STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2009 062375

2009 SEP 1 1 AM 10: 09

MICHAEL A. BROWN RECORDER

## LIMITED POWER OF ATTORNEY (REAL ESTATE)

1/W\.	Dorothy L. William s
Lake	County, State of Indiana, being at least 18 years of ago and and
of Lake	
	County, State of Indiana, as my true and lawful attorney-in-fact.
I. POWERS AN	ND PURPOSES
The above n	name attorney-in-fact shall have authority with respect to real property transactions pursuant to Ind. Code
5 30-5-5-2, peri	taining to the transaction real estate described below, situated in Lake County, State
of Indiana:	4332 Pennsylvania
	Gary, IN 46409 DOCUMENT IS
Lots Numb (1) in Ke	ered Thirty-one (31) and Thirty-two (32) in Block One lwood Addition, as per plat thereof recorded in Plat Park
13, Page	14 in the Office of the Recorder of Lake County, Indiana
	This bocument is take south of the country / indiana
	the Lake County Recorder!
the address of s	such real estate is commonly known as 4332 Pennsylvania, Gary, IN
way of illustration	ne "Real Estate") and shall be construed so as to effectuate this purpose. This authority shall include, by an and not limitation, the power:
J	ond not miniation, the power:
To make, dra	w and indorse promissory notes, checks or bills or exchange pertaining to the Real Estate and to waive
demand, preser	itment, protest, notice of protest, and notice of non-payment of all such instruments;
	THE PARTY OF THE P
To make and	execute any and all contract pertaining to the Real Estate;
o receive ar the Real Estate	nd to demand all sums of money, debts, dues, accounts, bequests, interest and demands pertaining to which are now or shall hereafter become due or payable to us and to compromise, settle or discharge
the same;	payable to us and to compromise, settle or discharge
ma .	VOIANA TUIL
to bargain fo ocated upon or	or, contract concerning, buy, sell, encumber and in anyway and manner, deal with personal property pertaining to the Real Estate; and,
*	
	ny and all documentation necessary to effectuate the transactions described above, including, but not- sing statements, instruments of conveyance and supporting documentation, certifications, instrument.

HOLD FOR MEMBER TITLE SORP 925 670

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II. EFFECTIVE DATE AND TERMINATION
A. This power of attorney shall be effective: (select appropriate provision)
xxxxxxx of the date if 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
C. This power of attorney shall terminate: (select appropriate provision)
upon my incapacity  Document is  NOT OFFICIAL!
upon the day of This Document is the property of
upon the execution and recordation with the Recorder's Office of the County where the Real Estate is located
W The state is incated
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 harless 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.
DER'S TO
IN WITNESS WHEREOF, I/We have hereunto set my/our hand(s) and seal(s) this 21st day of August
Darothy: L. million
Printedia Downships T. 1717.01
STATE OF INDIANA COUNTY OF Lake SS:
Before me, a Notary Public in and for said County and State, personally appeared Dorothy and
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, this 21st day of August, 2009
Printed:Public
My Commission Expires: CAS PED SAN COMMISSION COMMISSIO
This Instrument was prepared by
l affirm, under the penalties for perjury, that I hararakenvees shapes are to reduct each Social Security number in this
document, unless required by law.
Prepared by: Dorothy L. William s