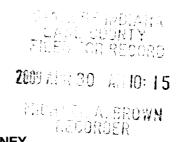


## 2009 028177



## LIMITED POWER OF ATTORNEY (SELLER)

Know all men by these presents that June Erlanbaugh of adult age, do hereby make, constitute and appoint:

**Rosemary Fletcher**, an adult person, to be my true and lawful attorney, for me and in my name, place and stead to do any and all of the following:

 To bargain, agree, contract to sell, execute a Warranty Deed, complete such sale and to tender possession of all property real and personal located at and described as:

North ½ of Lot Numbered 18 and the south ½ of Lot 19, Block 2 as shown on the recorded plat of Wicker Park in the Town of Munster recorded in Plat Book 20 Page 40 in the Office of the Recorder of Lake County, Indiana.

8250 Baring Avenue Munster, Indiana 46321 APR 2 9 2009

The property described above shall include any personal property in conditions and under such covenants, my Attorney-in-Fact shall deem fit.

- 2. To enter into tax proration and escrow agreements in connection with such sale, upon such terms, my Attorney-in-Fact shall deem fit.
- 3. To sign and deliver and as necessary, to acknowledge and swear to closing statements, vendor's affidavits, private mortgage insurance affidavits, certificates, written statements and acknowledgments and all forms required or requested by any lender, or any governmental or private agency, firm or corporation insuring or guaranteeing repayment of such loan, or by any governmental agency, firm or corporation which may purchase said loan, my Attorney-in-fact shall deem fit.
- 4. To cause title insurance or other evidence of title to be issued insuring or certifying the status of the title to the real estate being purchased, as required by the purchaser and/or lender, by such title insurance underwriter for such amount and insuring such risks as my Attorney-in-Fact, shall deem fit.
- 5. To modify and amend all documents executed which my Attorney-in-Fact shall deem fit.
- 6. To appoint and authorize any other person or corporation to exercise the power and authority for and on behalf of my Attorney-in-Fact should my Attorney-in-Fact not be so available to exercise such power.
- 7. To perform all those functions and activities set out in I.C. 30-5-5-2 and I.C. 30-5-5-5.

This Power shall not be affected by my later disability or incompetence.

I give and grant to the said Attorney-in-Fact full power and authority to do and perform all and every act and thing requisite or proper to be done in the exercise of the rights and powers herein granted, as fully, to all intents and purposes, as we might or could do if personally present, with full power and substitution and

HOLD FOR MERIDIAN THE CORP

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be done by virtue of the authority granted herein. Signed this do day of Hori / sene Erleabaugh ine Erlanbaugh State of <u>Indiana</u>, County of <u>Lake</u> ss: Before me, the undersigned, a Notary Public in and for said County and State aforesaid, on this 22 day of 400 june 1 and the uses and purposes therein set forth. WITNESS, my hand and Notarial Seal My Commission Expires: 12/28 Printed Name of Notary Public Tami Adams TAME ADARD TOTAL YPUBLIC STATE OF INDIA. LAKE COUNTY COMMISSION E Notary Public County and State of Residence Lake, Indiana Debra A. Guy, Attorney-at-Law IN #24473-71 MI #P69602 This instrument was prepared by: 202 S. Michigan St., Ste. 1000, South Bend, IN 46601 908586VA nr 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.

NOTE: The individual's name in affirmation statement may be typed, hand written or a signature.

[Name] Laura Kuckuck

revocation and with full authority to deal with the property as authorized above hereby ratifying and confirming all that the said Attorney-in-Fact, or his substitute, or substitutes, shall lawfully do or cause to