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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2012 041407

2012 JUN 22 AM 10: 01

MICHAEL E. JOHNSON
RECORDER

LIMITED POWER OF ATTORNEY
(REAL ESTATE)

1200665

I/We, Christopher L. Kimbrell and Katie L. Kimbrell
Lake County, State of Indiana, being at least 18 years of age and mentally competent, do hereby
designate Judith Arnold and/or Robert Arnold
of Lake County, State of Indiana, as my true and lawful attorney-in-fact.

I. POWERS AND PURPOSES

The above name 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 real estate described below, situated in Lake County, State
of Indiana:

SEE complete legal ATTACHED

Lot 2 Wildlife Sanctuary, subdivision Lake County, IN

the address of such real estate is commonly known as 4504 1/2 W. 13th Ave Lowell, IN
46356 (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 indorse promissory notes, checks or bills 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;

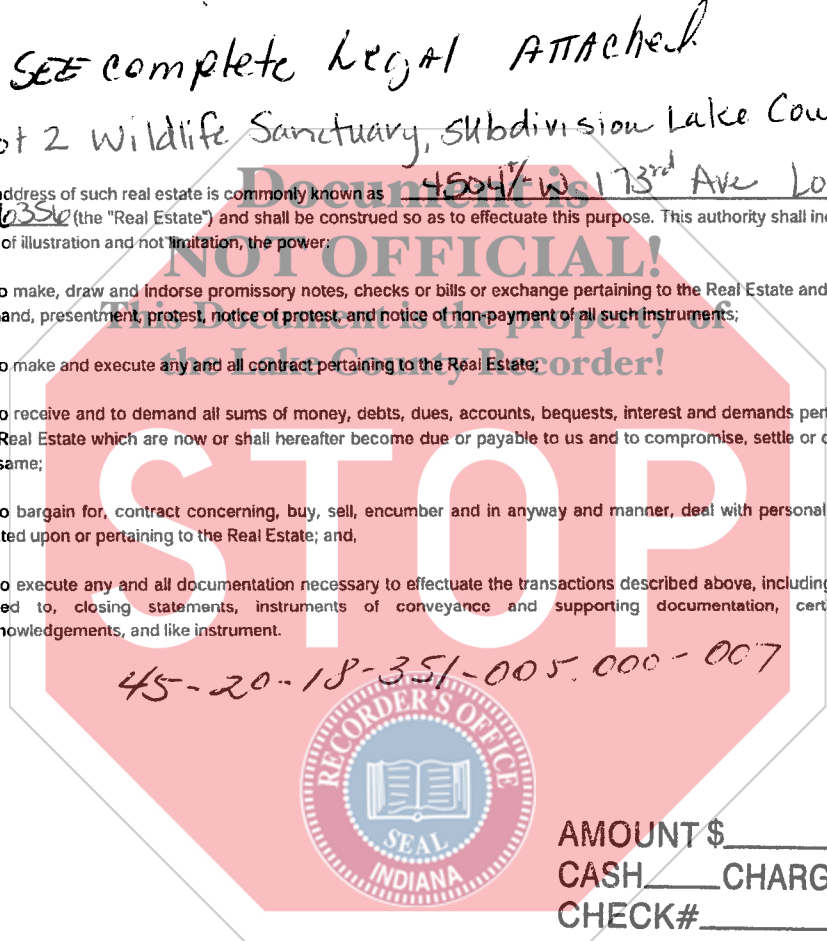
To make and execute any and all contract pertaining to the Real Estate;

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 compromise, settle or discharge
the same;

To bargain for, contract concerning, buy, sell, 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, instruments of conveyance and supporting documentation, certifications,
acknowledgements, and like instrument.

45-20-18-351-005.000-007



AMOUNT \$ 15
CASH _____ CHARGE CT
CHECK# _____
OVERAGE _____
COPY _____
NON-CONF _____
DEPUTY aw

CHICAGO TITLE INSURANCE COMPANY

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 _____, _____

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 30th day of August, 2012

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 INDEMNIFICATION

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 business 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 1 day of June, 2012

Chris Lee Kimbrell
Printed: CHRIS LEE KIMBRELL

Katie L. Kimbrell
Printed: Katie L. Kimbrell

STATE OF INDIANA }
COUNTY OF _____ } SS:

Before me, a Notary Public in and for said County and State, personally appeared Chris Lee Kimbrell and Katie L. Kimbrell 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 1 day of June, 2012
Printed: Alexander A. Kuchar, Notary Public [Signature]

My Commission Expires: 12/7/13 My County of Residence: LAKE

This instrument was prepared by _____
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. [Signature]

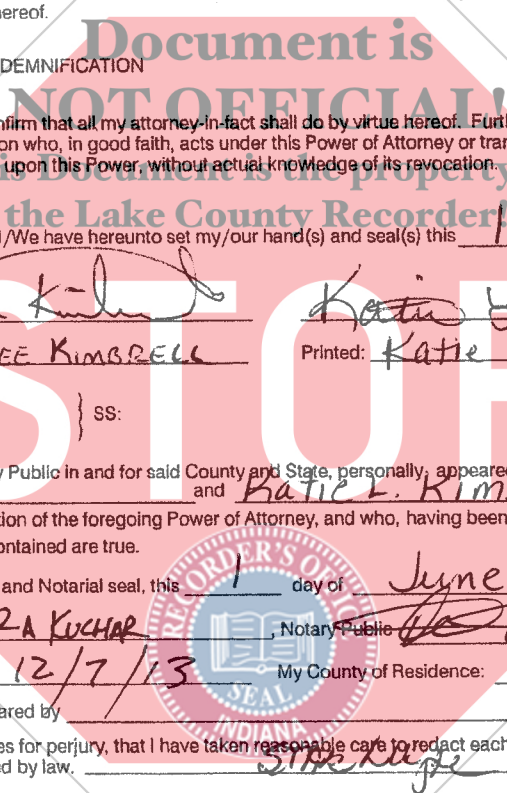


EXHIBIT A

LOT 2 IN WILDLIFE SANCTUARY SUBDIVISION, AN ADDITION TO LAKE COUNTY, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 80, PAGE 5 IN THE RECORDER'S OFFICE OF LAKE COUNTY, INDIANA.

