

4.

DURABLE POWER OF ATTORNEY

620061058

CHICAGO TITLE INSURANCE COMPANY

I, BILLIE J. MARTINO, of 3954 S. Lakeshore Drive, Crown Point, Lake County, Indiana, do hereby make and appoint LINDA J. GIBENS, of Lake County, Indiana, as my true and lawful attorney in fact, for me and in my name and stead, to deposit in or withdraw from all bank accounts standing in my name, individually or jointly, as Guardian or as Trustee or in any other fiduciary capacity; to endorse and cash any checks or other obligations payable to me; to make and execute any and all contracts; to sell and assign notes, bonds and other securities; to receive and to demand all sums of money and demands whatsoever, as are now or shall hereafter become due, payable or belonging to me; to compromise the same; to execute instruments to effect the transfer of title to any motor vehicle owned by me, to sell, mortgage, convey and lease any interest in real estate, or personal property, wherever located, of which I may be the owner or in which I have an interest, now or hereafter; to execute all instruments necessary in the furtherance thereof; to execute and file all tax returns and to pay such taxes; I grant to my said attorney in fact, free access to any safe deposit box I may have in any financial institution and to sign any instruments, necessary to gain admission thereto; to arrange for and to pay my medial, hospital and nursing expenses, including admission to hospitals and nursing homes, to consent or to reject medical treatment if I am unable to do so, and to make application for insurance and health benefits related thereto; and generally to transact any and all business for me of any kind whatsoever necessary or proper to be done in all matters affecting my business or myself; provided however, the authority of my attorney in fact shall not extend to the revocation or amendment of any will or trust created by me, the singular shall include the plural and vice versa.

For the purposes aforesaid, I hereby ratify and confirm all acts that my attorney in fact may do by virtue of this Power of Attorney, and shall not be affected by my subsequent disability or incapacity.

Reproduction of this executed original with reproduced signatures and certificates shall be deemed to be original counterparts of this Power of Attorney.

Specimen Signature of Attorney in Fact:


LINDA J. GIBENS



FILED

MAR 20 2006

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

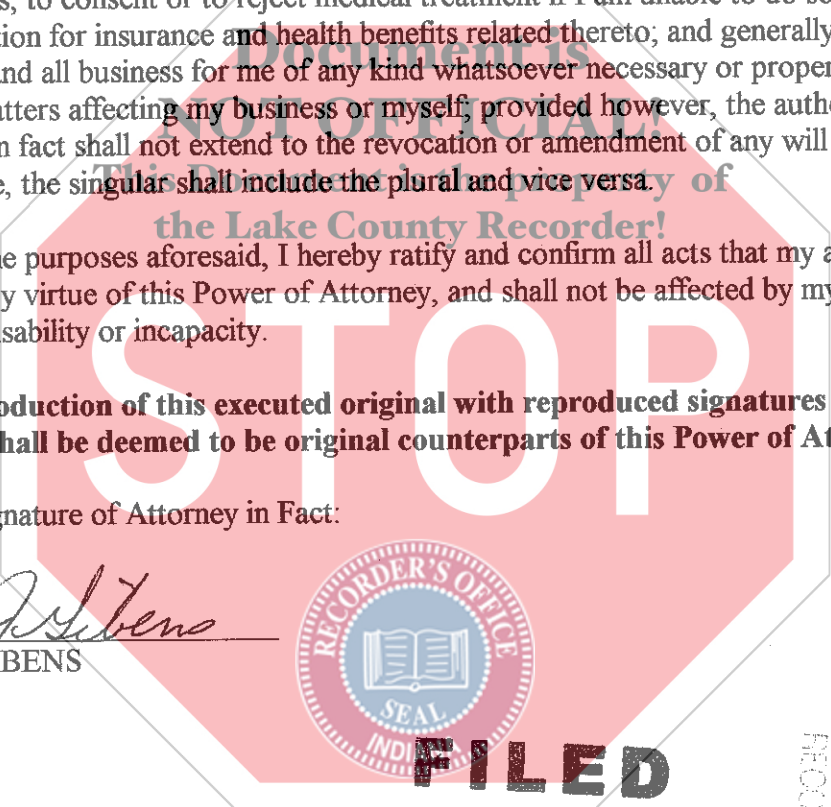
MICHAEL A. BROWN
RECORDER

2006 MAR 21 AM 9:27

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

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IN WITNESS WHEREOF, I have hereunder set my hand this 6th day of December, 2005, and I hereby certify to the correctness of the above specimen signature of my Attorney in Fact.

Billie J. Martino
BILLIE J. MARTINO

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

SUBSCRIBED AND SWORN to before me this 6th day of December, 2005.

My Commission Expires: December 21, 2012 Ashley E. Fedak
NOTARY PUBLIC

County of Residence: Lake

ASHLEY E. FEDAK
NOTARY PUBLIC, Lake County, Indiana
My Commission Expires December 21, 2012
Resident of Lake County, Indiana



No: 620061058

LEGAL DESCRIPTION

Lots 878 and 879, in Lakes of the Four Seasons, Unit No. 6, as per plat thereof, recorded in Plat Book 39, page 12, in the Office of the Recorder of Lake County, Indiana.



DECLARATION

I, the undersigned preparer of the attached document, in accordance with IC 36-2-7.5, do hereby affirm under 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.

