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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2007 052369

2007 JUN 27 AM 10:17

MICHAEL A. BROWN  
RECORDER

**LIMITED POWER OF ATTORNEY  
(SELLER)**

33-23-0207-0105

Know all men by these presents that **Eric W. Schaufele** of adult age, do hereby make, constitute and appoint:

**Stacy L. Schaufele**, 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:

The West 62.80 feet of Lot Numbered 53 as shown on the recorded plat of Royal Hawk, in the City of Crown Point recorded in Plat Book 94, page 66 in the Office of the Recorder of Lake County, Indiana.

541 Cochran Drive  
Crown Point, Indiana 46307

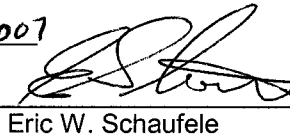
The property described above shall include any personal property in connection therewith or any interest in such real or personal property upon such terms and conditions and under such covenants, my Attorney-in-Fact shall deem fit.

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 13<sup>th</sup> day of June, 2007



Eric W. Schaufele

**FILED**

**JUN 26 2007**

**PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR**

\$13  
MT  
CA

State of Indiana, County of Lake ss:

021567

Before me, the undersigned, a Notary Public in and for said County and State aforesaid, on this 13<sup>th</sup> day of June, 2007, personally appeared Eric W. Schaufele, 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.

2346 LK07

**HOLD FOR MERIDIAN TITLE**

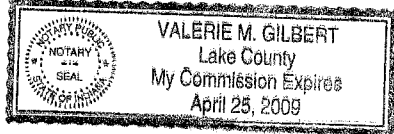
WITNESS, my hand and Notarial Seal.

My Commission Expires: 4-25-09

  
Signature of Notary Public

Printed Name of Notary Public

Notary Public County and State of Residence



This instrument was prepared by: Debra A. Guy, Attorney-at-Law IN #24473-71 MI #P69602  
202 S. Michigan St., Ste. 1000, South Bend, IN 46601  
2346lk07 dag

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] Valerie M. Gilbert

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

