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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2012 060111

2012 SEP -5 AM 10: 14

MICHELLE R. FAJMAN
RECORDER

**LIMITED POWER OF ATTORNEY
(SELLER)**

Know all men by these presents that Karren Lee of adult age, do hereby make, constitute and appoint:

/K.

Melody Neagu, an adult person, to be my true and lawful attorney, for me and in my name, place and stead to do any and all of the following:

1. To bargain, agree, contract to sell, execute a Warranty Deed, complete such sale and to tender possession of all property real and personal located at and described as:

Lots Numbered Twenty-one (21) and Twenty-two (22) in Block 1 in Sexton Addition to East Gary, in the City of Lake Station, as per plat thereof, recorded in Plat Book 14, page 17 in the Office of the Recorder of Lake County, Indiana.

Property Address: 2170 Parke Street, Lake Station, IN 46405

The property described above shall include any personal property in connection therewith or any interest in such real or personal property upon such terms and conditions and under such covenants, my Attorney-in-Fact shall deem fit.

2. To enter into tax proration and escrow agreements in connection with such sale, upon such terms, my Attorney-in-Fact shall deem fit.
3. To sign and deliver and as necessary, to acknowledge and swear to closing statements, vendor's affidavits, private mortgage insurance affidavits, certificates, written statements and acknowledgments and all forms required or requested by any lender, or any governmental or private agency, firm or corporation insuring or guaranteeing repayment of such loan, or by any governmental agency, firm or corporation which may purchase said loan, my Attorney-in-fact shall deem fit.
4. To cause title insurance or other evidence of title to be issued insuring or certifying the status of the title to the real estate being purchased, as required by the purchaser and/or lender, by such title insurance underwriter for such amount and insuring such risks as my Attorney-in-Fact, shall deem fit.
5. To modify and amend all documents executed which my Attorney-in-Fact shall deem fit.
6. To appoint and authorize any other person or corporation to exercise the power and authority and on behalf of my Attorney-in-Fact should my Attorney-in-Fact not be so available to exercise such power.
7. To perform all those functions and activities set out in I.C. 30-5-5-2 and I.C. 30-5-5-5.

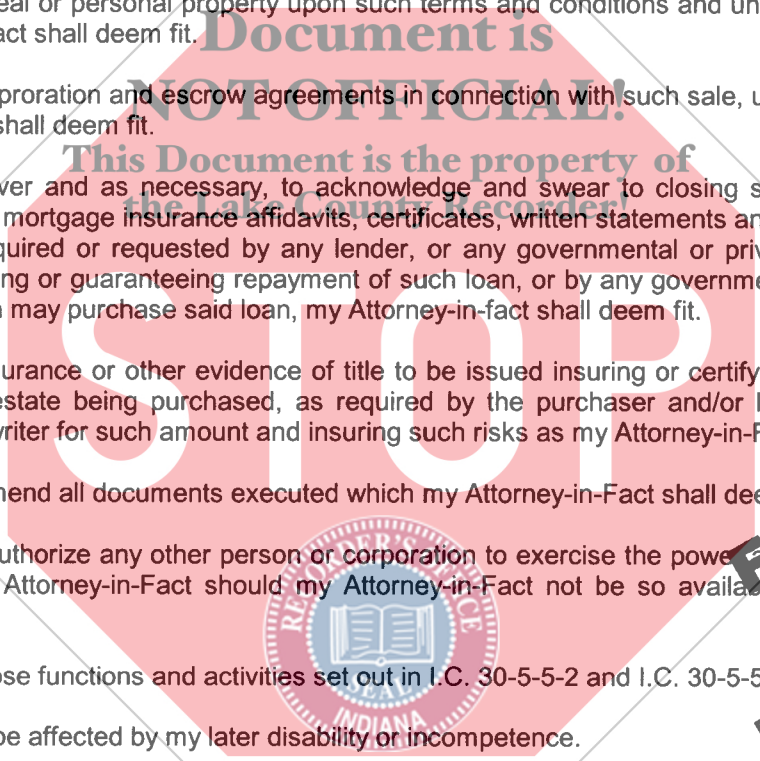
This Power shall not be affected by my later disability or incompetence.

