

## LIMITED POWER OF ATTORNEY FOR PURCHASE OF REAL ESTATE

## KNOW ALL PERSONS BY THESE PRESENTS:

I, <u>Gilbert and Arminta M. Ortega</u> ("Principal") maintaining an address at <u>23979 Azorah Lane</u>, <u>Shell Lake</u>, <u>Wisconsin do hereby make and appoint <u>Deborah M. Newman</u> ("Agent") maintaining an address at: <u>7230 Birch Avenue</u>, <u>Hammond</u>, <u>IN 46324</u> my true and lawful attorney-in-fact for me and in my name, and in my behalf with full power to:</u>

Purchase and acquire on my behalf the real estate located at: 7219 Birch Avenue, Hammfold, IN 46324 (Address of property) and legally described as (insert legal description or attack whibit and write "see attached exhibit"):

Lot 29 in Triangle Park, in the City of Hammond, as per plat thereof, recorded in Plat Book 34 page 62, in the Office of the Recorder of Lake County, Indiana

TIN NO 007-26-36-0513-0029 45-07-07-481-065-000-023

commonly known as 7219 Birch Avenue, Hammond, Indiana 46324 with approximate lot dimensions of 50 X 100

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This limited power shall include the right to complete and execute any and all documents, instruments, warranties, releases, mortgages, applications or deeds necessary for such transaction, remin wyers, accountants or brokers, apply for and obtain necessary loans, arrange for investigations, searches and inspections of the property, pay funds for such purchase and do all other things necessary and appropriate to complete the transaction.

power of attorney and the rights hereby granted.

This Limited Power of Attorney and the rights, powers, and authority of my Agent shall become effective immediately upon execution of this instrument. The rights, powers, and authority of this document shall remain in full force and effect thereafter until the above described real estate is purchased and the transaction is completed or in the event of my death, disability or incapacity, or upon my revocation of this document, whichever occurs first. As used herein, "disability" or "incapacity" shall mean a lack of capacity to receive and evaluate information effectively, to communicate decisions, and/or to manage my financial resources and affairs properly.

My Agent shall be entitled to reimbursement of all reasonable expenses incurred as a result of carrying out any provision of this Power of Attorney. Agent may be required to provide an accounting of all funds received and/or disbursed.

If any part of this document is held to be invalid, illegal or unenforceable under applicable law, then the maining unaffected parts of the document shall still remain in full force and effect and not be affected by any partial invalidity.

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Any third party who receives a copy of this document may act under it. Revocation of the power of attorney is not effective as to a third party until the third party has actual knowledge of the revocation. I agree to indemnify the third party for any claims that arise against the third party because of reliance on this power of attorney.

Agent shall not be liable for losses resulting from judgment errors made in good faith. However, Agent will be liable for breach of fiduciary duty, failure to act in good faith and/or willful misconduct, while acting under the authority of this Power of Attorney.

I may revoke this Power of Attorney at any time by providing written notice to my Agent.

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Signed on July 144, July (date), at Spooner (city), Wisconsin.
Granupan Orlea Glabert Signature of Principal Signature of Principal
Arminta M. Ortega Gilbert Ortega
Witness Signature: () and M. Shunh b.
Name: Donald M Strunk Jr
City: Spooner
City: Spooner State: Wisconsin
Document 15
Witness Signature Vella Sandswom
NOT OFF Name: Debre Sandsfrom
This Document is the City of the North
State: Wisconsin
the Lake County Recorder!
State of WISCONSIN )
SS SS
Country of Washburn
The foregoing instrument was acknowledged before me this Q+h day of July
has produced (name of Principal), who is personally known to me or who
has producedas identification.
InnONNIE EFFICIENT
Simother
Signature of person taking acknowledgment (Notary Public)
* * :*
Name typed, printed, or stamped
Traine typed, printed, or stamped
Signature of person taking acknowledgment (Notary Public)  * * * * * * * * * * * * * * * * * * *