STATE OF INDIANA
LAKE COUNTY US 80/LD
FILED FOR RECORD

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MARGARETTE CLEVELAVID RECORDER

LIMITED POWER OF ATTORNEY (REAL ESTATE)

I/We, David E. Rupprecht Lake County, State of Indiana, being at least 18 years of age and mentally competent, do hereby designate Doris L. Rupprecht of Lake County, State of

Indiana, as my true and lawful attorney-in-fact.

POWERS AND PURPOSES TOFFICIAL

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

LOT 3, WEST MEADOWS SUBDIVISION, AS SHOWN IN PLAT BOOK 79, PAGE 58, LAKE COUNTY, INDIANA



the address of such real estate is commonly known as Lowell. IN. 46356, (the "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:

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Indianapolis Bar Association

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To make, draw and indorse promissory notes, checks or bills of exchange pertaining to the Real Estate and to waive domand, presentment, protest, notice of protest, and notice of non-payment 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, interest 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, acknowledgements, and like instruments.

II.	EFFECTIVE DATE AND TERMINATION INT. 18	
A.	This power of attorney shall be effective (select appropriate provision)	
\boxtimes	This Document is the property of the date it is signed the Lake County Recorder!	
	as of the day of, 19	
	upon the determination that I am disabled or incapacitated, or no longe	
be es	ble of managing my affairs prudently. My disability or incapacity, for this purpose, mastabilished by the certificate of a qualified physician stating that I am unable to managifairs.	
B. or te	My disability or incompetence (select appropriate provision): (shall) (shall not) affect minate this Power of Attorney.	it.
C.	This power of attorney shall terminate: (select appropriate provision)	
	upon my incapacity upon theday of	
	upon the execution and recordation with the Recorder's Office of the Count te the Real Estate is located a written revocation hereof	y

III. RATIFICATION AND INDEMNIFICATION

I/We hereby ratify and confirm all that my attorney-in-fact shall do by virtue hereof. Further, I/We 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.

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representations						
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