

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2006 071197

POWER OF ATTORNEY 2006 AUG 15 AM 8:57

we Shawn J Boswell and Kimberly A. Boswell of Lake County, State of Indiana, do hereby designate Karen Justak of Lake County, State of Indiana, my true and lawful attorney in fact, or agent, to have the following powers:

- ~~to make, draw and endorse promissory notes, checks or bills of exchange and to waive demand, presentment, protest, notice of protest, and notice of non-payment of all such instruments;~~
 - ~~(to make and execute any and all contracts;)~~
 - ~~to purchase, sell, dispose of, assign and pledge notes, stocks, bonds and securities and to exercise such voting rights as my ownership of any notes, stocks, bonds and securities may entitle me, either in person or by proxy;~~
 - ~~to represent me in all matters pertaining to the business of any corporation in which I may have any interest;~~
 - ~~(to receive and to demand all sums of money, debts, dues, accounts, bequests, interest, dividends, and demands whatsoever which are now or shall hereafter become due or payable to me and to compromise or discharge the same;~~
 - ~~to bargain for, contract concerning, buy, sell, mortgage and in any and every way and manner deal with personal property of any kind or nature;~~
 - ~~to execute and file tax returns;~~
 - ~~(to purchase, sell, mortgage, convey and lease any interest in real estate, wherever located, of which I may be owner now or hereafter;)~~
- 14149 Butternut Street, Cedar Lake, In. 46303
24-132-66-012-30

and I hereby ratify and confirm all that my said attorney in fact or agent shall do by virtue hereof.

I hereby reserve the right of revocation; however, this Power of Attorney shall continue in full force and effect until:

- (A) I have executed and recorded in the Recorder's Office of the county of my domicile a written revocation hereof.
- (B) The _____ day of _____
- (C) _____

I further state that: (Select or add appropriate provision)
(1) This Power of Attorney shall not be affected by my incapacity.
(2) This Power of Attorney shall become effective upon my incapacity.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 8th day of August 2006

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

[Signatures]
Shawn J Boswell Kimberly A. Boswell
Printed Signature

Before me a Notary Public in and for said County and State, personally appeared Shawn J and Kimberly A. Boswell, who acknowledged the execution of the foregoing Power of Attorney.

WITNESS my hand and Notarial Seal, this 8th day of August, 2006.
MY COMMISSION EXPIRES: November 14, 2009
COUNTY OF RESIDENCE: Lake
Notary Public Karen Justak

THIS INSTRUMENT PREPARED BY: Shawn J. Boswell

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AUG 15 2006

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

15290

TOTAL P.009

07/28/2006 FRI 09:02 [TX/RX NO 6955] 009

"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." Chris Burk

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