I give and grant to the said Attorney-in-Fact full power and authority to do and perform all and every act and thing requisite or proper to be done in the exercise of the rights and powers herein granted, as fully, to all intents and purposes, as I might or could do if personally present, with full power and substitution and revocation and with full authority to deal with the property as authorized above hereby ratifying and confirming all that the said Attorney-in-Fact, or his substitute, or substitutes, shall lawfully do or cause to be done by virtue of the authority granted herein.

12-15861

HOLD FOR MERIDIAN TITLE CORP

014102



FILED
 SEP 5 2012
 PEGGY HOLINGA KATONA
 LAKE COUNTY AUDITOR

15
MT
CA

Signed this 30 day of July, 2012 ..

Karren Lee
Karren K. Lee

State of Indiana, County of Lake ss:

Before me, the undersigned, a Notary Public in and for said County and State aforesaid, on this _____ day of 30th, July .. personally appeared Karren Lee, who acknowledged the execution of the foregoing Limited Power of Attorney to be a voluntary act and deed for the uses and purposes therein set forth.

WITNESS, my hand and Notarial Seal.

My Commission Expires: 11/27/2014

Sofia Abeyta
Signature of Notary Public

Printed Name of Notary Public

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

SOFIA ABEYTA
Notary Public, State of Indiana
County of Lake
My Commission Exp. Nov. 27, 2014

Notary Public County and State of Residence

This instrument was prepared by:
Debra A. Guy, Attorney-at-Law, IN #24473-71 MI #P69602
202 S. Michigan Street, Ste. 300, South Bend, IN 46601



File No.: 12-15861

Grantee's Address and Return Original Document to:

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.

NOTE: The individual's name in affirmation statement may be typed or printed.

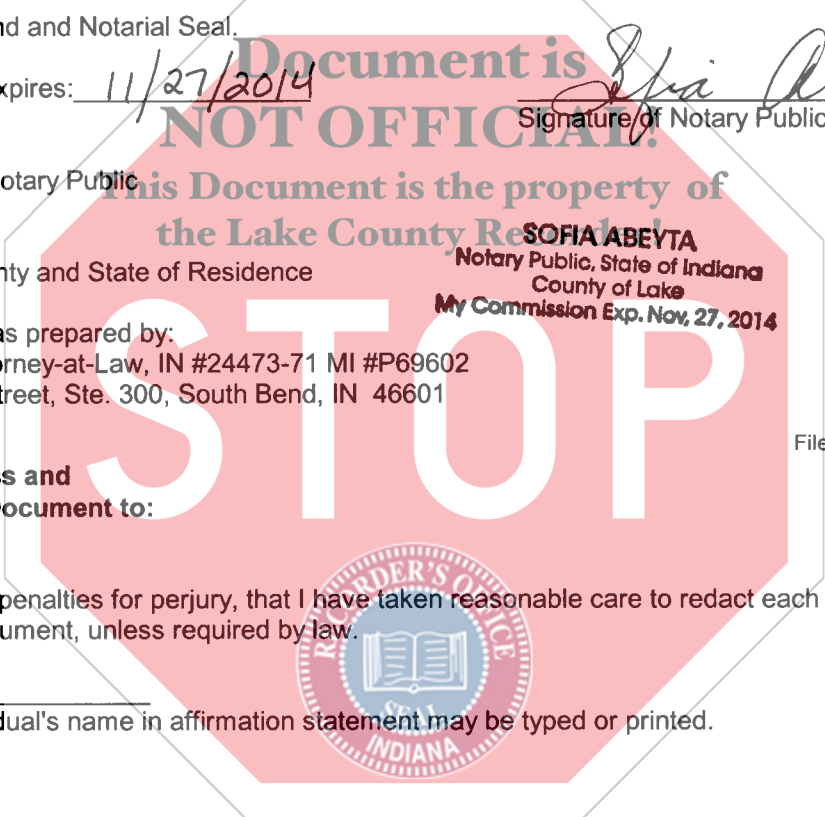


EXHIBIT "A"

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