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LIMITED POWER OF ATTORNEY

20-13-170-1

I, **ADAM T. GOERINGER**, of Lake County, Indiana, hereby create a Limited Power of Attorney, "Power", and appoint the following person as my Attorney In Fact, with power to act for me according to Indiana Code I.C. 30-5-5, as it now exists or as it may be amended in the future:

ELOISE M. BLOEDE

1. **POWERS:**

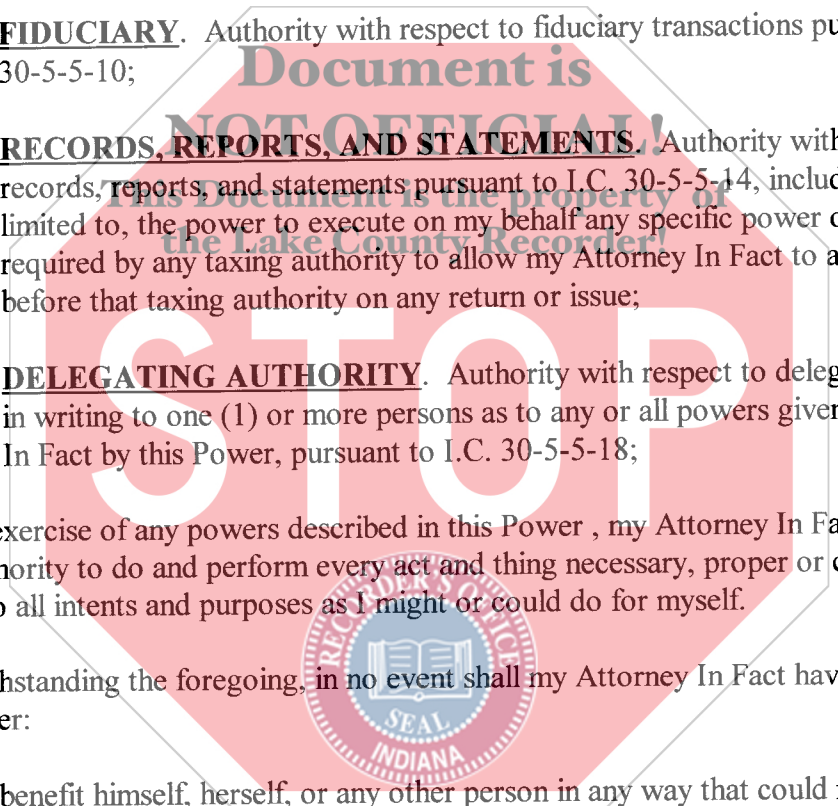
I give my Attorney In Fact, including any Successor Attorney In Fact, the powers contained in this Power. These powers are granted upon the condition they will be used for my benefit and on my behalf and will be exercised only in a fiduciary capacity.

- (a) **REAL PROPERTY.** Authority with respect to real property transactions pursuant to I.C. 30-5-5-2;
- (b) **FIDUCIARY.** Authority with respect to fiduciary transactions pursuant to I.C. 30-5-5-10;
- (c) **RECORDS, REPORTS, AND STATEMENTS.** Authority with respect to records, reports, and statements pursuant to I.C. 30-5-5-14, including, but not limited to, the power to execute on my behalf any specific power of attorney required by any taxing authority to allow my Attorney In Fact to act on my behalf before that taxing authority on any return or issue;
- (d) **DELEGATING AUTHORITY.** Authority with respect to delegating authority in writing to one (1) or more persons as to any or all powers given to my Attorney In Fact by this Power, pursuant to I.C. 30-5-5-18;

In the exercise of any powers described in this Power, my Attorney In Fact shall have full power and authority to do and perform every act and thing necessary, proper or convenient to be done as fully to all intents and purposes as I might or could do for myself.

Notwithstanding the foregoing, in no event shall my Attorney In Fact have any of the following power:

- (a) To benefit himself, herself, or any other person in any way that could result in any part of my property being included in my Attorney In Fact's gross estate for federal estate purposes, or cause any part of my property to be deemed to be the subject of a taxable gift made personally by my Attorney In Fact;



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2007 DEC 13 9:18:53 AM
MICHAEL ALMOND
RECORDER

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

B/L
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CA

FILED

927-7800
TICOR TITLE INSURANCE
Crown Point, Indiana

DEC 11 2007
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR **024328**

(b) To make any payment or application which discharges any legal obligation of my Attorney In Fact;

(c) To have any power which causes the holder of the power to be treated as the owner of any interest in my property and which causes that property to be taxed as owned by the Attorney In Fact.

I ratify and confirm all that my Attorney In Fact does, or causes to be done, under the authority granted in this Power. All documents signed, endorsed, drawn, accepted, made, executed, or delivered by my Attorney In Fact shall bind me, my estate, my heirs, successors and assigns.

2. **EFFECTIVE DATE:**

This Power of Attorney shall expired upon the closing of the sale of the Real Estate I jointly own, commonly known as 138 North Road, Schererville, Indiana.

