

NOTICE: USE OF THIS FORM CONSTITUTES THE PRACTICE OF LAW AND IS LIMITED TO LICENSED ATTORNEYS

LIMITED POWER OF ATTORNEY (REAL ESTATE)

I/We, MARGIE APONTE, County, State of Indiana, being at least 18 years of age and mentally competent, do hereby designate J. J. STANKIEWICZ, of Lake County, State of Indiana, as my true and lawful attorney-in-fact.

I. POWERS AND PURPOSES

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

~~Resub of L 24 to 27, S 1/4 of D 28, Block 18, NW 1/4, S 29, T 37 N, R 9 W, Lake County, Indiana~~

Lot "C" in the Resubdivision of Lots 24, 25, 26, 27 and the South 2.5 feet of Lot 28, in Block 13 in the Northwest 1/4 of Section 29, Township 37 North, Range 9 West of the 2nd Principal Meridian, in the City of East Chicago, as per plat thereof, recorded in Plat Book 17 page 12, in the Office of the Recorder of Lake County, Indiana. 30-59-3(24)

the address of such real estate is commonly known as 4239 DARING AVE. EAST CHICAGO, IN, (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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STATE OF INDIANA LAKE COUNTY RECORDER



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

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

as of the date it is signed

as of the _____ day of _____, 19____.

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 _____ day of _____, 19____.

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

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.

IN WITNESS WHEREOF, I/We have hereunto set my/our hand(s) and seal(s) this 22 day of Nov, 2005

Margie Aponte
Printed: MARGIE APONTE

Printed: _____

STATE OF ~~INDIANA~~ FLORIDA
COUNTY OF ~~OSCEOLA~~ OSCEOLA

Document is NOT OFFICIAL!

Before me, a Notary Public in and for said County and State, personally appeared MARGIE APONTE 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 29th day of Nov, 2005.

Printed: Margo Sanders
My Commission Expires May 03, 2008
Notary Public



Margo Sanders

My Commission Expires: _____

My County of Residence: _____

This instrument was prepared by _____

J.J. Stankiewicz & Associates
Attorneys at Law
7870 Broadway, North Suite
Merrillville, IN 46410

_____, attorney at law.

DECLARATION

This form is to be signed by the preparer of a document and recorded with each document in accordance with IC 36-2-7.5-5(a).

I, the undersigned preparer of the attached document, in accordance with IC 36-2-7.5, do hereby affirm under the penalties of perjury:

1. I have reviewed the attached document for the purpose of identifying and, to the extent permitted by law, redacting all Social Security numbers;
2. I have redacted, to the extent permitted by law, each Social Security number in the attached document.

I, the undersigned, affirm under the penalties of perjury, that the foregoing declarations are true.

