898796

POWER OF ATTORNEY

OF PAULA ORTIZ (GRANTOR) TO YVONNE FARIAS

(ATTORNEY-IN-FACT)

CO

YVONNE FARIAS The undersigned hereby nominates, constitutes and appoints

whose address is 3117 Devonshire Circle, Crown Point, IN 46307 as my true and lawful attorney-in-fact to do and perform for me and in my name the following:

(Strike any paragraph not applicable)

ZIKKIBIK KIKIK KIK **МЯ**НДИМИХУЕНМИМИКИМ ХИМИ ИМИНИХУЕЛУИМ ЖЕМИЙМИМ ЖИЙ ЖИК ЖИК ЖИК ИХИМИКИ ИМИНИКИМ ЖИМИКИМ В МИНИКИМ В МИНИМ В МИНИМ В МИНИКИМ В МИНИМ В МИНИМ В МИНИМ В МИНИМ В МИНИМ В МИНИМ В XXXXXXXXX

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To take any and all steps necessary to sell certain real estate owned by me commonly described as 33 Walnut Parkway, Crown Point, Indiana, including but not limited to listing the house with a realtor, negotiating, accepting or rejecting any offer to purchase, executing any closing documents and/or papers executing a deed to the property and receiving the sale proceeds.

> Lot 36 WALNUT GARDENS in the CITY of Crown Point

IN FURTHERANCE OF THESE POWERS I give my attorney-in-fact power and authority to do for me and in my name those things which such attorney deems expedient to and necessary to effectuate the intent of this instrument, as fully as I could do personally for myself, reserving unto myself, however, the power to act on my own behalf and also to revoke the powers given in this instrument.

Any act or thing lawfully done by my attorney-in-fact under this instrument shall be binding on me and on my heirs, assigns and legal representatives.

TICOR TITLE INSURANCE Highland, Indiana

Persons to whom this instrument may be delivered may	rely on its being in effect and unrevoked unless I shall have exe
Lake County, State of Indiana, This Power	or caused it to be recorded, in the Miscellaneous Records o state of the process
voked as aforesaid, the powers given my	attorney-in-fact shall automatically terminate of
(DATE)	at shall become null and void.
Signed this 10 A day of XXXXXXXXXXX	strument in 3 counterparts, each of which shall be
as witness, who has duly witnessed my signing of this ins	strument in 3 counterparts, each of which shall be
considered an original.,	,
Counterpart No	PAULA ORTIZ
	A .
	Paula Ontis
	GRANTOR
•	581-09-7652
	GRANTOR'S SOCIAL SECURITY NUMBER
	Rec. Bairoa, Calle-9-CM-16
	GRANTOR'S ADDRESS Caguas, Puerto Rico 00625
wilny authorite	
WITNESS TO SIGNING BY GRANIOR	<u> </u>
<u> </u>	
STATE OF INDIANA) SS:	
COUNTY OF Labe)	
Before me, the undersigned, a Notary Public in	and for said County and State, this 1st day of
	onally appeared the Grantor named above, and acknowledged stary act and deed, for the uses and purposes therein stated.
the execution of the above instrument to be mayner void	trany act and accu, for the uses and purposes therein stated.
IN WITNESS WHEREOF, I have hereunto set my	hand and official seal the day and year last above written.
	50
	hemm in Ridler
	NOTARY PUBLIC LYOIN M. BUTLER
My Commission Expires:	Resident Of:
	9 .
6-10-88	County
	·
The atternay-in-fact represents and warrants that within h	nis knowledge this power is unrevoked and is still in full force
and effect upon each and every exercise of the powers he	
	Himus taux
	ATTORNEY-N-FACT
	Yvonne Farias
This instrument prepared byGlenn S. Vicia	
1000 East 80th	Place
Merrillville,	IN/46410