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## POWER OF ATTORNEY KATHRYN D. SCHMIDT

I, Susan J. Schmidt, 12765 Monroe Street, Crown Point, Indiana 46307, hereby nominate, constitute and appoint my attorney, Kathryn D. Schmidt of Burke Costanza & Carberry LLP, 9191 Broadway, Merrillville, Indiana, 46410, as my true and lawful attorney-in-fact to do and perform for me and on my name the following:

To do anything and everything necessary or desirable to sell or affect the sale of that certain real estate (including all improvements thereon, if any) located in Lake County, Indiana, commonly known as 12765 Monroe Street, Crown Point, Indiana 46307, more particularly described as follows:

## Lot #5, Northwood Subdivision, as shown in plat book 50, page 60, Lake County, Indiana.

To execute, acknowledge and deliver in my name such deeds, documents, instruments, assignments, acknowledgments, verifications and receipts (including, but not limited to, any settlement or closing statement) as she may deem proper or desirable to effect or facilitate the sale of said real estate.

To accept and receipt for any and all sums of money in which I have an interest and which are payable as a result of the sale of such real estate, provided all such sums shall be paid by check, in form and substance acceptable to my attorney-in-fact, payable to the order of Susan J. Schmidt.

To authorize and effect payment of such sums as may be necessary or desirable in connection with the sale of such real estate as shown on the closing statement.

The Lake County Recorder!

To deposit any and all net sums received as a result of the sale of such real estate to any bank account in which I have an ownership interest or, in my attorney-in-fact's sole and absolute discretion, to deliver, or direct delivery of, such to me in person, by United States Postal Service, by federal bank wire transfer, or by such other service as is engaged in the business of transporting and delivering documents, instruments or parcels.

IN FURTHERANCE OF THESE POWERS, I give my attorney-in-fact power and authority to do for me and in my name those things which such attorney deems expedient and necessary or desirable to effectuate or facilitate the intent of this instrument, as fully as I could do personally for myself, reserving unto myself, however, the power to act on my own behalf and also to revoke the powers given in this instrument.

Any act or thing lawfully done by my attorney-in-fact under this instrument shall be binding on the undersigned's assigns and successors.

Persons to whom this instrument may be delivered may rely on its being in effect and unrevoked unless I shall have executed a proper instrument of revocation and recorded it, or caused it to be recorded, in the Miscellaneous Records of Lake County, Indiana. This Power shall not be affected by my later incompetency. If not

PROFESSIONALS' TITLE SERVICES, LLC 9195 BROADWAY MERRILLVILLE, IN 46410 1/3 PTS11-6079

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PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

#13 CK# 185 001675 CM

revoked as aforesaid, the powers given my attorney-in-fact shall automatically terminate on l - l - 2012, and this instrument shall thereafter be of no further force or effect.

Signed this \( \frac{1}{6} \) day of March, 2011, before the person named below, as witness, who has duly witnessed my signing of this instrument.

STATE OF INDIANA )

) SS:

COUNTY OF LAKE

Before me the undersigned, a Notary Public for the State of Indiana, personally appeared Susan J. Schmidt and acknowledged the execution of this instrument this 1600 day of March, 2011.

My Commission Expires: 6.28.2013

County of Residence: Lave

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.

(insert attorney name here) Kathrya D. Schui dt

This document prepared by, and after recording should be returned to: Kathryn D. Schruidt, Burke Costanza & Carberry LLP 9191 Broadway, Merrillville, Indiana 46410