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LIMITED POWER OF ATTORNEY
OF
IRENE PICKETT

2008 079559

ARTICLE I
DESIGNATION OF AGENT

*aka Irene S. Pickett

I, Irene Pickett,*being a mentally competent adult, do hereby designate and appoint Richard Komyatte as my true and lawful Attorney-in-Fact, hereinafter sometimes referred to as my Agent, giving my Agent full authority and power to make financial, asset management, and personal decisions regarding certain real estate described herein for me, in my name, place and stead as authorized in this document.

15-07-07-153-016.000-023

FILED
NOV 19 2008
KATONAH
LAKE COUNTY AUDITOR

ARTICLE II
POWER TO HANDLE REAL ESTATE TRANSACTIONS

My Attorney-in-Fact is specifically authorized in his sole and absolute discretion to perform all actions authorized under IC §30-5-5-2 with respect to real property transactions related to real estate located at: **854 MULBERRY STREET, HAMMOND, INDIANA**. In particular, but without limiting the other powers given to my Attorney-in-Fact under IC §30-5-5-2, I authorize him to "Sell, exchange or convey" said real estate on my behalf pursuant to IC §30-5-5-2 (a)(2).

ARTICLE III
THIRD PARTY RELIANCE

No person who relies in good faith upon any representations by or authority of my Attorney-in-Fact shall be liable to me, my estate, my heirs or assigns for recognizing such representations or authority.

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ARTICLE IV
EFFECTIVE DATE AND TERMINATION

This Power of Attorney shall be effective as of the date it is signed and shall remain in effect until revoked by me in writing.

ARTICLE VIII
MISCELLANEOUS PROVISIONS

1. This limited power of attorney is intended to be valid and given full faith and credit in any jurisdiction or state in which it is presented.

2. My Attorney-in-Fact shall not be entitled to any compensation for services performed hereunder, but shall be entitled to reimbursement for all reasonable expenses incurred and paid, including transportation costs, as a result of carrying out any provisions of this instrument.

3. My Attorney-in-Fact, including his heirs, legatees, successors, assigns, personal representatives, and estate, acting in good faith hereunder, are hereby released and forever discharged from any and all liability (including civil, criminal, administrative or disciplinary), and from all claims or demands of all kinds whatsoever by me or my heirs, legatees, successors, assigns, personal representatives, or estate, arising out of the acts or omissions of my Attorney-in-Fact, except for willful misconduct or gross negligence.

4. My Attorney-in-Fact is authorized to make photocopies of this instrument as frequently and in such quantity as he shall deem appropriate. Each photocopy shall have the same force and effect as any original.

5. If any part or provision of this instrument shall be invalid or unenforceable, such part or provision shall be ineffective to the extent of such invalidity or unenforceability only, without in any way affecting the remaining parts or provisions of this instrument.

6. This instrument, and actions taken by my Attorney-in-Fact properly authorized hereunder, shall be binding upon me, my heirs, successors, assigns, legatees, guardians and personal representatives.

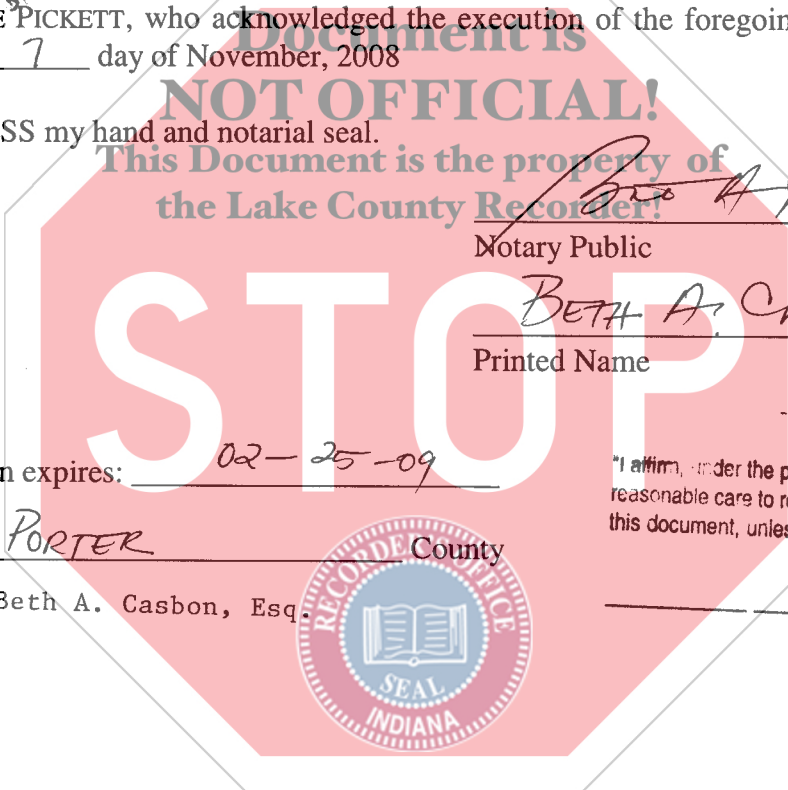
IN WITNESS WHEREOF, I have hereunto executed this Limited Power of Attorney this 7th day of November, 2008.

Irene S. Pickett
IRENE PICKETT
S.

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared IRENE PICKETT, who acknowledged the execution of the foregoing Limited Power of Attorney this 7 day of November, 2008

WITNESS my hand and notarial seal.



Beth A. Casbon
Notary Public

BETH A. CASBON
Printed Name

My Commission expires: 02-25-09

Resident of PORTER County

Prepared by Beth A. Casbon, Esq.



"I affirm, under the penalty of perjury, that I have taken reasonable care to redact Social Security numbers in this document, unless required by law." Chris Burk