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## LIMITED POWER OF ATTORNEY OF MARINA (REAL ESTATE) LAXE COURT FILED FOR BECORD

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Lake	County, State	of Indiana	, being at leas	t 18 years of	age and r	nentally	competent.	de
hereby designate_	Rober	4 E.	Wilczy	inski	-9170	of Enter	TO HAVE THE	uc
County, State of In	idiana, as my tr	ue and lav	vful attorney-ir	i-fact.		TEST	TUER	

## I. POWERS AND PURPOSES

The above name 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:

Apartment #6414 Taft Street, Merrillville, Indiana, in Country Aire Condominiums as per Declaration of Condominiums thereof, recorded on the 17th day of May, 1982 as Document No. 668877 as amended by instrument recorded July 12, 1983 as Document No. 715855 and as shown in Plat Book 54 page 44 in the office of the Recorder of Lake County, Indiana; together with an undivided 1/14th interest in the common areas and facilities appertaining thereto.

the address of such real estate is commonly known as 6914 Toff Street (the "Real Estate") and shall be construed so as to effectuate this purpose. This authority shall include, byway of illustration and not limitation, the power:

To make, draw and indorse promissory notes, checks or bills 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;

To make and execute any and all contract 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 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.

FILED

MAY 30 2002

PETER BENJAMIN
LAKE COUNTY AUDITOR

002277 J.H

## II. EFFECTIVE DATE AND TERMINATION

This power of attorney shall be effective: (select appropriate provision)

as of the date it is signed  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.  B. My disability or incompetence (select appropriate provision): (shall) (shall not) affect or terminate this Power of Attorney.  C. This power of attorney shall terminate: (select appropriate provision)  □ upon my incapacity □ upon the	A as of the date it is signed
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.  B. My disability or incompetence (select appropriate provision): (shall) (shall not) affect or terminate this Power of Attorney.  C. This power of attorney shall terminate: (select appropriate provision)  upon my incapacity  upon the	☐ as of the day of ,
C. This power of attorney shall terminate: (select appropriate provision)  upon my incapacity  upon the	affairs prudently. My disability or incapacity, for this purpose, may be established by the certificate of a
upon the	
upon theday of	C. This power of attorney shall terminate: (select appropriate provision)
upon the execution and recordation with the Recorder's Office of the County where the Real Estate is located a written revocation hereof.  III. RATIFICATION AND INDEMNIFICATION is the property of  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.  IN WITNESS WHEREOF, I/We have hereunto set my/owf hand(x) and seal(x) this 17 day of May commission Expires:  Ture 22, 3004 My County of Residence: Sur Lemmin, CA	☐ upon my incapacity
III. RATIFICATION AND INDEMNIFICATION is the property of  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 hamless 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.  IN WITNESS WHEREOF, I/We have hereunto set my/our hand(n) and seal(n) this 17 day of	☐ upon the , ,
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.  IN WITNESS WHEREOF, I/We have hereunto set my/our hand(a) and seal(a) this 17 day of , May , 2001  Printed: Michael Turkey Printed: Shoshana M. HAWKINS  COUNTY OF Schana M. HAWKINS  COUNTY OF Schana M. Hawkins Schalles In 22 2001  Before me, a Notary Public in and for said County and State, personally appeared Michael Who acknowledged the execution of the foregoing Power of Attorney, and who, having been duly sworn, stated that any representations therein contained are true.  WITNESS my hand and Notarial seal, this day of May , 2002  Printed: Sheshana M. Hawkins , Notary Public My Commission Expires: Turke 22, 3004  My Commission Expires: Turke 22, 3004  My County of Residence: San Bernalins , A	NOT OFFICIAL!
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.  IN WITNESS WHEREOF, I/We have hereunto set my/our hand(st) and seal(st) this 17 day of , May , 2002.  Printed: Michael Tulicand Printed: Printed: Printed: Sen Benardine County My Commission 126110  Son Benardine County My Commission 126110  Notary Public Collomb  Scounty Audit County and State, personally appeared who acknowledged the execution of the foregoing Power of Attorney, and who, having been duly sworn, stated that any representations therein contained are true.  WITNESS my hand and Notarial seal, this day of May , 2002  Printed: Sheshana m. Hawkins , Notary Public My County of Residence: Sur Benardine A	III. RATIFICATION AND INDEMNIFICATION is the property of
Printed: Michael Tulored Printed:  STATE OF INDIANA  SS: Commission # 1268110  Notary Public - Calibrida  Son Bernardine County My Comm. Epites Jun 22, 2004  Before me, a Notary Public in and for said County and State, personally appeared who acknowledged the execution of the foregoing Power of Attorney, and who, having been duly sworn, stated that any representations therein contained are true.  WITNESS my hand and Notarial seal, this day of May . 2002  Printed: Shoshana m. Hawking, Notary Public  My Commission Expires: June 22, 2004  My County of Residence: Sun Bernardins, CA	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
Printed: SHOSHANA M. HAWKINS  COUNTY OF  Before me, a Notary Public in and for said County and State, personally appeared who acknowledged the execution of the foregoing Power of Attorney, and who, having been duly sworn, stated that any representations therein contained are true.  WITNESS my hand and Notarial seal, this day of May	2000.
Printed: SHOSHANA M. HAWKINS  COUNTY OF  Before me, a Notary Public in and for said County and State, personally appeared who acknowledged the execution of the foregoing Power of Attorney, and who, having been duly sworn, stated that any representations therein contained are true.  WITNESS my hand and Notarial seal, this day of May	Michel fully
STATE OF INDIANA  SS:  COUNTY OF  Before me, a Notary Public in and for said County and State, personally appeared   Who acknowledged the execution of the foregoing Power of Attorney, and who, having been duly sworn, stated that any representations therein contained are true.  WITNESS my hand and Notarial seal, this   With a county and state, personally appeared   Who acknowledged the execution of the foregoing Power of Attorney, and who, having been duly sworn, stated that any representations therein contained are true.  WITNESS my hand and Notarial seal, this   Printed: Sheshana m. Hawkins, Notary Public   My Commission Expires:   Tune 22, 2004   My County of Residence:   See Serrending   Who acknowledged the execution of the foregoing Power of Attorney, and who, having been duly sworn, stated that any representations therein contained are true.  WITNESS my hand and Notarial seal, this   My County of Residence:   My County of Residence:   See Serrending   And   Who acknowledged the execution of the foregoing Power of Attorney, and who, having been duly sworn, stated that any representations therein contained are true.  WITNESS my hand and Notarial seal, this   My County of Residence:   My Coun	Printed: Michael JW. Kryoli Printed:
Before me, a Notary Public in and for said County and State, personally appeared who acknowledged the execution of the foregoing Power of Attorney, and who, having been duly sworn, stated that any representations therein contained are true.  WITNESS my hand and Notarial seal, this day of May , 2002  Printed: Sheshara m. Hawking, Notary Public  My Commission Expires: Time 22, 2004 My County of Residence: San Bernardins, CA	STATE OF INDIANA ) Commission 1268110
who acknowledged the execution of the foregoing Power of Attorney, and who, having been duly sworn, stated that any representations therein contained are true.  WITNESS my hand and Notarial seal, this	COLINITY OF Son Bernardine County
representations therein contained are true.  WITNESS my hand and Notarial seal, this	(A): (czunski, and who acknowledged the
Printed: Shoshana m. Hawkins, Notary Public My Commission Expires: Tune 22, 2004 My County of Residence: Sen Bernardins, CA	representations therein contained are true.
My Commission Expires: Time 22, 2004 My County of Residence: Sin Bernalino, CA	
I his instrument was prepared by	