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**LIMITED POWER OF ATTORNEY
OF
ANDREW P. NYIRI**

2006 023453

**ARTICLE I
DESIGNATION OF AGENT**

I, ANDREW P. NYIRI, of Lake County, State of Indiana, being a mentally competent adult, do hereby designate and appoint BARRY W. PRUETT of Porter County, State of Indiana, as my true and lawful Attorney-in-Fact, hereinafter sometimes referred to as my Agent, giving my Agent full authority and power to act on my behalf as set out in Article III of this document.

**ARTICLE II
REVOCATION OF PRIOR POWERS**

I hereby revoke all powers of attorney, general or limited, heretofore granted by me as principal and terminate all agency relationships created under any such prior powers, including those of all successor agents named or contemplated therein, if any.

**ARTICLE III
POWER TO HANDLE LINE OF CREDIT TRANSACTION**

This Limited Power of Attorney shall be effective for the sole and specific purpose of closing of a certain line of credit on the property commonly known as 12313 Kingfisher Road, Crown Point, Indiana, 46307.

**ARTICLE IV
THIRD-PARTY RELIANCE**

No person who relies in good faith upon any representations by or authority of my Attorney-in-Fact shall be liable to me, my estate, my heirs, or assigns for recognizing such representations or authority.

**ARTICLE V
EFFECTIVE DATE AND TERMINATION**

This power of attorney shall be effective as of the date it is signed. Further, this power of attorney shall terminate on March 18, 2006.

**ARTICLE VI
MISCELLANEOUS PROVISIONS**

1. This limited power of attorney is intended to be valid and given full faith and credit in any jurisdiction or state in which it is presented.
2. My Attorney-in-Fact shall not be entitled to any compensation for services performed hereunder, but shall be entitled to reimbursement for all reasonable expenses incurred and paid, including transportation costs, as a result of carrying out any provisions of this instrument.
3. My Attorney-in-Fact, including his heirs, legatees, successors, assigns, personal

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representatives, and estate, acting in good faith hereunder, are hereby released and forever discharged from any and all liability (including civil, criminal, administrative, or disciplinary), and from all claims or demands of all kinds whatsoever by me or my heirs, legatees, successors, assigns, personal representatives, or estate, arising out of the acts or omissions of my Attorney-in-Fact, except for willful misconduct or gross negligence.

4. My Attorney-in-Fact is authorized to make photocopies of this instrument as frequently and in such quantity as he shall deem appropriate. Each photocopy shall have the same force and effect as any original.
5. If any part or provision of this instrument shall be invalid or unenforceable, such part or provision shall be ineffective to the extent of such invalidity or unenforceability only, without in any way affecting the remaining parts or provisions of this instrument.
6. This instrument, and actions taken by my Attorney-in-Fact properly authorized hereunder, shall be binding upon me, my heirs, successors, assigns, legatees, guardians, and personal representatives.

IN WITNESS WHEREOF, I have hereunto executed this Limited Power of Attorney this 16th day of March 2006.



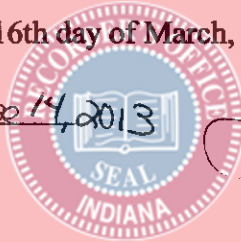
ANDREW P. NYIRI


STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared **ANDREW P. NYIRI** and acknowledged execution of the foregoing Limited Power of Attorney to be his voluntary act and deed.

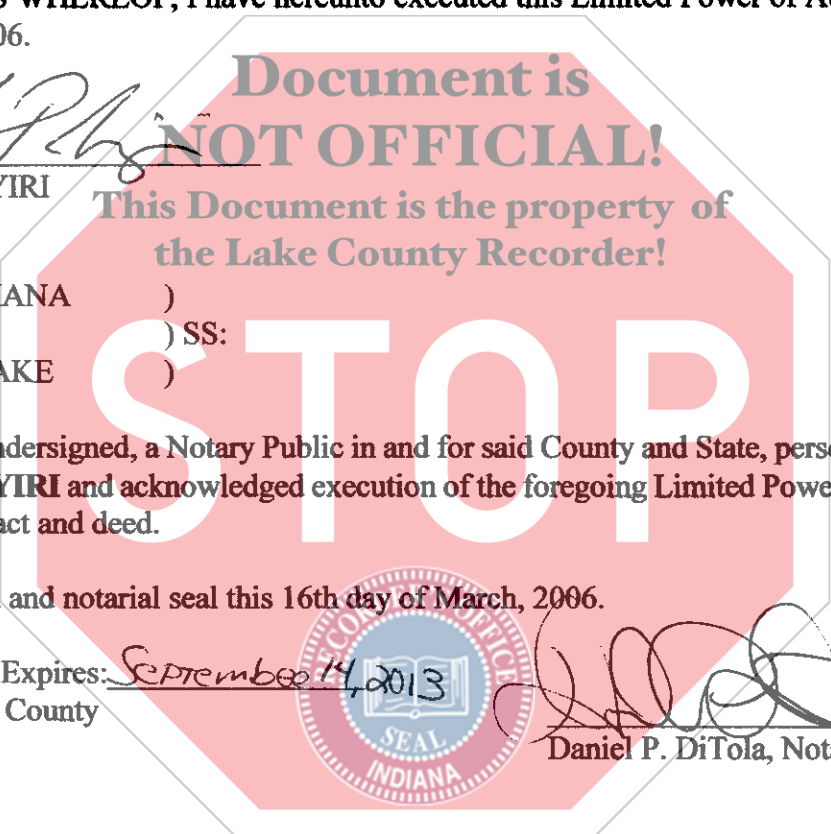
Witness my hand and notarial seal this 16th day of March, 2006.

My Commission Expires: September 14, 2013
Resident of Lake County





Daniel P. DiTola, Notary Public



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.

