

2008 065470

**POWER OF ATTORNEY**

THIS Power of Attorney is given by me, James A Smith, presently of 4244 bayridge ct, Spring Hill, in the State of Florida, on the 26th day of June, 2008.

1. **Previous Power of Attorney**

I REVOKE any previous power of attorney granted by me.

2. **Attorney-in-fact**

I APPOINT David M Smith, of 5193 Terry Ave, Portage, Indiana, to act as my Attorney-in-fact.

3. **Governing Laws**

This instrument will be governed by the laws of the State of Indiana. Further, my Attorney-in-fact is directed to act in accordance with the laws of the State of Indiana at any time he or she may be acting on my behalf.

4. **Delegation of Authority**

My Attorney-in-fact may not delegate any authority granted under this document.

5. **Liability of Attorney-in-fact**

My Attorney-in-fact will not be liable to me, my estate, my heirs, successors or assigns for any action taken or not taken under this document, except for willful misconduct or gross negligence.

6. **Powers of Attorney-in-fact**

My Attorney-in-fact will have the following power(s):

Initials

X

a. **Real Estate Transactions**

To deal with any interest I may have in real property and sign all documents on my behalf concerning my interest, including, but not limited to, real property I may subsequently acquire or receive. These powers include, but are not limited to, the ability to:

- i. purchase, sell, exchange, accept as gift, place as security on loans, convey with or without covenants, rent, collect rent, sue for and receive rents, eject and remove tenants or other persons, to pay or contest taxes or assessments, control any legal claim in favor of or against me, partition or consent to partitioning, mortgage, charge, lease, surrender, manage or otherwise deal with real estate and any interest therein, and
- ii. execute and deliver deeds, transfers, mortgages, charges, leases, assignments, surrenders, releases and other instruments required for any such purpose.

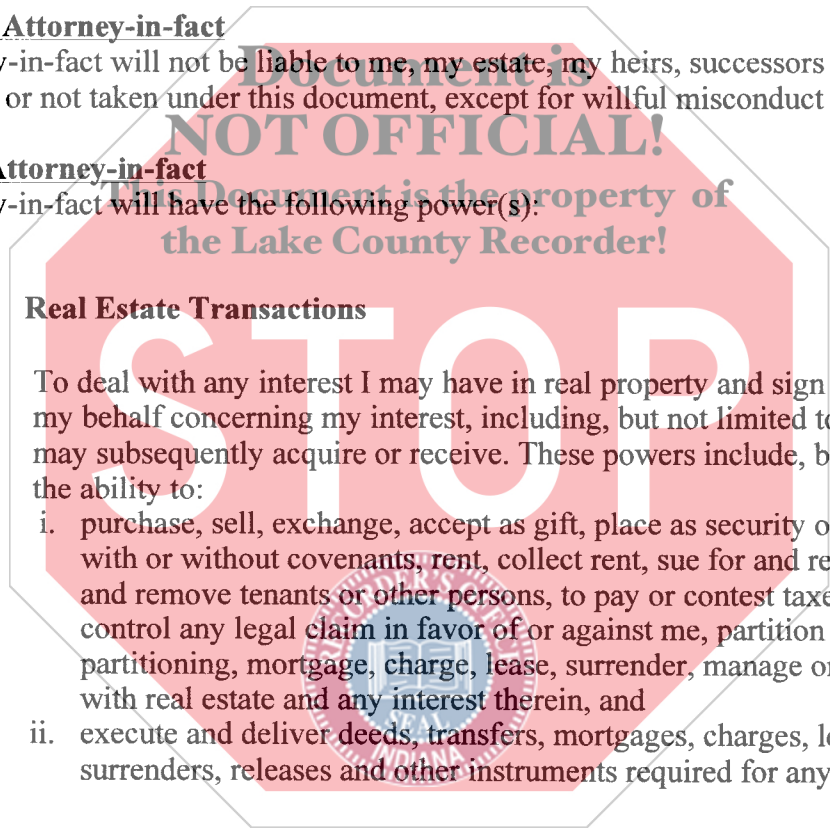
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b. **Business Operating Transactions**

To take any action my Attorney-in-fact deems necessary with any business that I may own or have an interest in by doing any act which can be done through an attorney-in-fact. This power includes, but is not limited to, the power to execute,

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seal and deliver any instrument; participate in any legal business of any kind; execute partnership agreements and amendments; to incorporate, reorganize, consolidate, merge, sell, or dissolve any business; to elect or employ officers, directors and agents; and to exercise voting rights with respect to any stock I may own, either in person or by proxy.



