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02/13/2006 10:29

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

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SPECIAL POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, that I/we,

BARBARA ANDERSON
RECORDED

have made, constituted and appointed and by these presents do make, constitute and appoint

PAUL ANDERSON

my/our true and lawful attorney for me/us and in my/our name, place and stead and for use and benefit to purchase the following described real property:

*615 E. 92ND PLACE
MERRILLVILLE, IN 46410*

Parcel Number: *08-15-0581-0029*

to sign, execute and deliver and acknowledge any and all documents necessary to purchase the above described property, including, but not limited to, the signing of real estate purchase contracts, HUD-1 forms, Affidavits, Closing Statements, Notes, Mortgages, or inspection reports.

Giving and granting unto my/our said attorney full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done in and about the premises as fully to all intents and purposes as I/we might or could do if personally present, hereby ratifying and confirming that my/our said attorney

PAUL ANDERSON

shall lawfully do or cause to be done by virtue of these presents.

This Power of Attorney shall not be affected by disability of the principal.

IN WITNESS WHEREOF, I/we have hereunto set my/our hand(s) this *13th* day of *FEBRUARY, 2006*

Signed and Acknowledged in the Presence of

Penny Hines *Barbara Anderson*
James Reddick

STATE OF *INDIANA*)
County of *LAKE*)

BE IT REMEMBERED, That on this *13th* day of *FEBRUARY*, before me, the subscriber, a Notary Public in and for said state, personally came *BARBARA ANDERSON* who acknowledged the signing thereof to be *HER* voluntary act and deed, for the purposes therein set forth.

IN TESTIMONY THEREOF, I have hereunto subscribed my name and affixed my official seal on the day and year last aforesaid.

Toni Mellon
Notary Public

This instrument was prepared by *Ron Stepp*
Architect's and Decorative Stamps

COMMUNITY TITLE COMPANY
FILE NO *233378*

TONI M. MELLON
Porter County
My Commission Expires
September 3, 2011

*\$12
cm
cm*

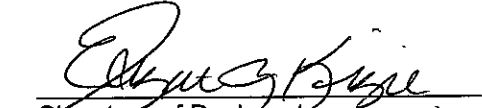
Declaration

This form is to be signed by the preparer/verifier of a document and recorded with each document in accordance with IC 36-2-7.5-5(a)

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

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


Signature of Declarant
ELIZABETH KINZIE
Printed Name of Declarant

