

Document Prepared by	Cecilia Gates
Name:	Cecilia Gates
Address:	
Phone:	317-913-6124

**LIMITED POWER OF ATTORNEY FOR SALE OF REAL ESTATE**

KNOW ALL PERSONS BY THESE PRESENTS:

I, Barbara J Hilton ("Principal") maintaining an address at 7084 Hwy 124 Springfield, AR 72157 do hereby make and appoint Jacquelyn Gates ("Agent") maintaining an address at: 7132 Ash Ave Gary, IN 46403 my true and lawful attorney-in-fact for me and in my name, and in my behalf with full power to:

Sell or convey, upon such terms as my Agent shall deem appropriate, my interest in the real estate located at: 2211 Wisconsin Street, Gary, IN (Address of property) and legally described as (insert legal description or attach exhibit and write attached exhibit"):

STATE OF INDIANA  
 LAKE COUNTY  
 FILED FOR RECORD  
 2006 SEP 25 AM 11:33  
 MICHAEL A. PROWN  
 RECORDER

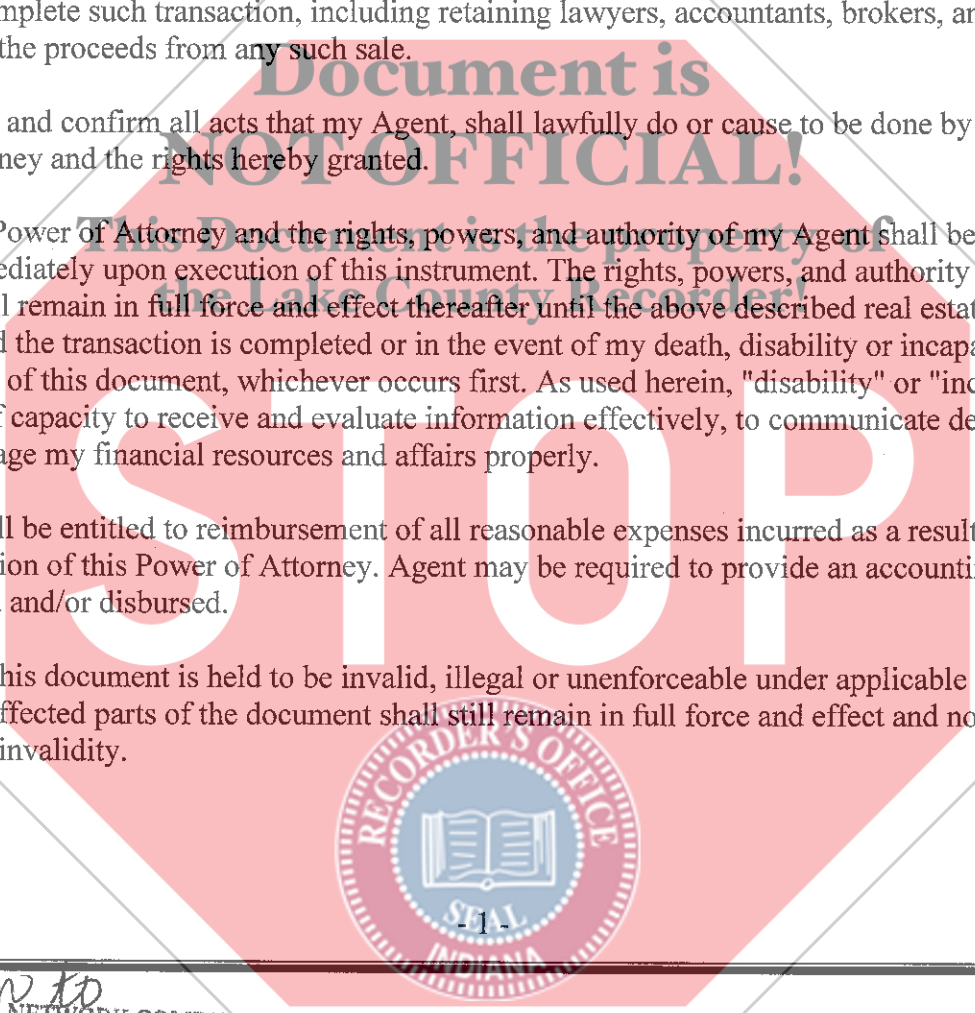
This limited power of attorney shall include the right to complete and execute any and all documents, instruments, warranties, releases or deeds necessary for such transaction and to do all other things required to complete such transaction, including retaining lawyers, accountants, brokers, and collecting and receiving the proceeds from any such sale.

