THIS FORM HAS BEEN PREPARED FOR USE IN THE STATE OF INDIANA BY LAWYERS ONLY. USING THIS FORM, FILLING IN BLANK SPACES, STRIKING OUT PROVISIONS AND INSERTING SPECIAL CLAUSES MAY CONSTITUTE THE PRACTICE OF LAW, WHICH SHOULD BE PERFORMED ONLY BY A LAWYER.

LIMITED POWER OF ATTORNEY FOR REAL ESTATE TRANSACTIONS

\mathbf{OF}
Principal
ТО
Attorney in Fact
The undersigned hereby nominates, constitutes and appoints, whose address is, as my true and lawful attorney-in-fact to do and perform for me and in my name the following limited matter only, pursuant to IC 30-5-5-2:
Transfer of interest in Real Estate - to sell, convey, lease, grant an option to purchase, or otherwise transfer, for such consideration and upon such terms as my attorney-in-fact shall deem advisable, including a contract for conditional sale, and also to execute and deliver any deed, sales agreement, lease, contract and any other document(s), in such manner and form as may be necessary or required for my attorney-in-fact to transfer all or any part of my interest in the following described real estate, to-wit:
Commonly known as:
All persons, firms and corporations to whom this instrument may be delivered may rely on its being in effect and unrevoked by me unless I shall have executed a proper instrument of revocation and recorded it, or caused it to be recorded, in the Office of the Recorder of County, State of Indiana. I give my attorney-in-fact the power to act on my behalf and to do for me and in my
name those things which said attorney-in-fact deem(s) expedient and necessary to effectuate the intent of this Limited Power of Attorney

This Power of Attorney sh	all automatically terminate my self, however, the p	te and become null and void or ower to act on my own behalt	on the day of If and also to revoke or amend this Limited Pow	, er of
Attorney.				
Signed this	day of	, 20 .		
Counterpart No				
			Princi	pal
		Address:_		
STATE OF INDIANA)			
COUNTY OF) SS:)			
and acknowledged the exe	y appeared:cution of the foregoing lir	•	roluntary act and deed of the principal, for the uses	
My Commission Expires:		Signature	2	
	Count	y, Indiana Printed	Notary P	
Resident of	<u>.</u>			
			Attorney at	ublic
	y:	The Allen County Indiana Bar		ublic
	y:	The Allen County Indiana Bar I affirm, under the		ublic Law