-Y	POWER O	F ATTORNEY		
by the	KNOW ALL MEN BY THESE PRESENTS, has/h so presents do mako, constitute nd lawful Attorney for him	lave made, constituted ar	nd appointed, and Kinney	
		_ and in name,	place and stead	
estate conferi	a Power of Attorney for the sol transaction on the real estate b ed includes but is not limited t	elow described. The pow	er herein nd all notes.	
necessa grants with a	es, tax proration agreements, mo ry to complete the transaction. the right to the agent to encumb certain purchase money mortgage	The power of attorney ser the below described r	pecifically eal property	
involve	d real estate.		÷	
Lot 2 record	7 in Block 3 in Sunrise Subdivis ed in Plat Book 32 page 77, in t	ion, in the City of Gary he Office of the Recorde	, as per plat the r of Lake County,	reof, Indiana.
	ly known as: 9312 Sunrise Blvd.,		200	
			6	
			0_	
		ocument is	05	
	NOT	COFFICIAL!	20	
present	and granting unto said Attorney about the premises as fully as , with fully power of substitutions all that said Attorney, or o be done by virtue thereof.	THE might or could d	o if personally	
I hic h	Witness Whereof, the said Ric	chard Mackenzie	Haa Dyad\ead	
-11-15	and and seal this 2nd day of F	ebruary, 2006	一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一	
		The state of the s	9, AM	COUN COUN OR RE
		Richard Mackenzie	<u> </u>	COR.
		February 2, 2006	02	
	Indiana SS:			
COUNTY) Lake			
_ клспа	this 2nd day of February Public in and for said County, per Mackenzie	er poliarra abbeated		
roredoyi	g instrument.	acknowledged the exec	Durry	N 12-
Му Совий 10/0	asion Expires:	Resident of Lake	, Notary Public County	72
Thie ine 46410	trument prepared by: Mark S. Luc	cas, 300 E. 90th Dr., Ne	rrillville, IN	1+
			77 contition	

TICOR MO 925-10178

46410

PAULA BARRICK Lake County My Commission Expired October 2, 2009

Prescribed by the State Board of Accounts (2005)

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 herby 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.

 the Lake County Recorder!
- I, the undersigned, affirm under the penalties of perjury, that the foregoing declarations are true.

"Verified for recording by Ticor Title."

Signature of Declarant

Signed by Ticon employee

Printed Name of Declarant