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# POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS THAT I, GEORGE EVANCHO

of the County of LAKE, State of INDIANA

do hereby constitute and appoint KIM EVANCHO

of the County of LAKE, State of INDIANA

my true and lawful attorney, for me and in my name to make, execute, accept and deliver any contract or other document in regard to the purchase or refinance of a certain piece of real estate known as

9455 MCKINLEY ST. CROWN POINT, IN 46307  
(property address)

upon such terms and conditions as my aforesaid attorney-in-fact may deem proper, to endorse and carry out any terms and conditions of such contract and to execute and deliver such deed of trust/mortgage and notes payable to or for the benefit of Columbia National, Inc.

202 06574

**For Department of Veterans Affairs Loans Only:**

Purchase Price: \_\_\_\_\_ Loan Amount: \_\_\_\_\_

Term of Loan: \_\_\_\_\_ years Amount of VA Entitlement to be Used: \_\_\_\_\_

If purchasing the aforementioned property, I confirm that said property will be occupied by me as my home upon return to the area within a reasonable period of time, and/or by my immediate family during my absence.

I further hereby make, constitute and appoint my aforesaid attorney-in-fact to make, endorse, receive, sign, seal, execute, acknowledge, accept and deliver deeds, deeds of trust, mortgages, notes, checks, receipts, releases, disclosure statements, rights of rescission, settlement statements and such other instruments or closing documents in writing of whatever kind and nature as may be necessary for the aforesaid premises.

Further, this Power of Attorney and the authority herein granted to my aforesaid attorney-in-fact shall not terminate upon my disability, incompetence or incapacity; provided, however, that I hereby reserve the right to revoke, suspend or terminate all or any part of the Power and authority of my aforesaid attorney-in-fact, but no such act of revocation, suspension or termination or death shall affect any third person dealing with my aforesaid attorney-in-fact, except from date of communication of such notice of revocation, suspension or termination or notice of such death to such third persons; and the right which I herein reserve to revoke, suspend, or terminate all or any part of the powers and authority of my aforesaid attorney-in-fact shall inure to and be exercisable by any guardian or committee who may hereafter be appointed for me.

WITNESS my/our hand(s) and seal(s) this 15<sup>th</sup> day of July, 2002

WITNESS: Anna Krone

STATE OF IND  
COUNTY OF LAKE

I, Yvonne PONZIANO, a Notary Public in and for said

State and County, do hereby certify that GEORGE EVANCHO who is personally well known to me to be the person whose name is subscribed to the foregoing and annexed instrument, personally appeared before me and acknowledged to me that he/she executed the same and that it was his/her voluntary act and deed for the purposes and uses therein set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal on this 15<sup>th</sup> day of July, 2002

Yvonne Ponziano  
Notary Public  
My Commission Expires: Dec. 6<sup>th</sup> 2003

Multi-State Power of Attorney (1193)  
Columbia National, Inc.

68056

\*\* TOTAL PAGE.002 \*\*

**HOLD FOR FIRST AMERICAN TITLE**

\*\* TOTAL PAGE.02 \*\*



10.00  
M.V.  
FA