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POWER OF ATTORNEY

I, MARY LOU KALAFATIS (grantor of power), hereby constitute and appoint MENAS E. LITOS (grantee of power) as my attorney-in-fact, to sign as an agent for closing on my property located at 9611 Acorn Dr. St. John, Indiana 46373

HIDDEN OAK SE STATES TO TOWN OF ST. JOHN L. 2 LOT 2

GRANTOR OF POWER: YOU MUST INDICATE BELOW WHETHER OR NOT THIS POWER OF ATTORNEY WILL BE EFFECTIVE IF YOU BECOME INCOMPETENT. MAKE A CHECK OR "X" ON THE LINE IN FRONT OF THE STATEMENT BELOW THAT EXPRESSES YOUR INTENT.

22-12-0062-0002

This is a durable power of attorney and it shall continue to be effective if I become incompetent. It shall not be affected by my later disability or incompetency.

This power of attorney shall not be effective if I become incompetent.

2006 109262

THE PARTIES SIGNING BELOW AGREE TO THE TERMS AND CONDITIONS CONTAINED ON PAGES 1 AND 2 OF THIS AGREEMENT.

The undersigned agree to the terms and conditions contained on pages 1 and 2 of this agreement.

Signature of Grantor Mary Lou Kalafatis

Date 7-24-05

Signature of Grantee [Signature]

Date 7/23/2005

ACKNOWLEDGEMENT:

This Document is the property of the Lake County Recorder!

Printed Name MENAS E. LITOS Applicants Signature [Signature]

Subscribed and sworn to before me this 23 day of July 2005

[Signature]
Notary Public
Lake County Resident
My Commission Expires Apr 27, 2013

REVOCAION

Do not use this part of the form unless there is intent to revoke (cancel) the Power of Attorney granted above.

REVOCAION:

I hereby revoke (cancel) the herein Power of Attorney as of (date) _____

Signed (grantor of power) _____

Grantor signed revocation in the presence of _____ an authorized representative of the above Financial Institution.

NOTE: If a written revocation notice (other than above) was received, the source was _____ and was accepted by _____

FILED

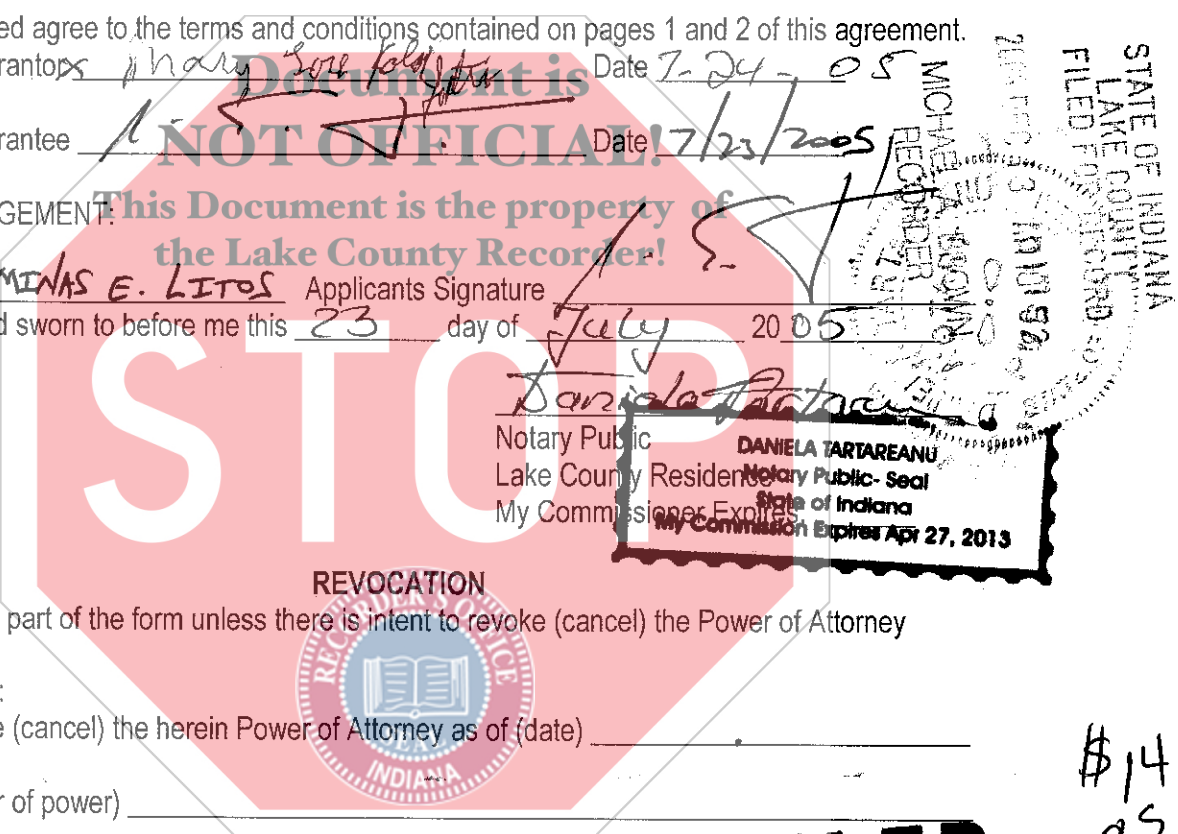
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PEGGY HOLINGA KATON
LAKE COUNTY AUDITOR