3. **RELIANCE BY THIRD PARTIES:**

To induce third parties to act in accordance with powers granted to my Attorney In Fact in this Power, I represent and warrant that:

(a) If this document is revoked or amended for any reason, I, my estate, my heirs, successors, and assigns will hold any third party harmless from any loss suffered, or liability incurred, by the third party in acting in accordance with this document before the third party's receipt of written notice of termination or amendment;

(b) The powers conferred on my Attorney In Fact may be exercised alone; my Attorney In Fact's signature or actions under the authority granted in this Power may be accepted by third parties as fully authorized by me and with the same force and effect as if I were personally present, competent and acting on my own behalf;

(c) No person who acts in reliance upon any representation on my Attorney In Fact as to the scope of my Attorney In Fact's authority granted under this document shall incur any liability to me, my estate, my heirs, successors, or assigns for permitting my Attorney In Fact to exercise any such power, nor shall any person who deals with my Attorney In Fact be responsible to determine or ensure the proper application of funds or property;

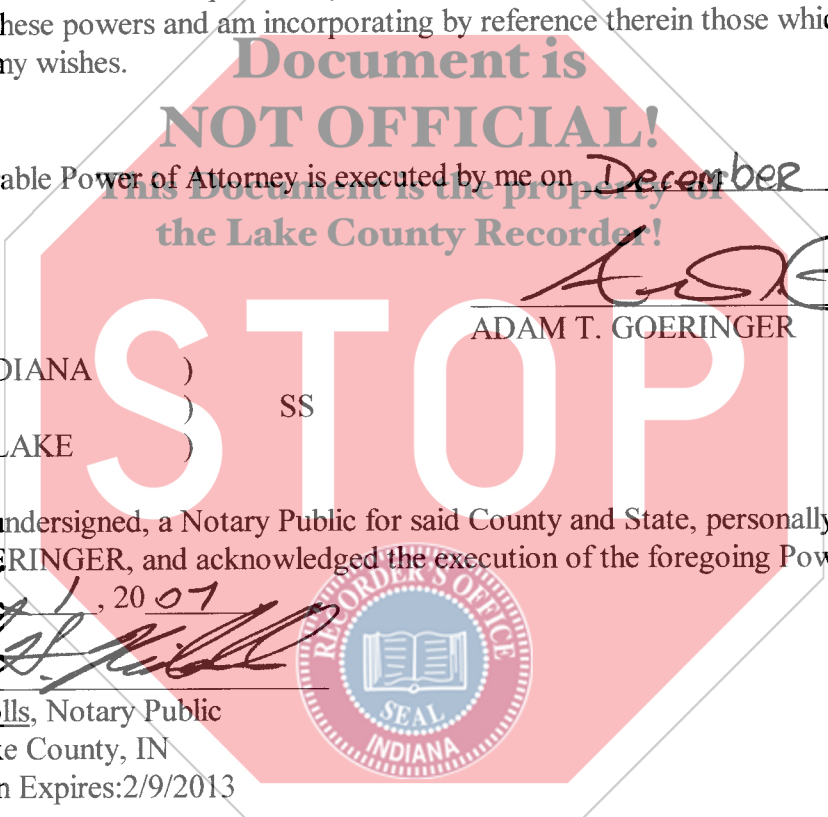
4. **TERMINATION:**

I revoke all prior Powers of Attorney that I may have executed. I retain the right to revoke or amend this Power and to substitute other Attorneys In Fact in place of any of those named in this Power.

5. **GENERAL PROVISIONS:**

- (a) Persons dealing with my Attorney In Fact may rely fully on a photostatic copy of this Power;
- (b) If any of the provisions of this Power are found to be invalid for any reason, this invalidity shall not affect any of the other provisions of this Power, and all invalid provisions shall be wholly disregarded;
- (c) All questions pertaining to validity, interpretation, and administration of this Power shall be determined in accordance with the laws of Indiana;
- (d) My Attorney In Fact shall not be liable to me or any of my successors in interest for any action taken or not taken in good faith, but shall be liable for any willful misconduct or gross negligence;
- (e) I have received from my Attorney, a copy of those sections of Indiana Code 30-5-5 which are incorporated by reference in Section of this Power. I have reviewed these powers and am incorporating by reference therein those which comply with my wishes.

This durable Power of Attorney is executed by me on December 1, 2007.



Adam T. Goeringer
 ADAM T. GOERINGER

STATE OF INDIANA)
)
 COUNTY OF LAKE) SS

Before me the undersigned, a Notary Public for said County and State, personally appeared ADAM T. GOERINGER, and acknowledged the execution of the foregoing Power of Attorney on December 1, 2007

David H. Nicholls

David H. Nicholls, Notary Public
 Resident of Lake County, IN
 My Commission Expires: 2/9/2013



This instrument prepared by: Steven P. Nicholls, Attorney at Law, Atty I.D. No. 22491-45, 117 1/2 W. Joliet St. Crown Point, IN 46307, (219-663-6508). I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in the document, unless required by law. Steven P. Nicholls