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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2006 114426

2006 DEC 29 AM 11:00

NOTARIAL SEAL  
3003-PD-1

**LIMITED POWER OF ATTORNEY  
(SELLER)**

Know all men by these presents that Latanya Taylor of adult age, do hereby make, constitute and appoint:

**Jeffery Taylor**, an adult person, to be my true and lawful attorney, for me and in my 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 19 in Block 7 as shown on the recorded plat of Maywood Addition to Hammond recorded in Plat book 11 page 32 in the Office of the Recorder of Lake County, Indiana.

1115 Eaton Street  
Hammond, Indiana 46320

K# 26-35-59-19

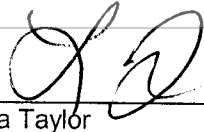
The property described above shall include any personal property in connection therewith or any interest in such real or personal property upon such terms and conditions and under such covenants, my Attorney-in-Fact shall deem fit.

2. To enter into tax proration and escrow agreements in connection with such sale, upon such terms, my 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, my 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 my Attorney-in-Fact, shall deem fit.
5. To modify and amend all documents executed which my 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 my Attorney-in-Fact should my 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 my later disability or incompetence.

I 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 13th day of December, 2006

  
\_\_\_\_\_  
Latanya Taylor

**FILED**

DEC 28 2006

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

Illinois  
State of Indiana, County of Lake ss:

Before me, the undersigned, a Notary Public in and for said County and State aforesaid, on this 13th day of December, 2006, personally appeared Jeffery Taylor and Latanya Taylor, 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.

WITNESS, my hand and Notarial Seal.

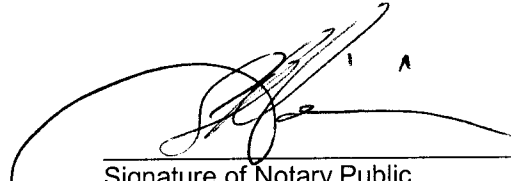
4154K06-SH

**HOLD FOR MERIDIAN TITLE CORP**

4154K06 026402

13  
MT  
SD

My Commission Expires: May 10, 2008

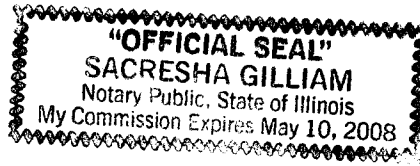
  
Signature of Notary Public

Printed Name of Notary Public

SACRESHA GILLIAM

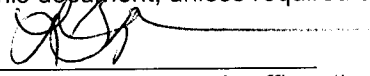
Notary Public County and State of Residence

COOK / IL



This instrument was prepared by: Debra A. Guy, Attorney-at-Law #24473-71.  
202 S. Michigan St., Ste. 1000, South Bend, IN 46601  
4154LK06 iw

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] 

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

