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LIMITED POWER OF ATTORNEY

I, Paul F Akey—As Owner of the property in Lake County, State of IN, being at least 18

years of age and mentally competent, do hereby designate Kenneth J Akey, 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

Lot 2 in Block 1 in Greenmeadow Manor Unt No 1, in the City of Crown Point, as per plat thereof, recorded in Plat Book 31 pages 51, in the office of the Recorder of Lake County, Indiana

the address of such real estate is commonly known as 231 Wells Street Crown Point, IN 46307 (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 and execute any and all contract pertaining to the sale of 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 now or shall hereafter become due or payable to us and to compromise, settle or discharge the same,

To bargain for, contract concerning, to sell, 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

I EFFECTIVE DATE AND TERMINATION

A. This power of attorney shall be effective October 7th, 2011 or as of the date it is signed.

B. My disability or incompetence shall not affect or terminate this Power of Attorney

C. This power of attorney shall terminate upon the sale and closing of the subject real estate above III RATIFICATION AND

INDEMNIFICATION

I hereby ratify and confirm that all my attorney-in-fact shall do by virtue hereof Further, I agree to indemnify and hold harmless 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 IN WITNESS WHEREOF, I have hereunto set my hand and seal this 7th day of October, 2011

Paul F Akey

Paul F. Akey
STATE OF Delaware COUNTY OF New Castle

Before me, a Notary Public in and for said County and State, personally appeared Paul F Akey and who acknowledged the execution of the foregoing Power of Attorney, and who, having been duly sworn, stated that any representations therein contained are true

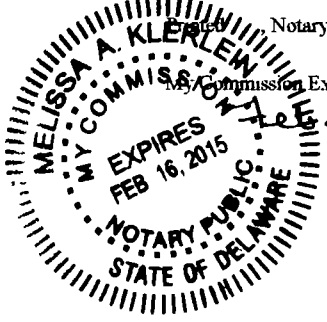
WITNESS my hand and Notarial seal, this 7th day of October, 2011

Notary Public
My Commission Expires

Melissa A. Klerlein
My County of Residence
New Castle



This instrument was prepared by Kenneth J Akey



FILED

SEP 24 2012
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LAKE COUNTY AUDITOR

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STATE OF INDIANA
LAKE COUNTY
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