

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2010 061325

2010 OCT 21 AM 9:34

MICHAEL R. FAJMAN
RECORDER

920106665

SPECIAL POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, that I/we, Wade Henderson, Jr.

have made, constituted and appointed and by these presents do make, constitute and appoint
Minell Henderson

my/our true and lawful attorney for me/us and in my/our name, place and stead and for use and benefit to purchase
the following described real property:

Parcel Number: 45-11-11-278-017.000-033

to sign, execute and deliver and acknowledge any and all documents necessary to purchase the above described
property, including, but not limited to, the signing of real estate purchase contracts, HUD-1 forms, Affidavits, Closing
Statements, Notes, Mortgages, or inspection reports.

Giving and granting unto my/our said attorney full power and authority to do and perform all and every act and thing
whatsoever requisite and necessary to be done in and about the premises as fully to all intents and purposes as I /we
might or could do if personally present, hereby ratifying and confirming that my/our said attorney
Minell Henderson

shall lawfully do or cause to be done by virtue of these presents.

This Power of Attorney shall not be affected by disability of the principals.

IN WITNESS WHEREOF, I/we have hereunto set my/our hand(s) this 8th day of October 2010

Signed and Acknowledged In the Presence of:

-Witness-

Wade D. Henderson Jr.
Wade Henderson, Jr.

-Witness-

STATE OF Indiana }
 } SS.
County of Lake }

BE IT REMEMBERED, That on this 8th day of October 2010 before me, the subscriber, a Notary Public in
and for said state, personally came Wade Henderson, Jr.

who acknowledged the signing thereof to be his voluntary act and deed, for the purposes therein setforth.

IN TESTIMONY THEREOF, I have hereunto subscribed my name and affixed my official seal on the day and year last
aforesaid.



Janet King

Notary Public

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. Shannon Stiener

Auditor's and Recorder's Stamps

AMOUNT \$ 11⁰⁰
CASH _____ CHARGE FN
CHECK # _____
OVERAGE _____
COPY _____
NON-COM _____
CLERK AB