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MICHAEL B. BROWN
RECORDER

**LIMITED POWER OF ATTORNEY
(REAL ESTATE)**

BT 1300002

45-07-28-129-002.000-026

I, R. Matthew Beary, as managing member of Clarity Strategic Opportunities, LLC, manager of CSO-OPP V, LLC of Orange County, State of CA, being at least 18 years of age and mentally competent, do hereby designate SHARON GREER of Lake County, State of Indiana, as my true and lawful attorney-in-fact.

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:

LOT 6 IN BLOCK 1 IN HOOK'S SECOND ADDITION TO HIGHLAND, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 20 PAGE 43 IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA EXCEPT THE EAST 10 FEET OF THE NORTH 9.35 FEET THEREOF, TAKEN FOR ALLEY PURPOSES.

the address of such real estate is commonly known as 8935 Richard Avenue, Highland, Indiana 46322, (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 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;

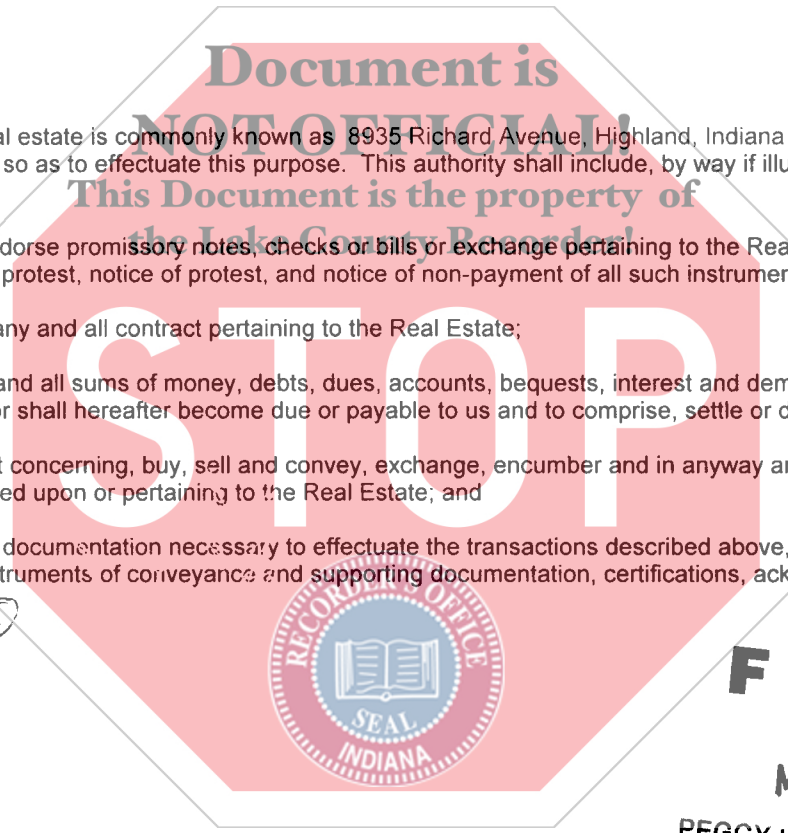
To make and execute any and all contract pertaining to the Real Estate;

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 comprise, settle or discharge the same;

To bargain for, contract concerning, buy, sell and convey, exchange, 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, acknowledgments, and like instruments.

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FILED

MAR 07 2013

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

AMOUNT \$ 13
CASH CHARGE FA
CHECK# _____
OVERAGE _____
COPY _____
NONCONF _____
ed

21496

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 _____, 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 March, 2013

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 27 day of February, 2013.

R. Matthew Beary
PRINTED: R. Matthew Beary PRINTED: _____
STATE OF Illinois)
INDIANA) SS:
COUNTY OF DuPage)

Before me a Notary Public in and for said County and State, personally appeared R. Matthew Beary 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 27 day of February, 2013
Printed: CORINA L. CIDLIK Notary Public Corina L. Sidlik
My Commission expires: 6/6/16 My County of Residence: DuPage

This instrument was prepared by Burnet Title, 14 E. U.S. Highway 30, Schererville, Indiana 46375. DONNA THOMAS

I affirm, under the penalties for perjury, that I have taken reasonable care to record each Social Security number in this document, unless required by law.
~~Traci Hurst~~ K. CRAIG

