## **POWER OF ATTORNEY**

BY THIS POWER OF ATTORNEY, I, **LINDA HUBBARD**, name an Attorney-in-Fact with power to act on my behalf pursuant to Indiana Code Title 30 Article 5 as it exists now and is amended in the future. I hereby revoke any powers of attorney executed by me prior to the date of this Power of Attorney. Indiana Code is hereinafter referred to as "IC".

- 1. As my attorney-in-fact, I name **FRED BOSWINKLE**, whose address and telephone number as of this date are: 6715 Colorado Avenue, Hammond, Indiana (219) 743-2451.
  - 2. My attorney-in-fact shall only be liable for actions undertaken in bad faith.
  - 3. This Power of Attorney shall be effective as of the date I have signed it.
- 4. I give to my attorney-in-fact, the powers specified in this section to be used on my behalf:

Specifically I give my attorney-in-fact authority with respect to:

Real estate property transactions pursuant to IC 30-5-5-2. This document is mintended to allow my above-named Attorney-in-Fact to execute such documents agare mecessary to consummate the sale of the following real estate:

All of the following described tract except the North 132 feet thereof. Lot 16, except the East 10 feet thereof, and all of Lots 17, 18, 19, and 20 in Block 3 in Clineway Addition to Hammond, as per plat thereof, recorded in Plat Book 20 page 30, in the Office of the Recorder of Lake County, Indiana; together with the vacated 20 foot alley lying North of said lots, and together with the North 7 feet of vacated 165th Street (Summer Boulevard) adjoining the South side of said lots.

Commonly known as 6443 Rhode Island Ave., Hammand, IN

to Jason Winquist and Anna Winquist pursuant to the terms of a Burchast Agreement dated February 2, 2007. This authority shall include, by was of illustration and not limitation, the power:

PEGGY HOLINGA KATONA

To execute any and all documentation necessary Ab Effectuate the transaction described above, including, but not limited to, Deeds, contracts, listing agreements, closing statements, instruments of conveyance and supporting documentation, certifications, acknowledgments, and like instruments.

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- 5. I hereby ratify and confirm all that my attorney-in-fact shall do by virtue hereof. Further, I agree to indemnify and hold harmless any person who, in good faith, acts under this Power of Attorney or transacts business with my attorney-in-fact in reliance upon this Power, without actual knowledge of its revocation.
- 6. Without regard to my mental or physical condition, this Power of Attorney shall continue in effect until revoked or until my death, whichever occurs first.

Dated this 231d day of March, 2007.

LINDA HUBBARD

STATE OF INDIANA

COUNTY OF LAKE

Document is

The undersigned, a Notary Public, residing in Lake County, Indiana certifies and witnesses that the above-signed, personally known to me to be the same person whose name is subscribed to this instrument, appeared before me in person and acknowledged the signature and delivered the instrument as a free and voluntary act, for the uses and purposes named in the instrument.

Dated: 3-23-2007

Notary Public

County of Residence - Lake

"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." Chris Burk

This document prepared by Attorney Thomas D. Ryan, 4704 Indianapolis Blvd., East Chicago, IN 46312 ~ Telephone 219-397-4000