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2009 028177

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2009 APR 30 AM 10:15

MICHAEL A. BROWN  
RECORDER

**LIMITED POWER OF ATTORNEY  
(SELLER)**

Know all men by these presents that June Erianbaugh 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:

1. 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 1/2 of Lot Numbered 18 and the south 1/2 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.

**FILED**

APR 29 2009

8250 Baring Avenue  
Munster, Indiana 46321

PEGGY HOLINGA KATONA  
LAKE COUNTY ATTORNEY

The property described above shall include any personal property in connection with the interest in such real or personal property upon such terms and 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

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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 be done by virtue of the authority granted herein.

Signed this 22 day of April, 2009

June Erlanbaugh  
June Erlanbaugh

State of Indiana, County of Lake ss:

Before me, the undersigned, a Notary Public in and for said County and State aforesaid, on this 22 day of April, 2009, personally appeared June Erlanbaugh and Rosemary Fletcher, who acknowledged the execution of the foregoing Limited Power of Attorney to be a voluntary act and deed for the uses and purposes therein set forth.

WITNESS, my hand and Notarial Seal.

My Commission Expires: 12/28/2009

Tami Adams  
Signature of Notary Public

Printed Name of Notary Public Tami Adams

TAMI ADAMS  
NOTARY PUBLIC STATE OF INDIANA  
LAKE COUNTY  
MY COMMISSION EXPIRES 12/28/2009

Notary Public County and State of Residence Lake, Indiana

This instrument was prepared by: Debra A. Guy, Attorney-at-Law IN #24473-71 MI #P69602  
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.

[Name] Laura Kuckuck

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

