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**SPECIAL OR LIMITED  
DURABLE POWER OF ATTORNEY**

KNOW ALL MEN BY THESE PRESENT, that I, **Kathy L Babbs-VanBuskirk**, of Lake County, Indiana, have made, constituted and appointed and by these presents do make, constitute and appoint **Mark R VanBuskirk**, of Lake County, Indiana, who is my husband, as my true and lawful agent and attorney-in-fact (hereafter referred to as "attorney"), for me and in my name, place and stead to make, execute, acknowledge, amend, modify and deliver in my name such notes, agreements, promises to pay, affidavits, closing statements, contracts, instruments of conveyance, mortgage (including without limitation deeds of trust) or lease, and any and all other instruments, agreements and documents as my said attorney may deem appropriate and that are in any way related to any transaction involving the ownership, maintenance, financing, purchase and/or sale of, or any matter in any way related to the following describe property (the "Property"):

**Taxing Unit: WINFIELD**  
**Parcel #: 11-10-0036-0014**  
**State ID#: 45-16-24-300-002.000-044**

**Commonly known as: 3595 E. 129<sup>th</sup> Ave, Crown Point, IN. 46307**  
**The North 20 Acres of the East 31 Acres of the Northwest Quarter of the Southwest Quarter of Section 24, Township 34 North, Range 8 West, Except the North 40 Feet 19.057 Acres, of the Second Principal Meridian.**

**Bank of America Loan #226396516**  
**LOAN AMOUNT up to \$422,000.00 @ 3.75% / 10 yr term**

My attorney shall have the power to exercise such others powers as may be necessary or desirable in the management of the Property, whether the same be of like kind or character to those herein enumerated or not, so long as related to the Property; in particular, my said attorney is hereby enable to act under changes conditions the exact nature of which cannot now be foreseen, it being intended to vest in my said-attorney, and I do hereby vest in my said attorney, full power to control and manage the Property and hereby giving and granting to my said attorney full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done in connection therewith as fully to all intents and purposes, as I might or could do in personally present, hereby ratifying and confirming whatsoever my said attorney shall or may do by virtue hereof.

All powers and authorities; hereby granted may be exercised by my said attorney acting alone without the joiner of any other person.

The power of attorney shall not terminate on or be affected by the disability or incapacity of the principal. This power of attorney also shall not terminate or be affected by the lapse of time unless the loan contemplated hereunder is to be insured by the Federal Housing Administration.

The attorney named herein shall not be obligated to furnish bond or other security.

Any authority granted to my attorney herein shall be limited so as to prevent this power of attorney from causing my attorney to be taxed on my income and from causing my estate to be subject to a general power of appointment by my attorney, as that term is defined in Section 2041 in the Internal Revenue Code.

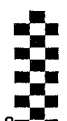
I hereby ratify and confirm all that my attorney or his successors shall lawfully do or cause to be done by virtue of this power of attorney and the rights and powers granted herein.

*KB* INITIALS

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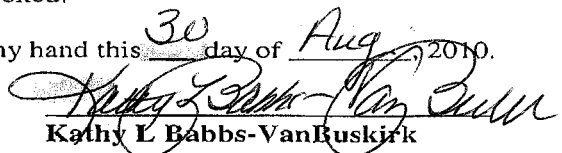
STATE OF INDIANA  
FEDERAL HOUSING  
ADMINISTRATION  
2010061674



I hereby bind myself to indemnify my attorney herein named and any successors who shall so act against any and all claims, liabilities, demands, losses, damages, actions and causes of action, including expenses, costs and reasonable attorney's fees which my attorney at any time may sustain or incur in connection with his carrying out the authority granted him in the power of attorney.

This power of attorney and the powers herein granted shall terminate upon the earliest occurrence of (i) my death, (ii) revocation by an instrument in writing, duly executed and acknowledged by me and recorded or filed for record in the office of the County clerk or Recorder of the County and State in which the Property is located, or (iii) in the event the loan contemplated hereunder is to be insured by the Federal Housing administration, the expiration of a period of time ending **SIXTY DAYS FROM DATE OF EXECUTION**. It is my intention that any person or any firm, corporation, joint venture, association or other legal entity of any kind or character dealing with my said attorney, or his substitute or substitutes, shall be entitled to rely on the provision of this paragraph in determining whether or not this power of attorney has been revoked, and I hereby represent to those dealing with my said attorney, or his substitutes, that they are entitled to rely upon the terms and provisions of the paragraph in determining whether this power of attorney has been revoked.

IN WITNESS WHEREOF, I have hereunto set my hand this 30 day of August, 2010.

  
Kathy L Babbs-VanBuskirk

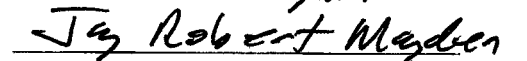
STATE OF INDIANA

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COUNTY OF Lake

BEFORE ME, the undersigned authority, a Notary Public in and for said County and State on this day personally appeared **Kathy L Babbs-VanBuskirk**, known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he executed the same for the purposes and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE this 30 day of August, 2010.

  
Notary Public  
Lake County, Indiana  
My Commission Expires 11/05/14

This instrument Prepared by: Steve Harris, Attorney-At-Law

"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." - M. Maurice Hinson

