

Richard L. Roberts & Assoc.
Professional Corporation
1165 E. Ridge Rd.
Griffith, Ind. 46319

FILED

STATE OF INDIANA)
COUNTY OF LAKE)

SS:

SEP 20 1995

POWER OF ATTORNEY

SAM ORLICH
AUDITOR LAKE COUNTY

KNOW ALL MEN BY THESE PRESENTS: That, I VERNA RIADON of 6850 Colorado, Hammond, Indiana 46323 do hereby make, constitute and appoint my Son, Chelcia Riaden, my true and lawful attorney, for me and in my name, place and stead, giving and granting unto my said attorney full powers and authority as set forth in Indiana code 30-5-5-2 through 30-5-5-19 to do and perform all and every act and thing whatsoever requisite and necessary to be done in the premises as fully, to all intents and purposes, as I might or could do if personally present, with full power of substitution and revocation, hereby ratifying and confirming all that my said attorney or the substitute of my attorney may lawfully do or cause to be done by virtue hereof including but not limited to the following specific acts: any act concerning or related to the sale of the following property:

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STOP

The South 50 feet of Lot 9 in Block 8 in Hartman's Garden 2nd Addition, Hammond, Lake County, Indiana as per plat thereof, recorded in Plat Book 16, Page 9, in the Office of the Recorder of Lake County, Indiana

Commonly known as 6850 Colorado, HAMMOND, Indiana 46323

and to do all things necessary to be done to accomplish such specific acts.

A photocopy of this Power of Attorney certified as a true and complete copy of my attorney-in-fact shall be deemed an original for all purposes whatsoever.

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95 SEP 27 AM 8:38

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

MARGARET C. ORLAND
RECORDER

132

This power of Attorney shall not be affected by my incapacity or disability. It is my wish and intent that the authority conferred by me upon my attorney through this Power of Attorney should be exercisable notwithstanding my subsequent disability or incapacity or uncertainty as to whether I am dead or alive. All acts done by my attorney-in-fact or agent pursuant to this Power of Attorney during any period of disability, incompetence, incapacity or uncertainty as to whether I am dead or alive shall have the same effect and shall bind my heirs, legatees, devisees and personal representatives as if I were alive, competent and sane.

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IN WITNESS WHEREOF, I hereunto set my hand this 5 day of September, 1995.

Verna Riadon
VERNA RIADON

On this 5 day of September, 1995, VERNA RIADON personally appeared before me, a Notary Public in and for said County and State, executed the above Power of Attorney as her free act and deed.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed my seal, the day and year above written.

Bertina R. Beck
Notary Public
BERTINA R. Beck
Printed Name

My Commission Expires: Oct 20, 1998
My County of Residence: LAKE

I, Chelcia Riaden duly appointed attorney-in-fact for VERNA RIADON do hereby certify under penalty of perjury that this document is a true and complete copy of the Power of Attorney executed by VERNA RIADON on the date written therein.

Date of Certification: _____

Chelcia Riaden

Chelcia Riaden

