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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2011 046393  
LIMITED POWER OF ATTORNEY  
(REAL ESTATE)

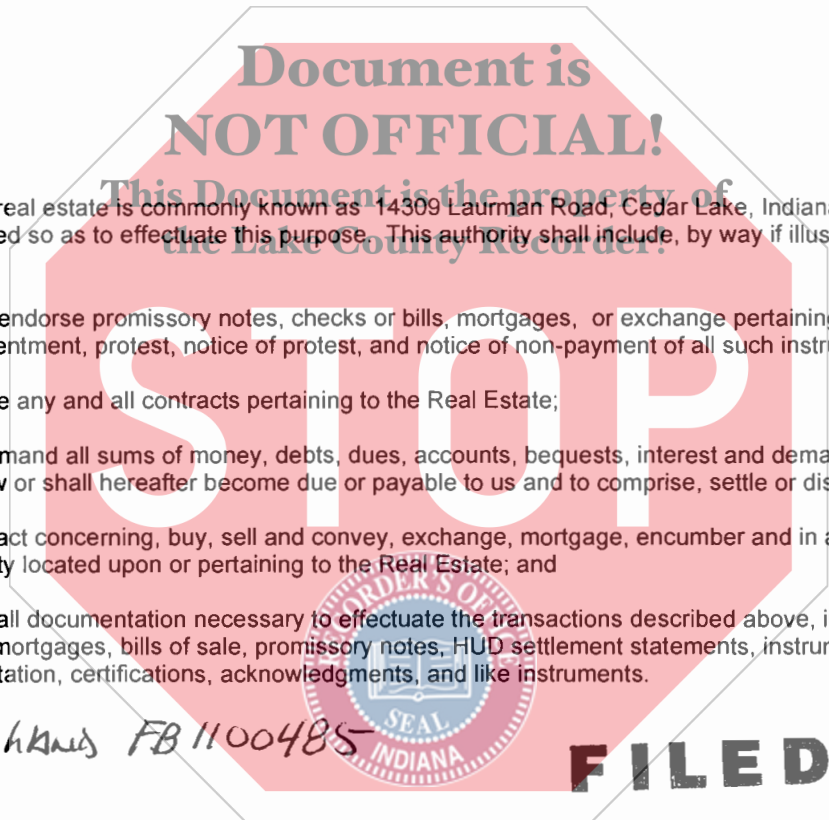
2011 AUG 25 AM 9:26  
MICHELLE LAJMAN  
RECORDER

I, KRISTIE K. LYONS, Cook County, State of Illinois, being at least 18 years of age and mentally competent, do hereby designate ROBERT L. LYONS, of Cook County, State of Illinois, as my true and lawful attorney-in-fact.  
\*III

**I. POWERS AND PURPOSES**

The above named attorney-in-fact shall have authority with respect to real property transactions pursuant to Ind. Code S 30-5-5-2, pertaining to the transaction of the real estate described below, situated in Lake County, State of Indiana:

LOTS 1, 2, 3, AND 4, IN THE WILLOWS, A SUBDIVISION TO CEDAR LAKE, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 16, PAGE 3, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.



the address of such real estate is commonly known as 14309 Laurman Road, Cedar Lake, Indiana 46303, (the "Real Estate") and shall be construed so as to effectuate this purpose. This authority shall include, by way of illustration and not limitation, the power:

To make, draw, and endorse promissory notes, checks or bills, mortgages, or exchange pertaining to the Real Estate and to waive demand, presentment, protest, notice of protest, and notice of non-payment of all such instruments;

To make and execute any and all contracts pertaining to the Real Estate;

To receive and to demand all sums of money, debts, dues, accounts, bequests, interest and demands pertaining to the Real Estate which are now or shall hereafter become due or payable to us and to comprise, settle or discharge the same;

To bargain for, contract concerning, buy, sell and convey, exchange, mortgage, encumber and in anyway and manner, deal with personal property located upon or pertaining to the Real Estate; and

To execute any and all documentation necessary to effectuate the transactions described above, including, but not limited to, closing statements, mortgages, bills of sale, promissory notes, HUD settlement statements, instruments of conveyance and supporting documentation, certifications, acknowledgments, and like instruments.

FNT-Highland FB 1100485

**FILED**

AMOUNT \$ 14<sup>00</sup>  
CASH \_\_\_\_\_ CHARGE EW  
CHECK # \_\_\_\_\_  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON-COM ✓  
CLERK Ad

**054934**

**AUG 23 2011**

**PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR**

**II. EFFECTIVE DATE AND TERMINATION**

A. This power of attorney shall be effective: (Select appropriate provision)

- as of the date it is signed
- as of the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_
- 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 Attorney.

C. This Power of Attorney shall terminate: (select appropriate provision)

- upon my incapacity
- upon the 15 day of September, 2011
- upon the execution and recordation with the Recorder's Office of the County where the Real Estate is located a written revocation hereof.

**III. RATIFICATION AND IDENTIFICATION**

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 harmless any person who, in good faith, acts under this Power of Attorney or transacts with my attorney-in-fact in reliance upon this Power, without actual knowledge of its revocation.

IN WITNESS WHEREOF, I/WE have hereunto set my/our hand(s) and seal(s) this 15 day of August, 2011.

*Kristie Lyons*  
PRINTED: Kristie R Lyons PRINTED: \_\_\_\_\_

STATE OF IL )  
COUNTY OF COOK ) SS:

Before me a Notary Public in and for sai County and State, personally appeared Kristie R. Lyons and \_\_\_\_\_ who 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 15 day of August, 2011  
Printed: Colleen O'Brien Notary Public Colleen O'Brien

My Commission expires: 9/6/11 My County of Residence: U.S.

This instrument was prepared by Kristie Lyons

