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LIMITED POWER OF ATTORNEY

OF

RICHARD E. SLUZEWSKI, JR., and JOYCE E. SLUZEWSKI

BY THIS POWER OF ATTORNEY, we name an attorney-in-fact with the power to act as so designated in this limited power of attorney.

1. ATTORNEY-IN-FACT As our attorney-in-fact, we name Michael V. Riley.

1.02 LIABILITY LIMITED Our attorney-in-fact shall only be liable for actions undertaken in bad faith.

1.03 EFFECTIVE IMMEDIATELY This power of attorney shall be effective immediately upon signing.

2. POWERS GIVEN We give to our attorney-in-fact, the following powers:

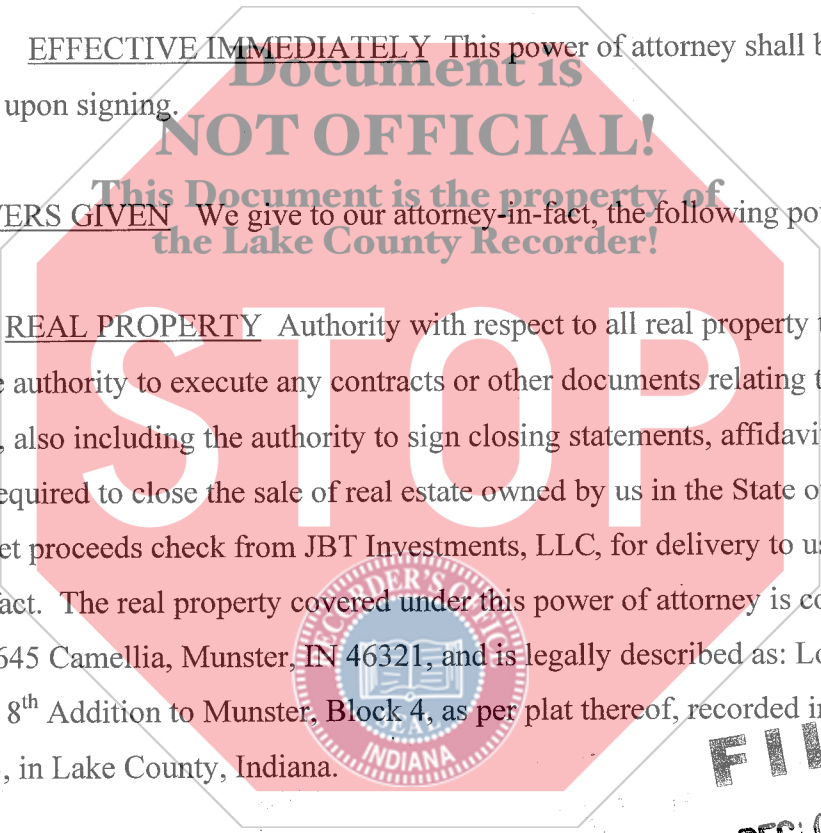
2.01 REAL PROPERTY Authority with respect to all real property transactions including the authority to execute any contracts or other documents relating to real estate owned by us, also including the authority to sign closing statements, affidavits and other documents required to close the sale of real estate owned by us in the State of Indiana and to accept a net proceeds check from JBT Investments, LLC, for delivery to us by our attorney-in-fact. The real property covered under this power of attorney is commonly known as: 1645 Camellia, Munster, IN 46321, and is legally described as: Lot 49 in Fairmeadow 8th Addition to Munster, Block 4, as per plat thereof, recorded in Plat book 43, page 103, in Lake County, Indiana.

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MICHAEL A BROWN
RECORDER

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD



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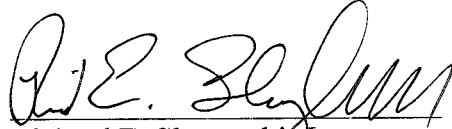
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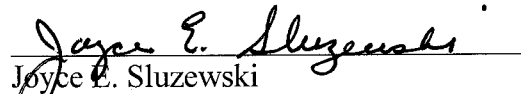
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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3. DATE OF TERMINATION This power of attorney shall remain in effect until after the closing of the sale/purchase of property located at: 1645 Camellia, Munster, IN 46321 is completed.

Date: November 20, 2009


Richard E. Sluzewski, Jr.


Joyce E. Sluzewski

STATE OF INDIANA)

COUNTY OF LAKE)


SS:

Document is NOT OFFICIAL!

Before me, the undersigned, a Notary Public for the State of Indiana, personally appeared Richard E. Sluzewski, Jr. And Joyce E. Sluzewski, and they being first duly sworn by me upon their oath, says that the facts alleged in the foregoing instrument are true. Signed and sealed this 20 day of November, 2009.

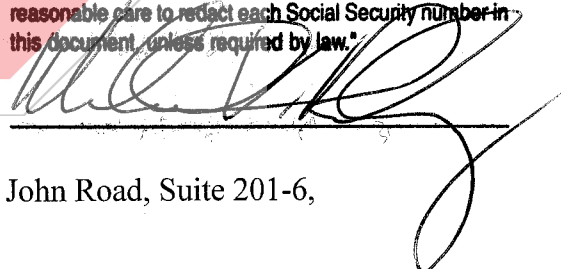
My Commission Expires:

6-19-15


Notary Public
Printed Name: Donna Johnson
County of Residence: Porter



"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."



This instrument prepared by: Michael V. Riley, 450 St. John Road, Suite 201-6, Michigan City, IN 46360