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NOTICE: USE OF THIS FORM CONSTITUTES THE PRACTICE OF LAW AND IS LIMITED TO LICENSED ATTORNEYS

LIMITED POWER OF ATTORNEY (REAL ESTATE)

I/Wexof Indiana, being at lea	ast 18 years of age a		, Lake Conpetent, do herel	by designate	
Indiana, as my true and lawful attorney-in-fact.					
I. POWERS AND	PURPOSES				
The above name transactions pursuant t described below, situate		5-2, pertaining t	o the transaction		
Addi in P	45 and 46 in B tion to Gary, a lat Book 8, Pag rder of Lake Co	s per plat e 13, in the	thereof, reco e Office of t	nden he—	
Contres	the Lake Cour	nty Recorder			
7 CARY	THEY ST.	94		28 0 And 2	
the address of such real estate is commonly known as 4 201 Van Buren; Street, Gary, Indiana, (the "Real Estate") and shall be construed so as the effectuate this purpose. This authority shall include, by way of illustration and not limitation, the power:					
(c) Copyright, 1993, by Indianapolis Bar Association				5 0 %	
	- June	APR 23 2009	ON! TOF	/ Carry 3	
	LAK	AY HOLINGA KAI E COUNTY AUDI	6	876A	

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 contracts 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 any way 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 instruments.

II. <u>EFFECTIVE DATE AND TERMINATION</u>

A. This power of attorney shall be effective: (select appropriate provision)
as of the date it is signed
as of the his Document is the property 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) Xshall mox xaffect or terminate this Power of Attorney.
C. This power of attorney shall terminate: (select appropriate provision)
upon my incapacity
upon the day of 19
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 all that 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 he	ereunto set my/our hand(s) and seal(s) this
7th day of April , 1995.	
Printed: JIMMIE DEE HOLLIES	• •
Printed:	"I AFFIRM: UNDER THE PENALTIES FOR PENJURY: THAT I HAVE TAKEN REASONABLE CARE TO REDACT EACH SOCIAL SECURITY NUMBER IN THIS DOCUMENT. UNLESS REQUIRED BY LAW."
STATE OF INDIANA SS: SS: OTHER	nt is
Before me, a Notary Public in and for saluming Dee Hollies and Lake County	clal. eproperty of id County and State, personally appeared
foregoing Power of Attorney, and who, hav representations therein contained are true.	who acknowledged the execution of the ing been duly sworn, stated that any
WITNESS my hand and Notarial seal, thi	is 7th day of April, 1995.
Printed: Luci L. Horton, Notary Public	
My Commission Expires: My Commission Expires:	unty of Residence:
May 14, 1997	ake
This instrument was prepared by Luci L. Hor	attorney at law.

