

LIMITED POWER OF ATTORNEY
(REAL ESTATE)

2007 04 11 58

I, **Judy A. Herman of Lake County, State of IN**, being at least 18 years of age and mentally competent, do hereby designate

J

JUDY MILBURN
of Lake County, State of IN, as my true and lawful attorney-in-fact.

I. POWERS AND PURPOSES

The above named attorney-in-fact shall have authority with respect to real property transactions pursuant to Ind. Code S 30-5-5-2, pertaining to the transaction of the real estate described below, situated in Lake County, State of IN:

LOT 16 IN HAVENWOOD UNIT 2, AN ADDITION TO THE TOWN OF CEDAR LAKE, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 78 PAGE 84, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

(30) 24-193-5

the address of such real estate is commonly known as 12617 Meadowlark Lane . (the "Real Estate") and shall be construed so as to effectuate this purpose. This authority shall include, by way if illustration and not limitation, the power:

To make, draw, and endorse promissory notes, checks or bills of exchange pertaining to the Real Estate and to waive demand, presentment, protest, notice of protest, and notice of non-payment of all such instruments;

To make and execute any and all contract pertaining to the Real Estate;

To receive and to demand all sums of money, debts, dues, accounts, bequests, interest and demands pertaining to the Real Estate which are now or shall hereafter become due or payable to us and to comprise, settle or discharge the same;

To bargain for, contract concerning, buy, sell, encumber and in anyway and manner, deal with personal property located upon or pertaining to the Real Estate; and

To execute any and all documentation necessary to effectuate the transactions described above, including, but not limited to, closing statements, instruments of conveyance and supporting documentation, certifications, acknowledgements, and like instruments.

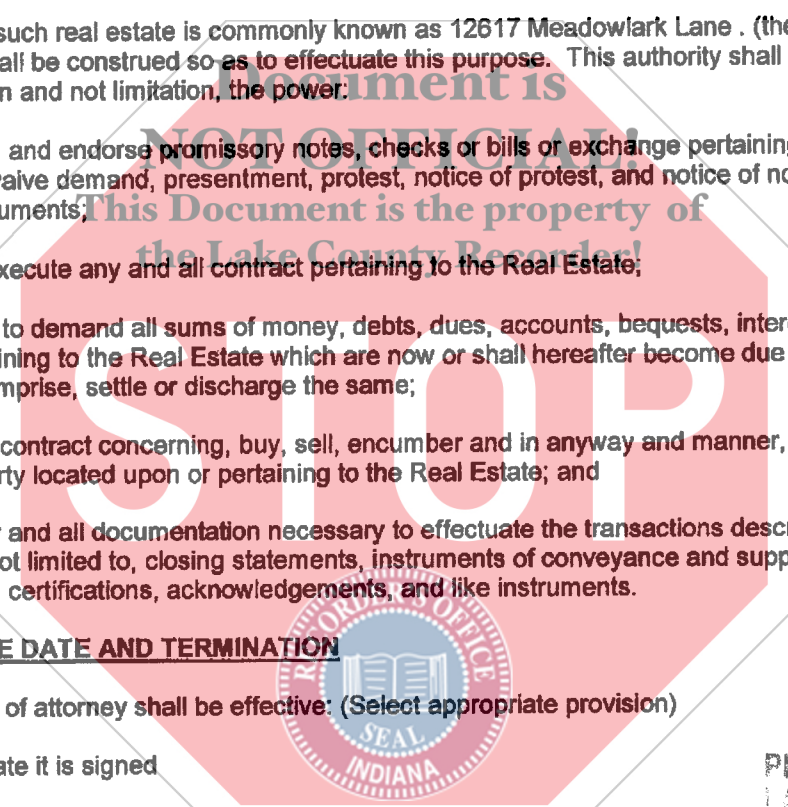
II. EFFECTIVE DATE AND TERMINATION

A. This power of attorney shall be effective: (Select appropriate provision)

as of the date it is signed

as of the _____ day of _____, 20____

upon the determination that I am disabled or incapacitated, or no longer capable of managing my affairs prudently, My disability or incapacity, for this purpose, may be established by the



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MAY 17 2007

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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certificate of a qualified physician stating that I am unable to manage my affairs.

B. My disability or incompetence (select appropriate provision): (shall) (shall not) affect or terminate the this Power of Attorney.

C. This Power of Attorney shall terminate: (select appropriate provision)

upon my incapacity

upon the _____ day of _____, 20____

upon the execution and recordation with the Recorder's Office of the County where the Real Estate is located a written revocation hereof.

III. RATIFICATION AND IDENTIFICATION

I/We hereby ratify and confirm that all my attorney-in-fact shall do by virtue hereof, I/We agree to indemnify and hold harmless any person who, in good faith, acts under this Power of Attorney or transacts with my attorney-in-fact in reliance upon this Power, without actual knowledge of its revocation.

IN WITNESS WHEREOF, I/We have hereunto set my/our hand(s) and seal(s) this 4th day of MAY, 2007.

PRINTED: Judy A. Herman PRINTED: JUDY A. HERMAN

STATE OF Utah)
COUNTY OF Washington) ss.

NOT OFFICIAL!

This Document is the property of _____

Before me a Notary Public in and for said County and State, personally appeared Judy A. Herman and _____ who acknowledged the execution of the foregoing Power of Attorney, and who, having been duly sworn, stated that any representations therein contained are true.

WITNESS my hand and NOTARIAL seal, this 4th day of may, 2007.

Printed Cindy Christensen, Notary Public Cindy Christensen

My Commission expires: Jan 15, 2008 My County of Residence: Washington

This instrument was prepared by _____

