STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

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SPECIAL POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, that I/we, Douglas J. Arndt

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have made, constituted and appointed and by these presents do make, constitute and appoint Pam Schnoor

my/our true and lawful attorney for me/us and in my/our name, place and stead and for use and benefit to convey the following described real property:

Lot 65 in Resubdivision of Castlewood Unit 1, an Addition to the Town of Dyer, as per plat thereof, recorded in Plat Book 51 page 30, and amended by Certificate of Correction recorded December 4, 1979 as Document No. 562652, in the Office of the Recorder of Lake County, Indiana.

Parcel Number: 12-14-173-65

to sign, execute and deliver and acknowledge any and all documents necessary to convey the above described property, including, but not limited to, the signing of real estate purchase contracts, HUD-1 forms, Affidavits, Closing Statements, Mortgage Insurance Guaranty Forms, Deeds, or inspection reports.

Giving and granting unto my/our said attorney full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done in and about the premises as fully to all intents and purposes as I /we might or could do if personally present, hereby ratifying and confirming that my/our said attorney Pam Schnoor

shall lawfully do or cause to be done by virtue of these presents.

This Power of Attorney shall not be affected by disability of the principals.

IN WITNESS WHEREOF, I/we have hereunto set my/our hand(s) this 28 day of March, 2007

Signed and Acknowledged In the I	Presence of:			
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A Much Con	-Witness-	Douglas J. Arndt		
	-Witness-			
STATE OF Flurida	}		ROBE MY COMMI	RT MILANIAN SSION # DD 455858

County of S+Johns

County of O

BE IT REMEMBERED, That on this 28 day of Access 2007 before me, the subscriber, a Notary Public in and for said state, personally came Douglas J. Arndt

who acknowledged the signing thereof to be his voluntary act and deed, for the purposes therein setforth.

IN TESTIMONY THEREOF, I have hereunto subscribed my name and affixed my official seal on the day and year last aforesaid.

Notary Public

This Instrument was prepared by Joseph Skozen Attorney-at-Law #358-45

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.

Auditor's and Recorder's Stamps

CA

APR 17 2007

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