange 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 contracts;

to purchase, sell, dispose of, assign and pledge notes, stocks, bonds and securities and to exercise such voting rights as my ownership of any notes, stocks, bonds and securities may entitle me, either in person or by proxy;

to represent me in all matters pertaining to the business of any corporation in which I may have any interest;

to receive and to demand all sums of money, debts, dues, accounts, bequests, interest, dividends, and demands whatsoever which are now or shall hereafter become due or payable to me and to compromise or discharge the same;

to bargain for, contract concerning, buy, sell, mortgage and in any and every way and manner deal with personal property of any kind or nature;

to execute and file tax returns;

to purchase, sell, mortgage, convey and lease any interest in real estate, wherever located, of which I may be owner now or hereafter;

1463 Carriage Oaks Court
Dyer, IN 46311

and I hereby ratify and confirm all that my said attorney in fact or agent shall do by virtue hereof.

I hereby reserve the right of revocation; however, this Power of Attorney shall continue in full force and effect until:

(Select or add appropriate provision)

(A) I have executed and recorded in the Recorder's Office of the county of my domicile a written revocation hereof.

(B) The 21st day of October, 2005.

(C) _____

I further state that:

(Select or add appropriate provision)

(1) This Power of Attorney shall not be affected by my incapacity.

(2) This Power of Attorney shall become effective upon my incapacity.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 19th day of October, 2005

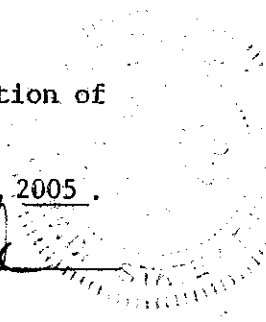
Vicki J. Murphy
Vicki J. Murphy
Printed Signature

STATE OF Indiana)
) SS:
COUNTY OF Lake)

Before me, a Notary Public in and for said County and State, personally appeared Vicki J. Murphy, who acknowledged the execution of the foregoing Power of Attorney.

WITNESS my hand and Notarial Seal, this 19th day of October, 2005.
MY COMMISSION EXPIRES:
COUNTY OF RESIDENCE:

Kimberly Pietraszak
Notary Public



THIS INSTRUMENT PREPARED BY: Cindy Jansky/Fifth Third Bank

Return To:
Vicki J. Murphy
1463 Carriage Oaks Ct.
Dyer, IN 46311

KIMBERLY J. PIETRASZAK
NOTARY PUBLIC
SEAL
STATE OF INDIANA - COUNTY OF JASPER
MY COMMISSION EXPIRES SEPT. 13, 2013

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cjm

Unit 1463, Carriage Oaks Townhome Condominiums, a Horizontal Property Regime, created by Declaration of Condominium recorded as Document No. 94047528 under date of June 29, 1994 and all amendments thereto including, but not limited to the Third Amendment recorded January 13, 1995 as Document No. 95002607, in the Office
Continued on next page.

Key # 14-247-10
1463 Carriage Oaks Ct.
Dyer, IN 46311



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.



Sarah J Pagel
Signature of Declarant

Sarah L Pagel
Printed Name of Declarant