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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2013 052984

2013 JUL 19 AM 10:05

LIMITED POWER OF ATTORNEY  
(REAL ESTATE)

MICHAEL V. BROWN  
RECORDER

I/We, Barbara S Creighton  
County, State of Indiana, being at least 18 years of age and mentally competent, do hereby  
designate Dallas W Creighton Sr,  
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 address of such real estate is commonly known as 1135 Lyons St Hammond In 46320  
(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:

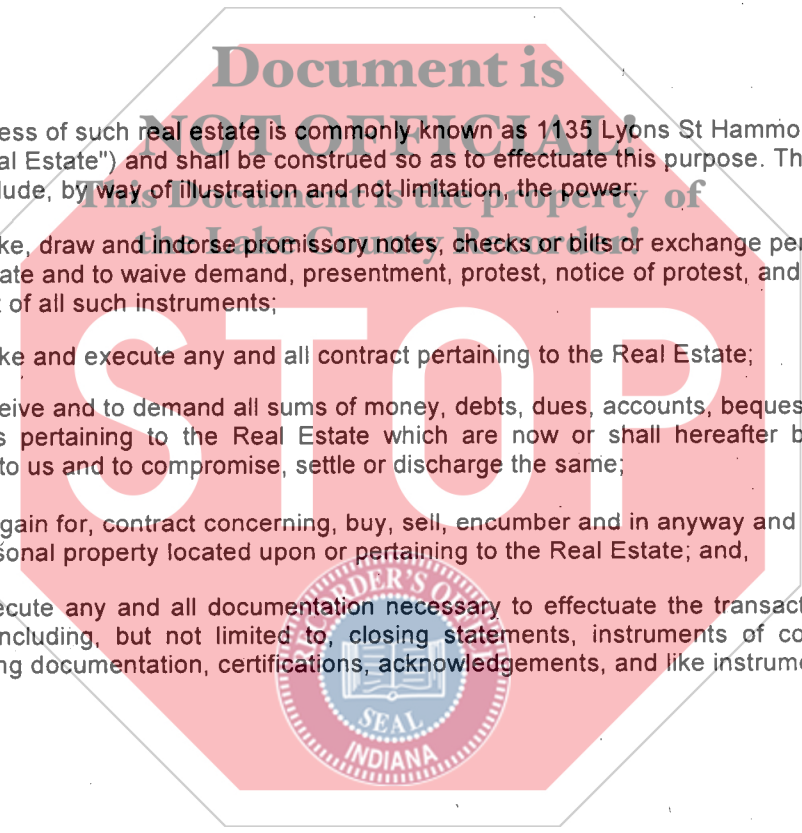
To make, draw and indorse promissory notes, checks or bills of exchange pertaining to the  
Real Estate and to waive demand, presentment, protest, notice of protest, and notice of non-  
payment of all such instruments;

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 the same;

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.



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PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

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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
- upon the \_\_\_\_\_ day of \_\_\_\_\_
- 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

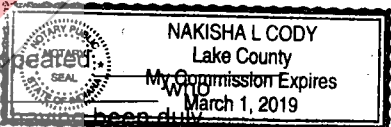
I/We hereby ratify and confirm that all my attorney-in-fact shall do by virtue hereof. Further, I/We agree to indemnify and hold harmless any person who, in good faith, acts under this Power of Attorney or transacts business with my attorney-in-fact in reliance upon this Power, without actual knowledge of its revocation.

IN WITNESS WHEREOF, I/We have hereunto set my/our hand(s) and seal(s) this 21st day of June 2013

Barbara Sechrist  
 Printed: BARBARA SECHRIST Printed: \_\_\_\_\_

STATE OF INDIANA  
COUNTY OF \_\_\_\_\_ SS: \_\_\_\_\_

Before me, a Notary Public in and for said County and State, personally appeared Barbara Sechrist and acknowledged the execution of the foregoing Power of Attorney, and who, being duly sworn, stated that any representations therein contained are true.



WITNESS my hand and Notarial seal, this 21st day of June, 2013

Printed: Nakisha L Cody, Notary Public Nakisha L Cody

My Commission Expires: 3-1-2019 My County of Residence: Lake

This instrument was prepared by \_\_\_\_\_  
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.

Title No FNTGSC-N82597

**LEGAL DESCRIPTION**

**EXHIBIT "A"**

THE LAND REFERRED TO HEREIN BELOW IS SITUATED IN THE COUNTY OF LAKE, STATE OF Indiana, AND IS DESCRIBED AS FOLLOWS:

LOT 12, BLOCK 8, MAYWOOD ADDITION, IN THE CITY OF HAMMOND, AS SHOWN IN PLAT BOOK 11, PAGE 32, IN LAKE COUNTY, INDIANA.

Parcel ID: 45-07-06-177-026.000-023

Commonly known as 1135 LYONS Street, Hammond, IN 46320  
However, by showing this address no additional coverage is provided

