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LIMITED POWER OF ATTORNEY (REAL ESTATE)

2009 023668

I, We, Candace Lieber, of Lake County, State of Indiana, being at least 18 years of age and mentally competent, do hereby designate Mark Lieber, of Lake County, State of Indiana, 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 S 30-5-5-2, pertaining to the transaction real estate described below, situated in Lake County, State of Indiana:

Lot Numbered 39 as shown on the recorded plat of Forest View Farms - Phase One, an Addition to the City of Crown Point recorded in Plat Book 91, page 14 in the Office of the Recorder of Lake County, Indiana.

the address of such real estate is commonly known as 360 W 128th Place; Crown Point, Indiana 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:

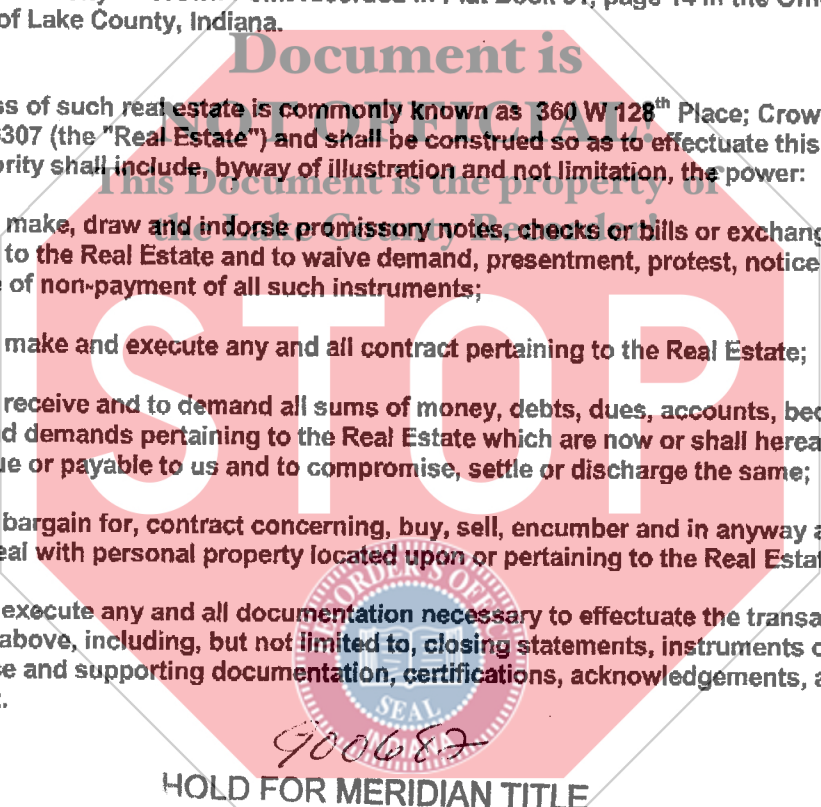
To make, draw and indorse promissory notes, checks or bills or exchange pertaining to the Real Estate and to waive demand, presentment, protest, notice of protest, and notice of non-payment of all such instruments;

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.



STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2009 APR 14 AM 10:14
MICHAEL A. BRONKHORST
RECORDER

HOLD FOR MERIDIAN TITLE

LPOA1 7/98 SB

FILED

APR 13 2009

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

14 MI
PB

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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.

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

___ upon my incapacity
 upon the 31st day of March, 2009

___ upon the execution and recording 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 14th day of March 2009.

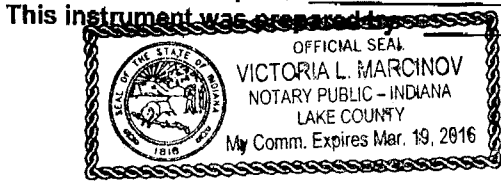
Mark Lieber Printed: mark Lieber Candace Lieber Printed: Candace Lieber

STATE OF Indiana)
COUNTY OF Lake) SS:



Before me, a Notary Public in and for said County and State, personally appeared Mark Lieber and Candace Lieber 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, 14 this day of March, 2009
Printed: Victoria L. Marcynov, Notary Public Victoria L. Marcynov
My Commission Expires: _____ My County of Residence: _____



I affirm, under the penalties for perjury, that I have taken reasonable care to redact each social security numbers in this document, unless required by law.

Name Gloria Miller