

| Limited Power of A (with Durable Provision) | ttorney |
|---|--|
| NOTICE: THIS IS AN IMPORTANT DOCUMENT. BEFOR THESE IMPORTANT FACTS. THE PURPOSE OF THIS POYOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO POWERS TO PLEDGE, SELL OR OTHERWISE DISPOSE ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. YOU EVEN AFTER YOU BECOME DISABLED, INCAPACITATE AUTHORIZE ANYONE TO MAKE MEDICAL OR OTHER ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDIT TO YOU. YOU MAY REVOKE THIS POWER OF ATTORIT | WER OF ATTORNEY IS TO GIVE THE PERSON WHOM TO HANDLE YOUR PROPERTY, WHICH MAY HICLUDE OF ANY REAL OR PERSONAL PROPERTY WITHOUT DU MAY SPECIFY THAT THESE POWERS WHIL EXIST DO OR INCOMPETENT. THIS DOCUMENT DOES NOT A HEALTH CARE DECISIONS FOR YOU. IF THERE IS DERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN |
| of 6846 Swain Trace, Talland as Principal, do hereby make and grant a limited and specific pow | er of attorney to Annie Maude BAVIS |
| of 1344 Monton St., Gary and appoint and constitute said individual as my attorney in-fact. | Indiana 46404 RS 5 DE |
| My named attorney-in-fact shall have full power and authority to my behalf to the same extent as if I had done so personally; all w (Describe specific authority) Sell of propert East Chicago Indiana 41 Signatures and decisions per | th full power of substitution and revocation in the presence: Sy at 1029 East 138 Places |
| The authority granted shall include such incidental acts as are reaspecific authorities and duties stated or contemplated herein. | sonably required or necessary to carry out and perform the |
| My attorney-in-fact agrees to accept this appointment subject to capacity consistent with my best interests as my attorney-in-fact of | its terms, and agrees to act and perform in said fiduciary deems advisable, and I thereupon ratify all acts so carried out. |
| I agree to reimburse my attorney-in-fact all reasonable costs and bilities enumerated herein. | exp <mark>enses incurred in</mark> the fulfillment of the duties and responsi- |
| Special durable provisions: | |
| This power of attorney shall not be affected by subsequent incapate the Principal giving written notice of revocation to the attorney-in power of attorney shall be protected unless and until said party hupon recording of said revocation in the public records where the by a court of appropriate jurisdiction, this Power of Attorney shall am no longer incompetent. | -fact, provided that any party relying in good faith upon this as either a) actual or constructive notice of revocation, or b) Principal resides. Furthermore, upon a finding of incompetence |
| Other terms: | FILED |
| | AUG 1 4 2006 |
| Beturn to | PEGGY HOLINGA KATONA |
| IDIANA TITLE ALETHADE | LAKE COUNTY AUDITOR |

I Sturn to INDIANA TITLE NETWORK COMPANY 325 NORTH MAIN 2 43 (2001 - 1 CRAMMORROWNT, IN 46307

Page 1 of 2

15247

© 2004, Socrates Media, LLC LF240-1 • Rev. 04/04

| Signed under seal this | _ day of | augus | <u>t </u> | , 20_ <i>C</i> | <u>.</u> . |
|--|--|--|---|--------------------------------------|----------------------------------|
| Witness: Sue mc Cong Witness: Grancio S. For | d | Principal! | Jethe Ju | man-T | homboi |
| State of | _ } | | | | |
| On | basis of satisfactine that he/she ex | tory evidence) to be ecuted the same in | the person whose r his/her authorized c | name is subscrib apacity, and the | ed It by |
| Signature: Suzanne E.N. SUZANNE & . Y. | | | Affiant Kr Type of ID | nownProv | O J duced ID |
| NC This Do | Co Bond | SUZANNE E. MCCO ry Public - State of I ommission Expres Mar mmission # DD 296 ed By National Notar | Fioricia 6, 2008 6815 y Assn. | | |
| I AFFIRM, UNDER THE PENALTIES FOR PERJURY, THAT I HAVE TAKEN REASONABLE CARE TO REDACT EACH SOCIAL SECURITY NUMBER IN THIS DOCUMENT, UNLESS REQUIRED BY LAW. | 1 V 2 2 | Hocher | der! | MICHARLA BROWN RECORDER | OF INULA E GOUNTA FOR RECO |
| | NO TO SERVICE OF THE PARTY OF T | RS OF THE STATE OF | | | |