

LIMITED POWER OF ATTORNEY

BE IT KNOWN, that I, ROBERTA L. ROLLINS, reside at 2800 S Syracuse Way #5 #103, Denver, CO 80231, have made and appointed, and by these presents does make and appoint WILLIAM RANDALL who resides at 5495 Clubhouse Dr, Las Vegas, NV 89142, my true and lawful attorney for the following specific and limited purposes only:

Each and all the powers herein granted shall be exercised by said Attorney to the following described property only:

2370 W 20th Ave
Gary, IN 46404-3013

Giving and granting said attorney, full power and authority to do and perform and every act and thing whatsoever necessary to be done in and about the specific and limited premises (set out herein) as fully, to all intents and purposes, as might or could be done if personally present, with full power of substitution and revocation, hereby ratifying and confirming all that said attorney shall lawfully do or cause to be done by virtue hereof.

DATE AND SIGNATURE OF PRINCIPAL

I sign my name to this Statutory Form Durable Limited Power of Attorney on

5/5/06 at DENVER Colorado
(Date) (City) (State)

ROBERTA L. ROLLINS
(ROBERTA L. ROLLINS)

(This Power of Attorney will not be valid unless it is signed by two qualified witnesses who are present when you sign or acknowledge your signature. If you have attached any additional pages to this form, you must date and sign each of the additional pages at the same time you date and sign this Power of Attorney.)

STATEMENT OF WITNESSES

(This document must be witnessed by two qualified adult witnesses. None of the following may be used as a witness: (1) a person you designate as your agent or alternate agent, (2) a health care provider, (3) an employee of a health care provider, (4) the operator of a community care facility, (5) an employee of an operator of a community care facility, (6) your spouse, or (7) your lawful heirs or beneficiaries named in your will or a deed. At least one of the witnesses must make the additional declaration set out following the place where the witnesses sign.)

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2006 DEC 13 AM 9:02

MICHAEL A. BROWN
RECORDER

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

FILED
DEC 11 2006

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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I declare under penalty of perjury under the laws of Colorado that the person who signed or acknowledged this document is personally known to me (or proved to me on the basis of convincing evidence) to be the principal, that the principal signed or acknowledged this durable power of attorney in my presence, that the principal appears to be of sound mind and under no duress, fraud, or undue influence, that I am not the person appointed as attorney in fact by this document, and that I am not a health care provider, an employee of a health care provider, the operator of a community care facility, an employee of an operator of a community care facility, my spouse, or my lawful heirs or beneficiaries named in a Will or deed.

Signature: [Handwritten Signature]
Print name: TRUDE BERSHOT
Date: 5-5-06 Residence address: 2705 S. Molene St Aurora, CO. 80014

Signature: [Handwritten Signature]
Print name: Marie G. Devinnis
Date: 5/5/06 Residence address: 4105 Lazy K Drive Castle Rock Co, 80104

(At least one of the above witnesses must also sign)

I further declare under penalty of perjury under the laws of Colorado that I am not related to the principal by blood, marriage, or adoption, and, to the best of my knowledge, I am not entitled to any part of the estate of the principal upon the death of the principal under a will now existing or by operation of law.

Signature: [Handwritten Signature]
Signature: [Handwritten Signature]

State of COLORADO
County of DENVER

On this 5th day of May 2006 before me personally appeared **ROBERTA L. ROLLINS** to me known (or proved to me on basis of satisfactory evidence) to be the person whose name is subscribed to this instrument, and acknowledged that he/she executed it. I declare under penalty of perjury that the person whose name is subscribed to this instrument appears to be of sound mind and under no duress, fraud or undue influence.

Notary Jill B. Svenson

Print Name of Notary: Jill B. Svenson

My Commission Expires: 2/17/07

