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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2008 018171

2008 MAR 12 PM 4:02

MICHAEL A. BROWN  
RECORDER

*70063210*  
LIMITED POWER OF ATTORNEY  
(REAL ESTATE)

I/We, Michael F. Hughes

County, State of Indiana, being at least 18 years of age and mentally competent, do hereby designate CRISTINA L. HUGHES (AKA) CRISTINA LUCIO IYANO of LAKE County, State of Indiana, 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 § 30-5-5-2, pertaining to the transaction real estate described below, situated in LAKE County, State of Indiana:

Commonly referred to as, 245 S. Colorado St Hobart, IN. 46342  
Consisting of a single home and additional parcel. The legal description of the property is described, as follows: The South 20 Feet of Lot 8 and all of Lots 9 and 10, Block 6 Hobart Lake Shore Subdivision, as per plat thereof, recorded in Plat Book 21, Page 9, in the Office of the Recorder of Lake County, Indiana.

the address of such real estate is commonly known as 245 S Colorado St Hobart IN. 46342 (the "Real Estate") and shall be construed so as to effectuate this purpose. This authority shall include, by way of illustration and not limitation, the power:

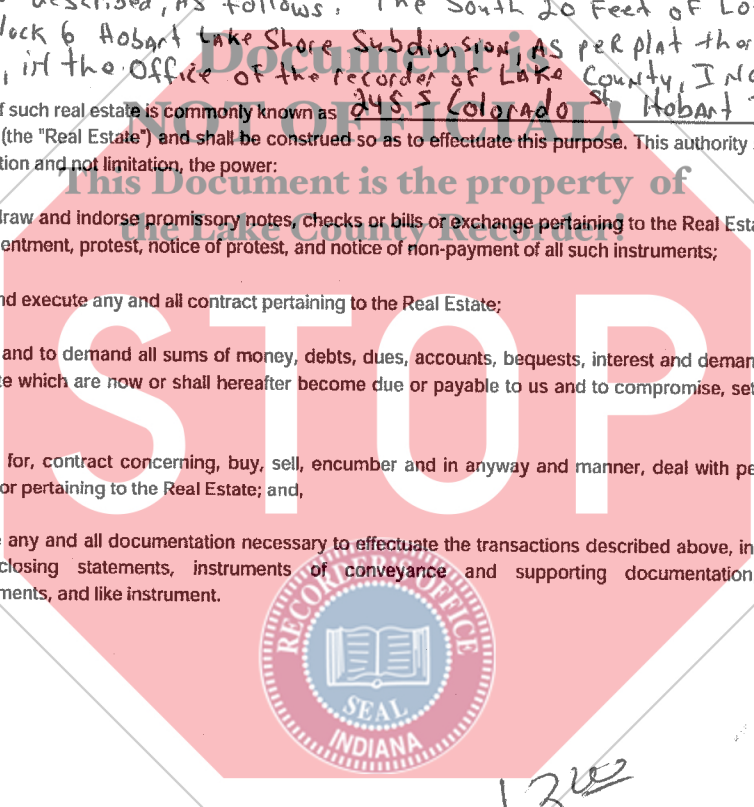
To make, draw and indorse promissory notes, checks or bills of exchange pertaining to the Real Estate and to waive demand, presentment, protest, notice of protest, and notice of non-payment of all such instruments;

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 compromise, 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 instrument.



**FILED**

MAR 12 2008

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

*1300*

*\* RM  
Return to 6044  
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*ck 4699*

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 \_\_\_\_\_, \_\_\_\_\_

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 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 this Power of Attorney.

C. This power of attorney shall terminate: (select appropriate provision)

upon my incapacity

upon the 14 day of MARCH, 2008

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 INDEMNIFICATION

I/We hereby ratify and confirm that all my attorney-in-fact shall do by virtue hereof. Further, I/We 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.

IN WITNESS WHEREOF, I/We have hereunto set my/our hand(s) and seal(s) this 01 day of MARCH,

Michael F Hughes

Printed: MICHAEL F HUGHES

Printed: \_\_\_\_\_

STATE OF INDIANA }  
COUNTY OF \_\_\_\_\_ } SS:

Before me, a Notary Public in and for said County and State, personally appeared Michael Hughes 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 01 day of MARCH, 2008

Printed: Pamela Lamb, Notary Public Pamela Lamb

My Commission Expires: Aug 31 2014 My County of Residence: Lake

This instrument was prepared by \_\_\_\_\_

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. \_\_\_\_\_