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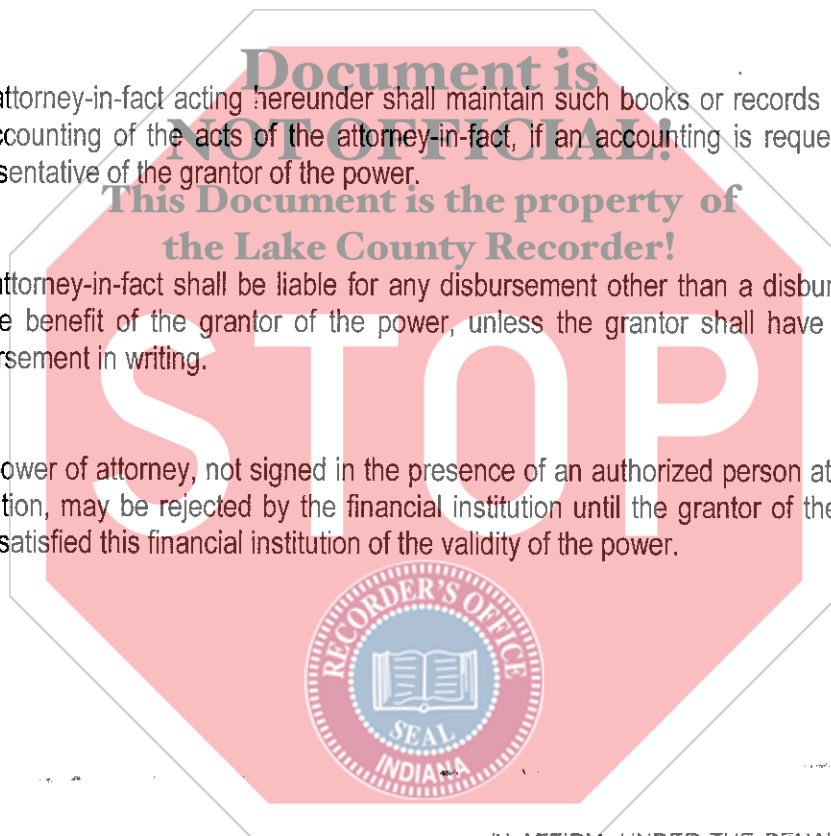
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NOTE: Financial Institution should file this document with the signature card of the person granting the power. Grantor and grantee of Power of Attorney may each want a copy of this document.

TERMS AND CONDITION OF THIS POWER OF ATTORNEY

1. The power so granted shall continue as between the grantor and grantee of the power until the earlier to happen of the following: (a) revocation by the grantor of the power, (b) termination of the account(s), which the grantee has power of attorney over, (c) death of the grantor of the power, or (d) appointment of a guardian of the estate of the grantor of the power. The power will also terminate if the grantor becomes incompetent unless the grantor has indicated on page 1 of this document intent that the power remain effective even if the grantor becomes incompetent or disabled.
2. The financial institution may rely upon the validity of this Power of Attorney and shall be held harmless from doing so, until written notice is received by this financial institution as to any of the events of termination of the power. Grantee of the Power of Attorney must notify this financial institution of any information that they have that would cause the power to terminate (such as the death of the grantor) as soon as possible after learning that information.
3. The attorney-in-fact acting hereunder shall maintain such books or records as will permit an accounting of the acts of the attorney-in-fact, if an accounting is requested by legal representative of the grantor of the power.
4. The attorney-in-fact shall be liable for any disbursement other than a disbursement to or for the benefit of the grantor of the power, unless the grantor shall have authorized a disbursement in writing.
5. Any power of attorney, not signed in the presence of an authorized person at this financial institution, may be rejected by the financial institution until the grantor of the power shall have satisfied this financial institution of the validity of the power.



"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."

PREPARED BY: _____