

2006 073165

2006 AUG 22 AM 11:21

LIMITED POWER OF ATTORNEY
(SELLER)

MICHAEL A. BROWN
RECORDER

Know all men by these presents that William Graves Jr. and Ginamarie A. Gaudio-Graves, Husband and Wife as Tenants by the Entireties of adult age, do hereby make, constitute and appoint:

Casey Phelan, an adult person, to be our true and lawful attorney, for us and in our name, place and stead to do any and all of the following:

- 1. To bargain, agree, contract to sell, execute a Warranty Deed, complete such sale and to tender possession of all property real and personal located at and described as:

Lot Numbered 329 as shown on the recorded plat of Lakes of the Four Seasons Unit No. 2 recorded in Plat Book 37 page 76 in the Office of the Recorder of Lake County, Indiana.

K# 11-10-46-118

4127 Augusta Drive
Crown Point, Indiana 46307

The property described above shall include any personal property in connection therewith or any interest in such real or personal property upon such terms and conditions and under such covenants, our Attorney-in-Fact shall deem fit.

- 2. To enter into tax proration and escrow agreements in connection with such sale, upon such terms, our Attorney-in-Fact shall deem fit.
- 3. To sign and deliver and as necessary, to acknowledge and swear to closing statements, vendor's affidavits, private mortgage insurance affidavits, certificates, written statements and acknowledgments and all forms required or requested by any lender, or any governmental or private agency, firm or corporation insuring or guaranteeing repayment of such loan, or by any governmental agency, firm or corporation which may purchase said loan, our Attorney-in-fact shall deem fit.
- 4. To cause title insurance or other evidence of title to be issued insuring or certifying the status of the title to the real estate being purchased, as required by the purchaser and/or lender, by such title insurance underwriter for such amount and insuring such risks as our Attorney-in-Fact, shall deem fit.
- 5. To modify and amend all documents executed which our Attorney-in-Fact shall deem fit.
- 6. To appoint and authorize any other person or corporation to exercise the power and authority for and on behalf of our Attorney-in-Fact should our Attorney-in-Fact not be so available to exercise such power.
- 7. To perform all those functions and activities set out in I.C. 30-5-5-2 and I.C. 30-5-5-5.

This Power shall not be affected by our later disability or incompetence.

we give and grant to the said Attorney-in-Fact full power and authority to do and perform all and every act and thing requisite or proper to be done in the exercise of the rights and powers herein granted, as fully, to all intents and purposes, as we might or could do if personally present, with full power and substitution and revocation and with full authority to deal with the property as authorized above hereby ratifying and confirming all that the said Attorney-in-Fact, or his substitute, or substitutes, shall lawfully do or cause to be done by virtue of the authority granted herein.

Signed this 30th day of June, 2006

FILED

AUG 22 2006

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

State of New Jersey, County of Atlantic ss:

Before me, the undersigned, a Notary Public in and for said County and State aforesaid, on this 30th day of June, 2006, personally appeared William Graves Jr. and Ginamarie A. Gaudio-Graves, who acknowledged the execution of the foregoing Limited Power of Attorney to be a voluntary act and deed for the uses and purposes therein set forth.

2719LK06

HOLD FOR MERIDIAN TITLE CORP

016093

13
MT
20

WITNESS, my hand and Notarial Seal.

My Commission Expires: **MARY CONNORS**
NOTARY PUBLIC OF NEW JERSEY
Commission Expires 9/17/2009

Mary Connors
Signature of Notary Public

Printed Name of Notary Public
MARY CONNORS

Notary Public County and State of Residence
ATLANTIC, NEW JERSEY

This instrument was prepared by: **Debra A. Guy, Attorney-at-Law #24473-71.**
202 S. Michigan St., Ste. 1000, South Bend, IN 46601
27191k06 kd

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.

[Name] *William F. Davis* *Sharon L. Gaudin* *Heidi Hess*

NOTE: The individual's name in affirmation statement may be typed, hand written or a signature.

