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Chicago Title Insurance Company

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2006 SEP 25 AM 9: 37

MICHAEL A. BROWN
RECORDER

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NOTICE: USE OF THIS FORM CONSTITUTES THE
PRACTICE OF LAW AND IS LIMITED TO LICENSED ATTORNEYS

LIMITED POWER OF ATTORNEY (REAL ESTATE)

I/We, Chris W. Casey and Cherie J. Casey, Columbia County, State
Georgia
of Indiana, being at least 18 years of age and mentally competent, do hereby designate James W. Langen
of _____, of Lake County, State of Indiana, as my true and lawful attorney-in-fact.

I. POWERS AND PURPOSES

The above named attorney-in-fact shall have authority with respect to real property transactions pursuant to Ind.
Code §30-5-5-2, pertaining to the transaction real estate described below, situated in Lake County,
State of Indiana: Lot 1, in Fuller Island, as per plat thereof, recorded in Plat
Book 99 page 3, in the Office of the Recorder of Lake County
Indiana.



the address of such real estate is commonly known as 1177 W. 203rd Avenue, Lowell, IN 46356
(the "Real Estate") and shall be construed so as to effectuate this purpose. This authority shall include, by way of illustration
and not limitation, the power:

To make, draw and indorse promissory notes, checks or bills of exchange pertaining to the Real Estate 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 pertaining to the Real Estate;

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PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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To receive and to demand all sums of money, debts, dues, accounts, bequests, interest and demands pertaining to the Real Estate which are now or shall hereafter become due or payable to us and to compromise, settle or discharge the same;

To bargain for, contract concerning, buy, sell, encumber and in anyway and manner, deal with personal property located upon or pertaining to the Real Estate; and,

To execute any and all documentation necessary to effectuate the transactions described above, including, but not limited to, closing statements, instruments of conveyance and supporting documentation, certifications, acknowledgements, and like instruments.

II. EFFECTIVE DATE AND TERMINATION

A. This power of attorney shall be effective: *(select appropriate provision)*

as of the date it is signed

as of the _____ day of _____, 19____.

upon the determination that I am disabled or incapacitated, or no longer capable of managing my affairs prudently. My disability or incapacity, for this purpose, may be established by the certificate of a qualified physician stating that I am unable to manage my affairs.

B. My disability or incompetence *(select appropriate provision)*: *(shall)* *(shall not)* affect or terminate this Power of Attorney.

C. This power of attorney shall terminate: *(select appropriate provision)*

upon my incapacity

upon the _____ day of _____, 19____.

upon the execution and recordation with the Recorder's Office of the County where the Real Estate is located a written revocation hereof.

III. RATIFICATION AND INDEMNIFICATION

I/We hereby ratify and confirm all that my attorney-in-fact shall do by virtue hereof. Further, I/We agree to indemnify and hold harmless any person who, in good faith, acts under this Power of Attorney or transacts business with my attorney-in-fact in reliance upon this Power, without actual knowledge of its revocation.



IN WITNESS WHEREOF, I/We have hereunto set my/our hand(s) and seal(s) this 10th day of August, 11, 2006

Chris W. Casey

Printed: Chris W. Casey

Cherie J. Casey

Printed: Cherie J. Casey

STATE OF Georgia)
) SS:
COUNTY OF Columbia)

Before me, a Notary Public in and for said County and State, personally appeared Chris W. Casey
and Cherie J. Casey who acknowledged the execution of the foregoing Power of Attorney, and
who, having been duly sworn, stated that any representations therein contained are true.

WITNESS my hand and Notarial seal, this 10th day of August, 11, 2006

Harry B. Whitfield

Notary Signature
Printed: HARRY B. WHITFIELD, Notary Public

My Commission Expires: Notary Public, Richmond County, Georgia
My Commission Expires February 25, 2009

My County of Residence: Richmond

This instrument was prepared by Chris W. Casey, attorney at law.



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. Deb Lewis