STATE OF INDIANA

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## MOHRS A MARTER RECORDEY (REAL ESTATE) 11- HB+ 92-4984

Lake	County, State of Indiana, being at least 18 years of age and mentally competent, do hereby
	CLABAGOFF OCIIMent is
of LAKE	County, State of Indiana, as my true and lawful attorney-in-fact.
	AS AND PURPOSES OT OFFICIAL!
c The abo	ove name attorney-in-fact shall have authority with respect to real property transactions pursuant to ind. Code
5 30-5-5-2 of Indiana	pertaining to the transaction real estate described below, situated in AKE County, State
	Block 3 in Creetwood Park Second Subdivision, in the City of Hobart, as per plat thereof, recorded in Plat page 71, in the Office of the Recorder of Lake County, Indiana.
	17-205-10
the addre	ss of such real estate is commonly known as 278 Softwood Drive, Hobert, IN 46342
	(the "Real Estate") and shall be construed so as to effectuate this purpose. This authority shall include, by

To make, draw and indorse promissory notes, checks or bille or exchange pertaining to the Real Estate and to waive demand, presentment, protest, notice of protest, and notice of non-payment of all such instruments; 3 2000

To make and execute any and all contract pertaining to the Real Estate;

PÉTER BENJAMIN LAKE COUNTY AUDITOR

To receive and to demand all sums of money, debte, 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 anyway 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 instrument.

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## II. EFFECTIVE DATE AND TERMINATION A. This power of attorney shall be effective: (select appropriate provision) of the date it is signed \_\_ day.of\_ as of the upon the determination that I am disabled or incapacitated, or no longer capable of managing my affairs prudently. My disability or incapacity, for this purpose, may be established by the certificate of a qualified physician stating that I am unable to manage my affairs. This Document is the property of B. My disability or incompetence (select appropriate provision): (shall) (shall not) affect or terminate this Power of the Lake County Recorder! Attorney. C. This power of attorney shall terminate: (select appropriate provision) upon my incapacity upon the \_\_\_\_\_ day of \_\_\_ upon the execution and recordation with the Recorder's Office of the County where the Real Estate is located a vikton revocation hereof. III. RATIFICATION AND INDEMNIFICATION I/We hereby ratify and confirm that all 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. WITNESS WHEREOF, I/We have hereunto set my/our hand(s) and seal(s) this COUNTY OF \*aka Donald George Jankovich Before me, a Notary Public in and for said County and State, personally appeared Donne G. JANKOVICHA

acknowledged the execution of the foregoing Power of Attorney, and who, having been duly swom, stated that any

Notery Public 🧷

My County of Residence:

WITNESS my hand and Notarial seal, this \_\_\_\_\_\_\_ day of \_\_\_\_\_\_ CTOBER

AHERTY

This instrument was prepared by DONALD GEORGE JANKOVICHL

representations therein contained are true.

My Commission Expires:

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