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POWER OF ATTORNEY GIVEN BY MARY CONNERS

aka Mary E. Connors

I, **Mary Connors**, do hereby make, constitute and appoint **Patricia Lewis**, my true and lawful Attorney and (hereinafter sometimes referred to in the singular as "my Attorney") and in my name, place and stead, to exercise all or any of the following powers and authority I could exercise regarding the real property I own, commonly referred to as 1801 West 95th Avenue Crown Point, Indiana 46307, and more fully described as:

Lot 23 in Fountain Ridge 2nd Addition, Unit #2, to the City of Crown Point, as per plat thereof, recorded in Plat Book 42 page 3, in the Office of the Recorder of Lake County, Indiana;

upon such terms and conditions as my Attorney, in her sole discretion, deems appropriate, including but not limited to the following:

1. **Authority to Sell.** To sell, convey, exchange or otherwise dispose of any or all property or interest or estate, I may have in the real property described above, and for the purpose of the foregoing to execute, acknowledge and deliver in my name any and all instruments of conveyance, deeds or assignments in such form and with such warranties and covenants as my Attorney, in her sole discretion, deems appropriate;

2. **Authority to Sign Documents.** To sign, seal, execute, deliver and acknowledge deeds, financing statements, hypothecations, notes, contracts, agreements, receipts, releases and satisfaction of deeds or mortgages, checks, drafts, notes or other negotiable or non-negotiable commercial instrument which I might lawfully sign in person, relative to said real property;

3. **Ratification.** I hereby ratify and confirm all that my Attorney, Patricia Lewis shall lawfully do or cause to be done by virtue of this power of attorney and the rights and powers granted herein;

4. **Revocation.** This power of attorney may be revoked, only by my written revocation entered of record in the offices of the County Clerk of Lake County, Indiana, or any other county in which this document is filed. Any such revocation must be signed and acknowledge before a Notary Public or other similar official authorized to administer oaths;

5. **Copies.** This instrument may be filed of record in any one or more counties within and without the State of Indiana or elsewhere as may be deemed appropriate by my Attorney, and copies of this instrument, certified as true or exact copies by the County Clerk of any of said counties, shall be treated as original copies for all purposes;

This document is being re-recorded to correct the legal description.

6. **Captions.** All titles, headings, and captions used herein have been included for convenience of reference only and shall not be deemed to define or

STATE OF INDIANA
MAR 16 1994
11:45 AM
REC'D
STATE OF INDIANA
CLERK OF SUPERIOR COURT
LAFAYETTE, INDIANA

STATE OF INDIANA
MAR 25 1994
17 AM
REC'D
STATE OF INDIANA
CLERK OF SUPERIOR COURT
LAFAYETTE, INDIANA

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MAR 15 1994

PAGE 1 of 2

Anna N. Anton

Initials of Mary Connors: M.C.

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[Handwritten signature]

limit these provisions or to affect in any way the construction or application of these provisions; and,

7. Triggering terms. The terms of this power of attorney shall become effective immediately, and is meant to be both for my convenience and agency, whether I am residing in Florida, Indiana or any other state, territory of the United States or foreign Sovereign. **FURTHER, THIS POWER OF ATTORNEY SHALL REMAIN EFFECTIVE UPON THE DISABILITY OR INCAPACITY OF MYSELF, MARY CONNERS;** and shall continue in full force and effect not withstanding such disability or incapacity and shall remain effective after my death, to the full permissible legal extent under applicable federal and state laws.

Signed this 9th day of March, 1994 before the person named below, as witness, who has duly witnessed my signing of this instrument, which consists of two pages.

Document is the property of the Lake County Recorder!

NOT OPEN

Mary Connors
Mary Connors Grantor
aka Mary E. Connors
315-12-8356
Grantor's Social Security Number

Alex Buchba
Witness

STATE OF Florida
COUNTY OF Orange

)
)SS:
)

BEFORE ME, the undersigned, a Notary Public in and for said County, and State, on this date personally appeared Mary Connors,* known to me to be the person whose name is subscribed to the foregoing Power of Attorney and acknowledged to me that she executed it for the purposes therein specified.

*aka Mary E. Connors

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this 9 day of March, 1994.

Linda Rose
Notary Public

My Commission Expires: _____



Prepared by: Attorney Robert J. Henke #15454-64, Carr & Henke, 3799 Central Avenue, Lake Station, Indiana 46405.

Initials of Mary Connors: MC