c. **Estate Transactions**

To do any act that I can do through an attorney-in-fact with regard to all matters that affect any trust, probate estate, conservatorship, or other fund which I may receive payment as a beneficiary. This power includes the power to disclaim any interest which might otherwise be transferred or distributed to me from any other person, estate, trust, or other entity, as may be appropriate. However, my Attorney-in-fact cannot disclaim assets to which I would be entitled, if the result is that the disclaimed assets pass directly or indirectly to my Attorney-in-fact or my Attorney-in-fact's estate.



d. **Tax Matters**

To act for me in all matters that affect my local, state and federal taxes and to prepare, sign, and file documents with any governmental body or agency, including, but not limited to, authority to:

- i. prepare, sign and file income and other tax returns with federal, state, local and other governmental bodies, and to receive any refund checks.
- ii. obtain information or documents from any government or its agencies, and represent me in all tax matters, including the authority to negotiate, compromise, or settle any matter with such government or agency.



e. **Specified Power 1**

To divide any and all profit made from the sale of said real estate given to us, James A and David M Smith from our Mother Virginia Smith, Real Estate property at 1220 West 57th Avenue Merrillville, In 46410.

7. **Attorney-in-fact Compensation**

My Attorney-in-fact will receive no compensation except for the reimbursement of all out of pocket expenses associated with the carrying out of my wishes.

8. **Co-owning of Assets and Mixing of Funds**

My Attorney-in-fact may continue to co-own assets and have any funds owned by him or her mixed with my funds to the same extent that the co-owning of assets and mixing of funds existed before operation of this power of attorney.

9. **Personal Gain from Managing My Affairs**

My Attorney-in-fact is not allowed to personally gain from any transaction he or she may complete on my behalf.

10. **Effective Date**

This power of attorney will start immediately upon signing. Under no circumstances will the

powers granted in this power of attorney continue after my mental incapacity or death.

**11. Termination of Power of Attorney**

This Power Of Attorney will end at 11:59 pm, eastern standard time, October 1, 2008.

**12. Attorney-in-fact Restrictions**

This Power of Attorney is not subject to any conditions or restrictions other than those noted above.

**13. Notice to Third Parties**

Any third party who receives a valid copy of this Power of Attorney can rely on and act under it. A third party who relies on the reasonable representations of an Attorney-in-fact as to a matter relating to a power granted by this Power of Attorney will not incur any liability to the principal or to the principal's heirs, assigns, or estate as a result of permitting the Attorney-in-fact to exercise the authority granted by the Power of Attorney up to the point of revocation of the Power of Attorney. Revocation of the Power of Attorney will not be effective as to a third party until the third party receives notice and has actual knowledge of the revocation.

**14. Severability**

If any part of any provision of this instrument is ruled invalid or unenforceable under applicable law, such part will be ineffective to the extent of such invalidity only, without in any way affecting the remaining parts of such provisions or the remaining provisions of this instrument.

**15. Acknowledgment**

I, **James A Smith**, being the Principal named in this Power of Attorney hereby acknowledge:

- a. I have read and understand the nature and effect of this Power of Attorney.
- b. I am of legal age in the State of Indiana to grant a Power of Attorney.
- c. I am voluntarily giving this Power of Attorney.

**IN WITNESS WHEREOF** I hereunto set my hand and seal at the City of Spring Hill, in the State of Florida, this 26th day of June, 2008.

**SIGNED, SEALED AND DELIVERED**

in the presence of:

*[Handwritten signature of Rosemary M. McLaughlin]*  
WITNESS: \_\_\_\_\_

*[Handwritten signature of James A. Smith]*  
James A Smith

**NOTARY ACKNOWLEDGEMENT**

State of Florida )  
 ) ss.  
County of Hernando )

The foregoing instrument was acknowledged before me this 26th day of June, 2008, by James A Smith, who is personally known to me or who has produced INDL8935-00-298 as identification.



Michelle Amos  
Notary Public

Michelle Amos  
(print name)



**WITNESS CERTIFICATE**

I, Rosemary M. Murray currently residing at 6615 Char Lane, in the City of New Port Richey in the State of Florida, hereby acknowledge that:

1. I witnessed the signing of the Power of Attorney of James A Smith dated this 26th day of June, 2008.
2. I am an adult with capacity to witness the signing of the Power of Attorney.
3. In my opinion James A Smith had the capacity to understand the nature and effect of the Power of Attorney at the time the Power of Attorney was signed and signed it freely and voluntarily without any compulsion or influence from any person.
4. I am not the Attorney named in the Power of Attorney nor am I the Attorney's spouse or other family member.

Rosemary M. Murray (Signature of witness)      6/26/2008 (Date)

