

## 2008 062795

## LIMITED POWER OF ATTORNEY (REAL ESTATE)

| I/We, Gilberto Arroyo   |
|---|
| County, State of Indiana, being at least 18 years of age and mentally competent, do hereby  |
| designate George Arroyo A/K/A Jörge Arroyo  |
| of Lake County, State of Indiana, as my true and lawful attorney-in-fact.   |
| 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: |
| The South 1/2 of Lot 23 in The Meadows an Addition to the City of Hobart, as per plat thereof, recorded in Plat Book 100 page 62, in the Office of the Recorder of Lake County, Indiana.  |
| the address of such real estate is commonly known as 6878 Marshview, Hobart, Indiana 46342  |
| (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:  |
| 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 us and to compromise, settle or discharge   |

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.

TIECR CP 920082373

FILED

SEP 04 2008

PEGGY HOLINGA KATONA LÄKE COUNTY AUDITOR

015559

13

the same;

## 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 ,   |
| 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 NOT OFFICIAL!   |
| upon the day of the Lake County Recorder!  |
| 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 that all my attorney-in-fact shall do by virtue hereof. Further, I/We agree to indemnify and hold harless 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.  |
| DER'S OF THE PROPERTY OF THE P |
| IN WITNESS WHEREOF, I We have hereunto set my/our hand(s) and seal(s) this day of Aug,   |
| Printed: Gilberto Arroyo Printed:  |
| STATE OF California SS:  |
| 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  |
| Printed: flends troduct Karist Notary Public   |
| My Commission Expires: 10/27/10 // My County of Residence: Lought  |
| This instrument was prepared by Timothy R. Kuiper  |
| 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. <u>Cori E. Morgan</u>   |