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THIS FORM HAS BEEN PREPARED FOR USE IN THE STATE OF INDIANA BY LAWYERS ONLY, THE SELECTION OF A FORM OF INSTRUMENT, FILLING IN BLANK SPACES, STRIKING OUT PROVISIONS, AND INSERTION OF SPECIAL CLAUSES, MAY CONSTITUTE THE PRACTICE OF LAW WHICH SHOULD ONLY BE DONE BY A LAWYER.

LIMITED POWER OF ATTORNEY FOR SALE OF REAL ESTATE

of

ADRIENNE COMPANIK

Principal

to

DANIEL BIZIK

Attorney in Fact

2010 015623

ARTICLE I DESTINATION OF AGENT

I, Adrienne Companik, of Porter County, State of Indiana, being a mentally competent adult, do hereby designate and appoint Daniel Bizik of Porter County, State of Indiana, as my true and lawful Attorney-in-Fact, hereinafter sometimes referred to as my Agent, giving my Agent full authority and power to sell or convey the following legally described real estate:

Lot 18 and the South 1/2 of Lot 17, in Block 12, in a Resubdivision of part of the Northwest Quarter of Section 29, Township 37 North, Range 9 West of the Second Principal Meridian, in the City of East Chicago, as the same appears of record in Plat Book 5, page 3, in the Recorder's Office of Lake County, Indiana.

Commonly known as 4236 Baring Ave, East Chicago, IN 46312

ARTICLE II POWER TO HANDLE REAL ESTATE TRANSACTIONS

My Attorney-in-Fact is specifically authorized, in his sole and absolute discretion to perform all actions authorized under [IC 30-5-5-2] with respect to real property transactions, wherein the principal authorizes the Attorney-in-Fact to do the following:

1. Sell or convey.
2. Execute, acknowledge, seal, and deliver a deed, check, or other instruments that the Attorney-in-Fact considers useful for the accomplishment of the purpose under this section.

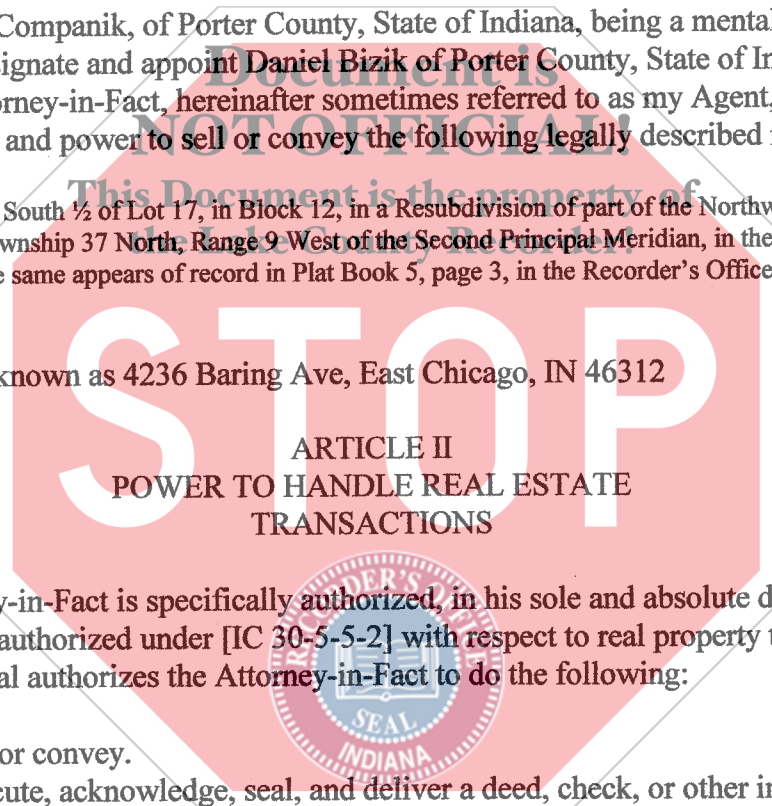
ARTICLE III THIRD-PARTY RELIANCE

No person who relies in good faith upon any representations by or authority of my Attorney-in-Fact shall be liable to me, my estate, my heirs, or assigns for recognizing such representations or authority.

ARTICLE IV EFFECTIVE DATE AND TERMINATION

1. This power of attorney shall become effective as of the date of its execution
2. This power of attorney maybe revoked at any time by providing written notice to the Attorney-in-Fact.

CHICAGO TITLE INSURANCE COMPANY



STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2010 MAR 17 9:32
MICHELLE J. AMMON
RECORDER

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CT
CWA

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051497

FILED

MAR 17 2010

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

RT 1002009

ARTICLE V
MISCELLANEOUS PROVISIONS

1. This limited power of attorney is intended to be valid and given full faith and credit in any jurisdiction or state in which it is presented.
2. My Attorney-in-Fact, acting in good faith hereunder, is hereby released and forever discharged from any and all liability (including civil, criminal, administrative, or disciplinary) and from all claims or demands of all kinds whatsoever by me or my heirs, legatees, successors, assigns, personal representatives, or estate, ~~for willful misconduct or gross negligence.~~
3. My Attorney-in-Fact is authorized to make photocopies of this instrument as frequently and in such quantity as he or she shall deem appropriate. Each photocopy shall have the same force and effect as my original.
4. If any part or provision of this instrument shall be invalid or unenforceable, such part or provision shall be ineffective to the extent of such invalidity or unenforceability without affecting the remaining parts or provisions of this instrument in any way.
5. This instrument and actions taken by my Attorney-in-Fact properly authorized hereunder shall be binding upon me, my heirs, successors, assigns, legatees, guardians, and personal representatives.

CHICAGO TITLE INSURANCE COMPANY

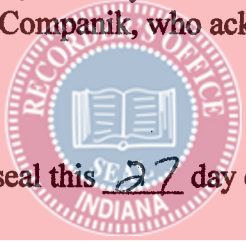
IN WITNESS WHEREOF, I have hereunto executed this Limited Power of Attorney this 27 day of October, 2008.

Document is
NOT OFFICIAL!
This Document is the property of
Adrienne Companik
the Lake County Recorder.

STATE OF Indiana)
)SS:
COUNTY OF Porter)

Subscribed and sworn to before me, a Notary Public in and for said County and State, personally appeared before me Adrienne Companik, who acknowledged the execution of the foregoing Limited Power or Attorney.

WITNESS my hand and notarial seal this 27 day of October, 2008.



JoAnne Lohmeyer
JOANNE LOHMEYER
Notary Public residing in
Porter County

My Commission Expires
4-11-18

Resident or Porter County

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. Vaun Federoff

This instrument prepared by: JoAnne Lohmeyer
Attorney at Law
827 E. Lincolnway
Valparaiso, IN 46383

After Recording Return To:
Adrienne Companik
357 Taylor Ln.
Valparaiso, IN 46383