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STATE OF INDIANA  
LAKE COUNTY  
FILED

2007 048980

2007 JUN 15 AM 9:58

MICHAEL ALFORD  
RECORDER

**LIMITED POWER OF ATTORNEY  
(SELLER)**

Know all men by these presents that **Florencio Quiles** of adult age, do hereby make, constitute and appoint:

**Yolanda Quiles**, an adult person, to be my true and lawful attorney, for me and in my name, place and stead to do any and all of the following:

1. To bargain, agree, contract to sell, execute a Warranty Deed, complete such sale and to tender possession of all property real and personal located at and described as:

The South 15 feet of Lot 13 and the North 18 feet of Lot 14 in Block 26, in a subdivision of the Northwest Quarter of Section 29, Township 37 North, Range 9 West of the Second Principal Meridian, in the City of East Chicago, as per plat thereof, recorded in Plat Book 2, page 13, in the Office of the Recorder of Lake County, Indiana.

4415 Northcote Avenue  
East Chicago, Indiana 46312

The property described above shall include any personal property in connection therewith or any interest in such real or personal property upon such terms and conditions and under such covenants, my Attorney-in-Fact shall deem fit.

2. To enter into tax proration and escrow agreements in connection with such sale, upon such terms, my Attorney-in-Fact shall deem fit.
3. To sign and deliver and as necessary, to acknowledge and swear to closing statements, vendor's affidavits, private mortgage insurance affidavits, certificates, written statements and acknowledgments and all forms required or requested by any lender, or any governmental or private agency, firm or corporation insuring or guaranteeing repayment of such loan, or by any governmental agency, firm or corporation which may purchase said loan, my Attorney-in-fact shall deem fit.
4. To cause title insurance or other evidence of title to be issued insuring or certifying the status of the title to the real estate being purchased, as required by the purchaser and/or lender, by such title insurance underwriter for such amount and insuring such risks as my Attorney-in-Fact, shall deem fit.
5. To modify and amend all documents executed which my Attorney-in-Fact shall deem fit.
6. To appoint and authorize any other person or corporation to exercise the power and authority for and on behalf of my Attorney-in-Fact should my Attorney-in-Fact not be so available to exercise such power.
7. To perform all those functions and activities set out in I.C. 30-5-5-2 and I.C. 30-5-5-5.

This Power shall not be affected by my later disability or incompetence.

I give and grant to the said Attorney-in-Fact full power and authority to do and perform all and every act and thing requisite or proper to be done in the exercise of the rights and powers herein granted, as fully, to all intents and purposes, as we might or could do if personally present, with full power and substitution and revocation and with full authority to deal with the property as authorized above hereby ratifying and confirming all that the said Attorney-in-Fact, or his substitute, or substitutes, shall lawfully do or cause to be done by virtue of the authority granted herein.

Signed this 6<sup>th</sup> day of May, 2007

*Florencio Quiles*  
\_\_\_\_\_  
Florencio Quiles

**FILED**

JUN 14 2007

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

State of IN, County of Lake ss:

Before me, the undersigned, a Notary Public in and for said County and State aforesaid, on this 6<sup>th</sup> day of May, 2007, personally appeared Florencio Quiles and who acknowledged the execution of the foregoing

**HOLD FOR MERIDIAN TITLE CORP**  
1928LK07

007905

\$13  
MT  
CA

Limited Power of Attorney to be a voluntary act and deed for the uses and purposes therein set forth.

WITNESS, my hand and Notarial Seal.

My Commission Expires: 10/12/08

*Melissa N. Villegas*  
Signature of Notary Public

Printed Name of Notary Public

Notary Public County and State of Residence



This instrument was prepared by: Debra A. Guy, Attorney-at-Law IN #24473-71  
202 S. Michigan St., Ste. 1000, South Bend, IN 46601  
1928LK07 dag

I affirm, under the penalties for perjury, that I have taken reasonable care to redact each social security number in this document, unless required by law.

[Name] *Florenio Quiles* Florenio Quiles

NOTE: The individual's name in affirmation statement may be typed, hand written or a signature.

