Power of Attorney

Know All Men by These Presents, That Michael Braciak,

Steven Braciak and Stanley Braciak

have made, constituted and appointed, and by these presents do make, constitute and appoint Theodore S. Braciak true and lawful Attorney for Michael, Steven and and in Our name, place and stead Stanley Braciak

exclusively for the purpose of selling real estate. This Power is limited to the execution of any acceptances, Deeds, closing statements and other related documents and instruments, for the sale of real estate described as follows:

Lot numbered 28, in Block 10 as shown on the recorded plat of Junedale Subdivision, In the City of Gary recorded in plat Book 19 page 3 in the Office of the Recorder of Lake County, Indiana.

More commonly known as: 4784 Jefferson St.

Cary, IN 46408

2006 025270

This Document is the property of the Lake County Recorder!

MAR 2 8 2006

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

HOLD FOR MERIDIAN TITLE CO.

LAKE COUNTY AUDITOR

HOLD FOR MERIDIAN TITLE CO.

LAKE COUNTY AUDITOR

giving and granting unto Theodore S. Braciaksaid Attorney full power to do every act necessary to be done about the premises as fully as we might or could do if personally present, with full power of substitution and revocation, hereby ratifying and confirming all that Theodore S. Braciak said Attorney, or

	In Witness Whereo	f, The sa	aid				0000	4.0
ha	hereunto set	hand	and seal	this	da	ay of	0066	19
Signe	ed, sealed and delivered in	presence of		Michael Ster	l Br	-	<u> </u>	(Seal) (Seal)
E.				Steven Stanle	1. B	racial		(SEAL)
æL:		$\alpha \cdot \iota$	1 5	Scante	-	aciak 1/ / /i	1 1/ 1/1	,

instrument prepared by: Michael Braciak 644LKO6

M.D.

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

POWER OF ATTORNEY

5

Witness my hand and official seal. Witness my hand and official seal. Notary Public.	My Constitution expires.
TRACIAL TRACE TO THE EXECUTION OF THE FORESOING INSTRUMENT.	
Before me, the undersigned, a Notary Public in and for said County, this SM Lay of LOV JOSS 19 came day of SCHOLAK AND STANJEY	
County, ss:	STATE OF INDIANA,

Prescribed by the State Board of Accounts (2005) County form 170

Declaration

Document is

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 herby 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, reducting 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"

Signature of Declarant

Printed Name of Declarant