

Limited Power of Attorney

(with Durable Provision)

2006

NOTICE: THIS IS AN IMPORTANT DOCUMENT. BEFORE SIGNING THIS DOCUMENT, YOU SHOULD KNOW THESE IMPORTANT FACTS. THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON WHOM YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO PLEDGE, SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. YOU MAY SPECIFY THAT THESE POWERS WILL EXIST EVEN AFTER YOU BECOME DISABLED, INCAPACITATED OR INCOMPETENT. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL OR OTHER HEALTH CARE DECISIONS FOR YOU. IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

TO ALL PERSONS, be it known, that I, William Carter
of 121 E. 39th Ave, Gary, Indiana
as Principal, do hereby make and grant a limited and specific power of attorney to Kendra Boyd
of 4161 Jackson St. Gary, Indiana
and appoint and constitute said individual as my attorney-in-fact.

My named attorney-in-fact shall have full power and authority to undertake, commit and perform only the following acts on my behalf to the same extent as if I had done so personally; all with full power of substitution and revocation in the presence (Describe specific authority) Bessie Fields

The authority granted shall include such incidental acts as are reasonably required or necessary to carry out and perform the specific authorities and duties stated or contemplated herein.

My attorney-in-fact agrees to accept this appointment subject to its terms, and agrees to act and perform in said fiduciary capacity consistent with my best interests as my attorney-in-fact deems advisable, and I thereupon ratify all acts so carried out.

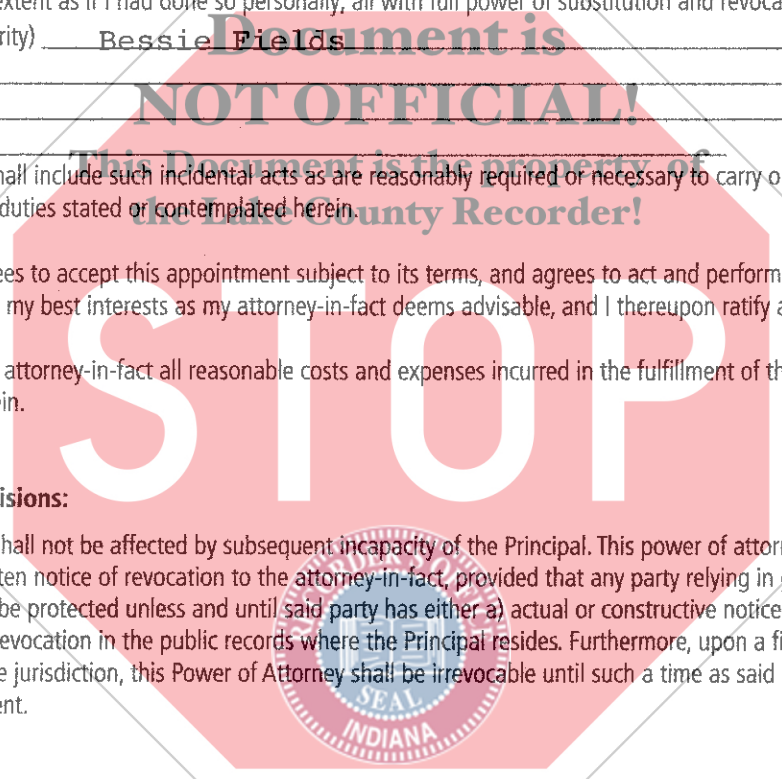
I agree to reimburse my attorney-in-fact all reasonable costs and expenses incurred in the fulfillment of the duties and responsibilities enumerated herein.

Special durable provisions:

This power of attorney shall not be affected by subsequent incapacity of the Principal. This power of attorney may be revoked by the Principal giving written notice of revocation to the attorney-in-fact, provided that any party relying in good faith upon this power of attorney shall be protected unless and until said party has either a) actual or constructive notice of revocation, or b) upon recording of said revocation in the public records where the Principal resides. Furthermore, upon a finding of incompetence by a court of appropriate jurisdiction, this Power of Attorney shall be irrevocable until such a time as said court determines that I am no longer incompetent.

Other terms: Kendra Boyd, Has power of attorney concerning all matters related to 121 E. 39th Ave up to and including any sales signature.

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2006 MAR 15 AM 10:06
MICHAEL A. BOGANN
RECORDER



FILED

MAR 15 2006

005656

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

14 DG
JAN 13 13497

Return to
INDIANA TITLE NETWORK COMPANY
325 NORTH MAIN 2634802-1
CROWN POINT, IN 46307
www.socrates.com

Signed under seal this 10 day of March, 2006.
Signed in the presence of:

Witness: _____ Principal: William Carter
William CARTER

Witness: _____

State of Indiana
County of Lake }

On March 10th, 2006 before me, Kendra Boyd and William Carter,
appeared _____
personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed
to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by
his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.
WITNESS my hand and official seal.

Signature: Laura L Schroeder
LAURA L. SCHROEDER

Affiant _____ Known _____ Produced ID _____
Type of ID _____ (Seal)

LAURA L. SCHROEDER
Notary Public
SEAL
State of Indiana
My Commission Expires September 7, 2012



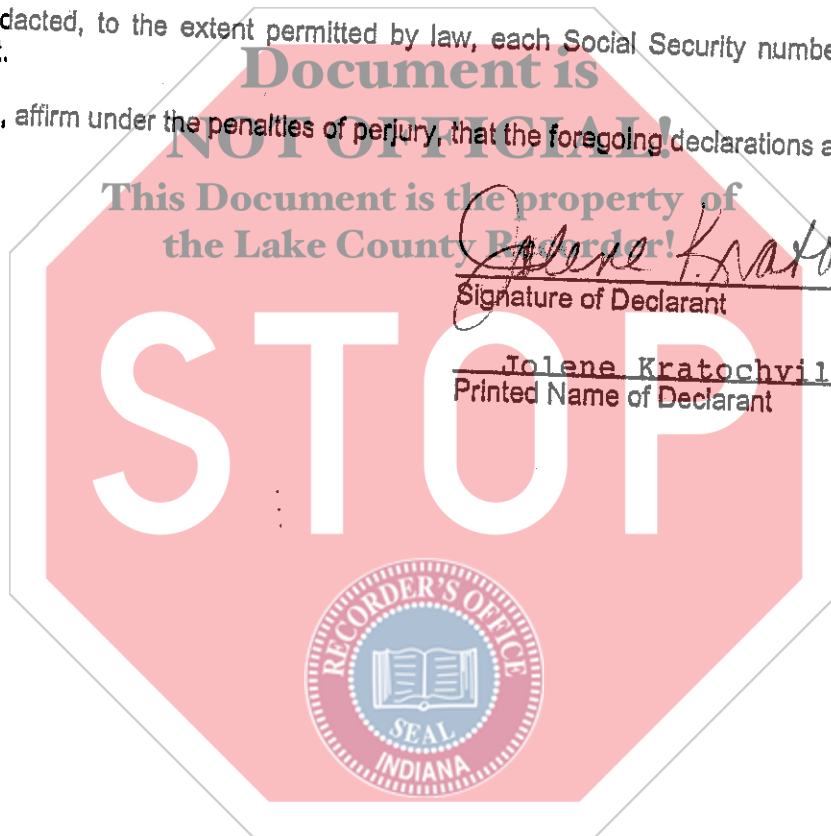
Declaration

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 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 foregoing declarations are true.



Document is
NOT OFFICIAL!
This Document is the property of
the Lake County Recorder!

Jolene Kratochvil
Signature of Declarant

Jolene Kratochvil
Printed Name of Declarant

