

LIMITED POWER OF ATTORNEY

10384KOP

I, Linda K. Reptik of Lake County

Indiana do hereby make, constitute and appoint

Penny O'Neill of Lake County, Indiana

my true and lawful ATTORNEY-IN-FACT, for me and in my name, place and stead to purchase, accept, sell, pledge, encumber, mortgage, convey, lease and otherwise deal with any interest in real property, including personal property incidental thereto, and the proceeds therefrom, wherever located, of which I may be owner or have any interest in, now or hereafter, to make and execute any and all contracts, notes, mortgages, agreements, documents, deeds, affidavits, closing statements and other items in reference to said property and proceeds; and to receipt for and to disburse any and all funds and monies in connection therewith; and I do hereby ratify and confirm all that my ATTORNEY-IN-FACT shall do by virtue hereof. This power shall only apply to the following described real property: More commonly known as: N 85 ft of S. 825 E of E

125ft of SW. SW. S. 28T, 36 R. 7 Cont'g .244 A.

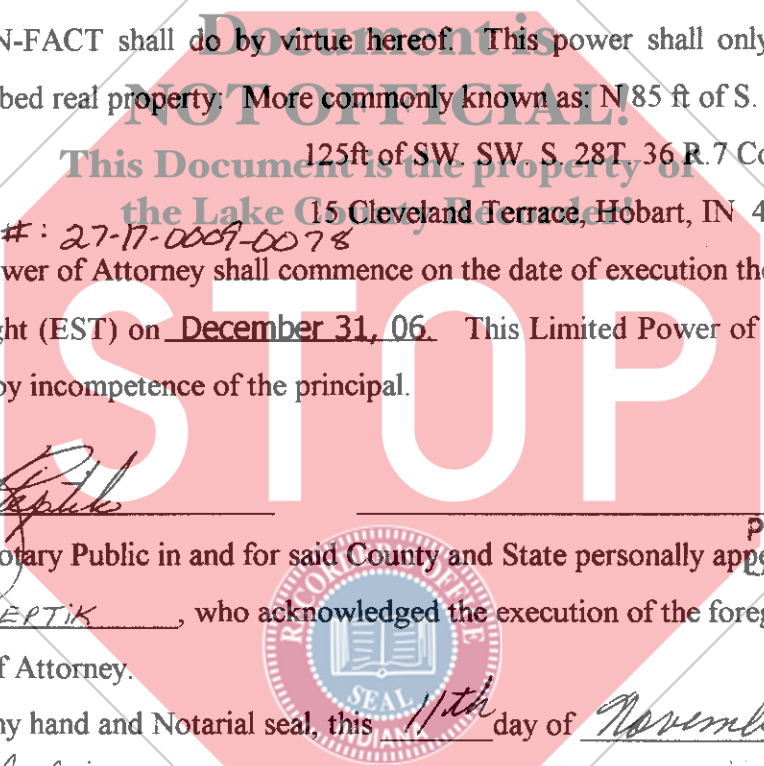
15 Cleveland Terrace, Hobart, IN 46342

Key #: 27-17-0009-0078

This Limited Power of Attorney shall commence on the date of execution thereof and shall expire at midnight (EST) on December 31, 06. This Limited Power of Attorney shall not be affected by incompetence of the principal.

2006 0228537

LAKE COUNTY
FILED FOR RECORD



FILED

MAR 22 2006

[Signature]

Before me, a Notary Public in and for said County and State personally appeared LINDA K REPTIK, who acknowledged the execution of the foregoing limited Power of Attorney.

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

WITNESS my hand and Notarial seal, this 11th day of November 2005

STATE OF Indiana
COUNTY OF Lake

[Signature]
Notary Public

My Commission Expires 9-28-2009

\$12
MT
Cm

HOLD FOR MERIDIAN TITLE CO
10384KOP

006140

Prescribed by the
State Board of Accounts
(2005)

County form 170

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.

"VERIFIED FOR RECORDING BY MERIDIAN TITLE"



Patricia A. Sullivan
Signature of Declarant

Patricia A. Sullivan
Printed Name of Declarant