I hereby ratify and confirm all acts that my Agent, shall lawfully do or cause to be done by virtue of this power of attorney and the rights hereby granted.

This Limited Power of Attorney and the rights, powers, and authority of my Agent shall become effective immediately upon execution of this instrument. The rights, powers, and authority of this document shall remain in full force and effect thereafter until the above described real estate is sold or transferred and the transaction is completed or in the event of my death, disability or incapacity, or upon my revocation of this document, whichever occurs first. As used herein, "disability" or "incapacity" shall mean a lack of capacity to receive and evaluate information effectively, to communicate decisions, and/or to manage my financial resources and affairs properly.

My Agent shall be entitled to reimbursement of all reasonable expenses incurred as a result of carrying out any provision of this Power of Attorney. Agent may be required to provide an accounting of all funds received and/or disbursed.

If any part of this document is held to be invalid, illegal or unenforceable under applicable law, then the remaining unaffected parts of the document shall still remain in full force and effect and not be affected by any partial invalidity.



Return to  
 INDIANA TITLE NETWORK COMPANY  
 325 NORTH MAIN 2436714-1  
 CROWN POINT, IN 46307

**FILED**

SEP 25 2006

PEGGY HOLINGA KATONA  
 LAKE COUNTY AUDITOR

018952

#14  
 CA  
 JEM  
 OK #4266

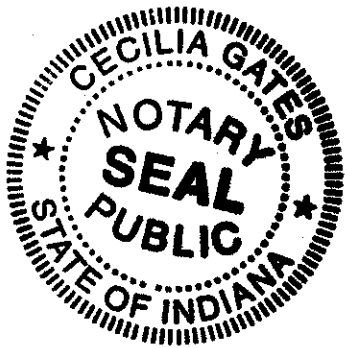
Any third party who receives a copy of this document may act under it. Revocation of the power of attorney is not effective as to a third party until the third party has actual knowledge of the revocation. I agree to indemnify the third party for any claims that arise against the third party because of reliance on this power of attorney.

Agent shall not be liable for losses resulting from judgment errors made in good faith. However, Agent will be liable for breach of fiduciary duty, failure to act in good faith and/or willful misconduct, while acting under the authority of this Power of Attorney.

I may revoke this Power of Attorney at any time by providing written notice to my Agent.

Signed on 8-19-06 (date), at Gary (city), Indiana.

Barbara J. Hilton  
Signature of Principal BARBARA J. HILTON



Witness Signature: Sholonda McPerson  
Name: Sholonda McPerson  
City: Gary  
State: IN

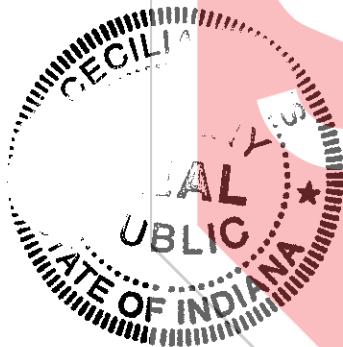
Witness Signature: Erica Lige  
Name: Erica Lige  
City: Gary  
State: IN

State of INDIANA  
County of Lake

**Document is NOT OFFICIAL!**

This Document is the property of the Lake County Recorder.

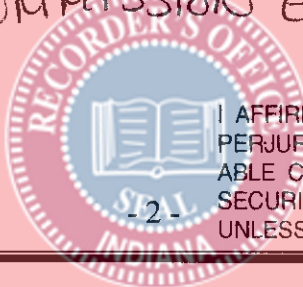
The foregoing instrument was acknowledged before me this 19 day of August, 2006 by BARBARA HILTON (name of Principal), who is personally known to me or who has produced AR Driver Lic. as identification.



Cecilia Gates  
Signature of person taking acknowledgment (Notary Public)

Cecilia Gates  
Name typed, printed, or stamped

COMMISSION EX. 06/14/2010



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.

[Signature]