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2008 052171

LAKE COUNTY  
RECORDER'S OFFICE  
25th SEP - 4 11:09:11  
RECORDED

LIMITED POWER OF ATTORNEY  
(REAL ESTATE)

I, KIRK L Williams  
LAKE County, State of Indiana, being at least 18 years of age and mentally competent, do hereby  
designate LISA VALENTE  
of LAKE County, State of Indiana, as my true and lawful attorney-in-fact.

I. POWERS AND PURPOSES

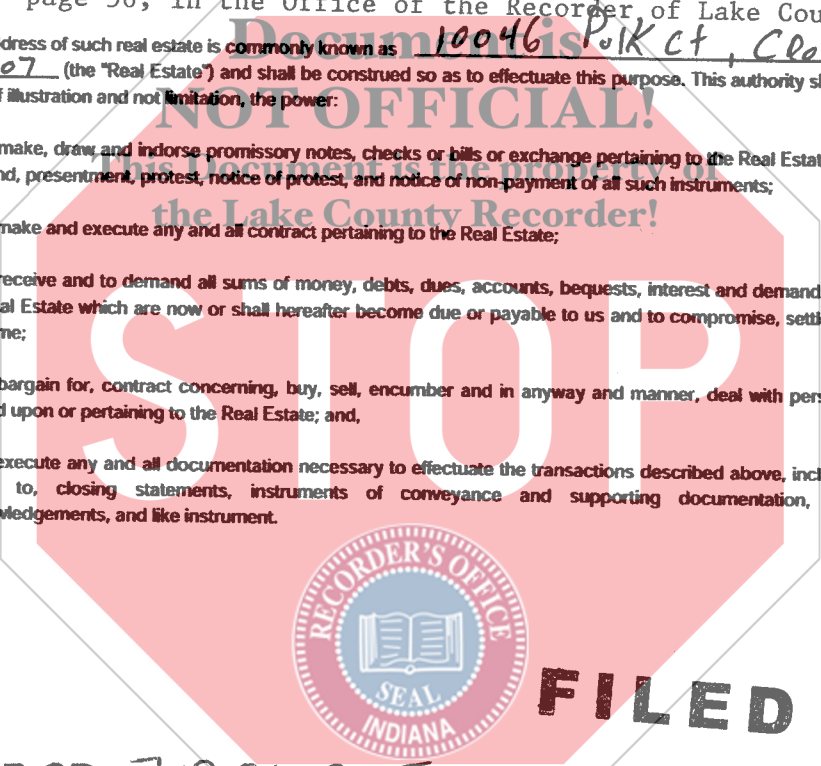
The above name attorney-in-fact shall have authority with respect to real property transactions pursuant to Ind. Code § 30-5-5-2, pertaining to the transaction real estate described below, situated in LAKE County, State of Indiana:

45-12-33-381-009-000-029

Lot 7 in Indian Ridge Addition Unit 3, Block 4, in the City of Crown Point, as per plat thereof, recorded in Plat Book 67, page 10 and amended by a certain corrected plat recorded June 5, 1990 in Plat Book 68 page 56, in the Office of the Recorder of Lake County, Indiana.

the address of such real estate is commonly known as 10046 Polk Ct, Crown Point IN  
46307 (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 or 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

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PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

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AD

LPOA1 7/98 SB

018521

PROPERTY TITLE GROUP

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) effect or terminate this Power of Attorney.

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

upon my incapacity

upon the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

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 \_\_\_\_\_ day of \_\_\_\_\_

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

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

STATE OF INDIANA

SS: \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Before me, a Notary Public in and for said County and State, personally appeared \_\_\_\_\_ 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 \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

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

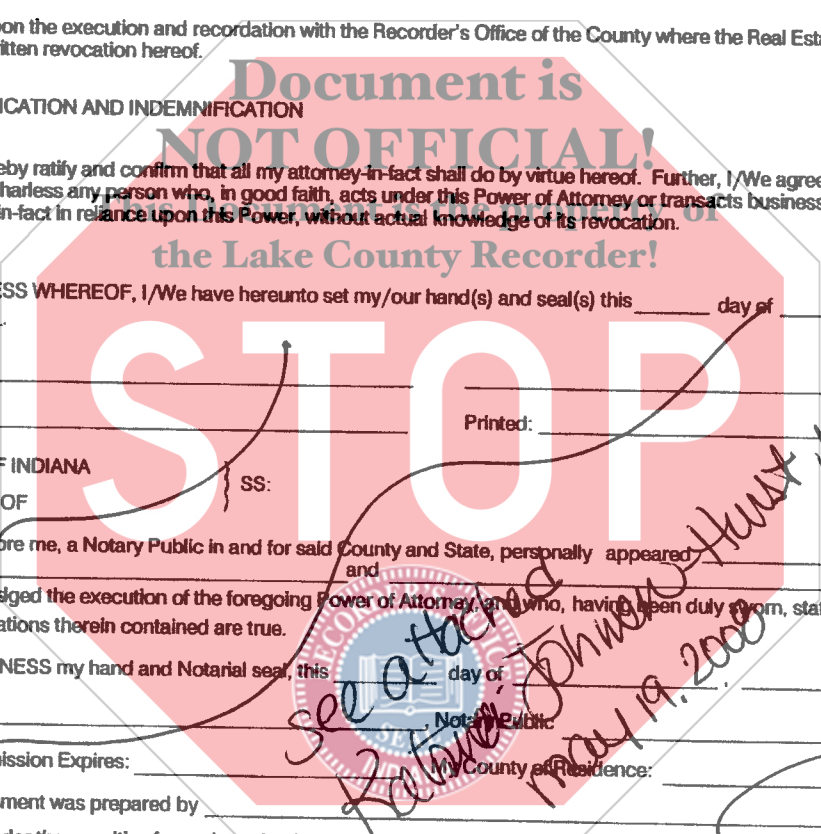
Notary Public

My Commission Expires: \_\_\_\_\_

My County of Residence: \_\_\_\_\_

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. \_\_\_\_\_



**CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**

State of California

County of San Bernardino }

On May 19, 2008 before me, Katrina Johnson-Hurst, Notary Public  
Date Here Insert Name and Title of the Officer

personally appeared Kirk Lamont Williams  
Name(s) of Signer(s)

Georgia DL# 062688406 exp. 5-17-2008

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature Katrina Johnson-Hurst, Notary Public  
Signature of Notary Public

Place Notary Seal Above

Document is NOT OFFICIAL! This Document is the property of the Lake County Recorder!

**OPTIONAL**

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

**Description of Attached Document**

Title or Type of Document: Limited Power of Attorney

Document Date: May 19, 2008 Number of Pages: 2

Signer(s) Other Than Named Above: same

**Capacity(ies) Claimed by Signer(s)**

Signer's Name: Kirk L Williams Signer's Name: \_\_\_\_\_

- Individual
- Corporate Officer — Title(s): \_\_\_\_\_
- Partner —  Limited  General
- Attorney in Fact
- Trustee
- Guardian or Conservator
- Other: \_\_\_\_\_

RIGHT THUMBPRINT OF SIGNER  
Top of thumb here

RIGHT THUMBPRINT OF SIGNER  
Top of thumb here

Signer Is Representing: SELF  
K L Williams

Signer Is Representing: \_\_\_\_\_