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LIMITED POWER OF ATTORNEY (REAL ESTATE)

I, Teresa A. McLean of Lake County, State of Indiana, being at least 18 years of age and mentally competent, do hereby designate David E. Woodward of Porter County, State of Indiana, as my true and lawful attorney-in-fact.

1. POWERS AND PURPOSES

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

Stillwater Unit Five Phase Two Lot 72, PB 99, Pg 65, Lake Co. Indiana
PARCEL # 45-16-16-481-001.000-042
the address of such real estate is commonly known as 1407 Crooked Creek Court, Crown Point, Lake County, Indiana 46307 ("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 of exchange pertaining to the Real Estate and to waive demand, presentment, protest, notice of protest, and notice of nonpayment 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, interests 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 any way 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.

II. EFFECTIVE DATE AND TERMINATION

1. This Power of Attorney shall be effective:

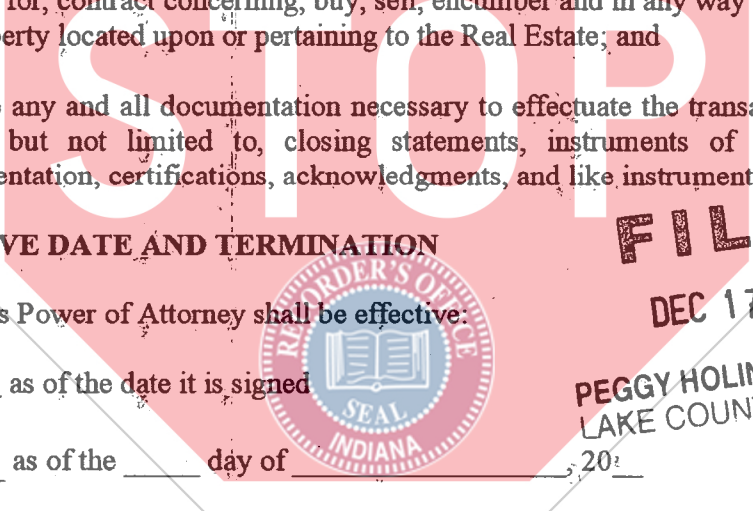
X as of the date it is signed

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.

WHEN RECORDED RETURN TO:
PROFESSIONALS' TITLE SERVICES, LLC
9195 BROADWAY
MERRILLVILLE, IN 46410
PTS13-7116

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PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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STATE OF INDIANA
LAKE COUNTY
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MICH. ELLB. ROWEN
RECORDER
2013 DEC 17 PM 1:00

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2. My disability or incompetence (shall) (shall not) affect or terminate this Power of Attorney.

3. This Power of Attorney shall terminate:

___ upon my incapacity

___ upon the ___ day of _____, 20__.

X 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 hereby ratify and confirm all that my attorney in fact shall do by virtue hereof. Further, I 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 have hereunto set my hand and seal this 14th day of December, 2013.

Document is NOT OFFICIAL!

Teresa A. McLean
Teresa A. McLean

This Document is the property of the Lake County Recorder!

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, a Notary Public in and for said County and State, personally appeared Teresa A. McLean, who acknowledged the execution of the foregoing Power of Attorney, and who, having been duly sworn, stated that any representations therein contained are true.

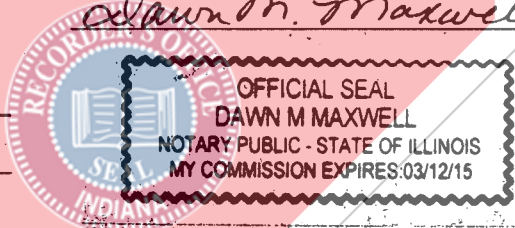
WITNESS my hand and Notarial seal, this 11 day December, 2013.

Dawn M. Maxwell

Notary Public

My Commission Expires: 3/12/15

My County of Residence: Peoria



This Instrument Prepared By: David E. Woodward, Woodward & Blaskovich, LLP, 9223 Broadway, Suite E, Merrillville, IN 46410 Phone: (219) 736-9990.

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.

By: *Lisa M. Maksa*
Agent for Professionals' Title Services