THIS FORM HAS BEEN PREPARED FOR USE IN THE STATE OF INDIANA BY LAWYERS ONLY. THE SELECTION OF A FORM OF INSTRUMENT, FILLING IN BLANK SPACES, STRIKING OUT PROVISIONS, AND INSERTION OF SPECIAL CLAUSES, MAY CONSTITUTE THE PRACTICE OF LAW WHICH SHOULD ONLY BE DONE BY A LAWYER.

## POWER OF ATTORNEY

Timothy E. C	OF / /		
1 imothy Ci C	opeland:		
Kimberly R. Par	<b>-</b>		
Kimberly K. lar	EYINFACT		2
	Code 30-5, as it may laced (the "Statute")	be	and the second
I, as principal, designate and name the person w	hose name appears a		
A. <b>Powers.</b> According to the Statute, an attorned attorney incorporates the power. Therefore, by referri Power of Attorney incorporates into it the powers here	ng to the language of	the Statute d	with respect to them:
real property transactions; tangible personal property transactions;			[IC 30-5-5-2] [IC 30-5-5-3] [IC 30-5-5-4]
bond, share, and commodity transactions; banking transactions;			[IC 30-5-5-5]
business operating transactions; justifications;			[IC 30-5-5-6] [IC 30-5-5-7] ∰ 30=5-5-8]
gift transactions;	FFICIAL		FE 30=5-5-10]
fiduciary transactions; This Document claims and litigation; the Lake Co	is the propert unty Recorder		[IC 30-5-5-11]
family maintenance; benefits from military service;	unity Recorder	. •	FIC 30-5-5-121
records, reports, and statements;			TIC 30-5-5-14
estate transactions; all other matters. [Note: Though the Statute grants powers with r			[IC 30-5-5-19]
delegation [IC 30-5-5-18], this Power of Attorney does not power of attorney concerning health care.]  Any power I do not wish to incorporate into this my initials opposite the deletion. Any power to be mothave verified by writing my initials in the space provided	rower of Attorney I had dified or added I have	ve deleted by e modified or	lining out and writing-
	SEAL		
IN FURTHERANCE OF THESE POWERS, I give me and in my name those things which such attorney of this Power of Attorney, as fully as I could do for myse B. Reservation of Power to Act and to Revolution with the such attorney of the such at the such a	eems expedient to and lf. se. I reserve unto mys Attorney.	necessary to	the power to act on my
C. Chapters of Statute Also Applicable. The Attorney and acts performed under it:	offowing chapters of o	and the second	
Definitions [IC 30-5-2] General Provisions [IC 30-5-3]		Liabilitie	[IC 30-5-8] es [IC 30-5-9] tion [IC 30-5-10]
Duties [IC 30-5-6]  D. Liability of Attorney in Fact. As permitted attorney in fact is liable only if my attorney in fact as	by IC 30-5-9-5, I, as pr its in bad faith.	incipal, spec	ifically provide that my
E. Reliance on Power of Attorney. In addit holding institution(s) named in this Paragraph E and this Power of Attorney being in effect unless I shall hand delivered such instrument, or caused it to be delivered.	ion to provisions of t the banking institutio ave executed a proper	instrument	aragraphi in a second
Holding Institution	Type of Accou	ınt	Account Number
All other persons to whom this Power of Attornshall have executed a proper instrument revoking or crecorded, in the Office of the Recorder of	ey may be delivered m hanging it and record	cu bucii iiibu.	<b>LEATOR-1</b> , ***

F	Safe Deposit Box. I have a	safe deposit box, Nu	mber	And the second of the second o	· · · · · · · · · · · · · · · · · · ·
at	(BANKING INSTITUTION)		(BRANCH)		.(CITY)
either proper	my attorney in fact power to en individually or jointly with an ity to it, and to relocate such l on to those incorporated into t	y other person. I give box within the banki	the power also to re ng institution or a	move property fro	m such box or add
	G. Duration of Power of At KING ALL INAPPLICABLE P				
	. This Power of Attorney is a . This Power of Attorney ter		incapacity.	at	TIME)
60 c	. This Power of Attorney ter	minates upon my inc	apacity or on		
. [	at (TIME)	, whichever first oc	ecurs.	(DATE)	
date of	I. Revocation of Prior Power this Power of Attorney. Revoc ey. In case of failure to strike,	ation does not affect	the validity of an a		
nomin	Guardians. If protective prate Kimberly Parker rdian of my estate, to serve in	as guardian	of my person, and	Kimberly Par	re commenced, I こととて
	Successor Attorney in		• •	•	nate and name
	esignated and named has/have	Such successor	shall become my a	ttorney in fact wh	nen the person(s)
During author success	y giving me written notice who g a period of my incapacity, my ized to act under this Power of sor or selected by a court of co	vattorney in fact shal Attorney, whether de impetent jurisdiction	l continue to serve esignated and name to be such success	until a successor and in this Power of or.	attorney in fact is Attorney as such
me and	Binding Effect. Any act or I my successors in interest, as	thing performed by r	ny attorney in fact	under this Power	of Attorney binds
	_ * 3	y of June		203 in	counterparts,
	which shall be considered an	original.	,	TEC	counterparts,
Counte	erpart No/	7	inothy E	CIPAL'S SIGNATURE	nd
		E GRUER!	PRINCIPAL'S PRINCIPAL'S PRINCIPAL'S	SOCIAL SECURITY NUM  26 th  TREET OR OTHER ADDR	BER ENUC RESS
			PRINCIPAL'S	CITY, STATE AND ZIP CO	46307
STATE	OF INDIANA )	ELLI WOLAN	A sussession		
COUN'	TY OF ) SS.		Hitti		
day of Attorne	efore me, the undersigned, a land the land the execution stated.	3personally appeare	d the principal na	med above, signe	ed this Power of for the uses and
, w	DEBORAH J. STACK NOTARY Jasper County My Commission Expires	hereunto set my han	Deborah 9	he day and year las	st above written.
	May 6, 2018		Deborah =	T. STACK S NAME, PRINTED OR T	
My Cor	amission Expires: May	6,2018 R		PER	County.
This in	strument prepared by			, , , A	Attorney at Law.

LOTS 16, 17, 18, 19, 38, 39, 40 AND 41, BLOCK 1 IN HIGHLAND, A SANUEL C. BARTLETT'S SUBDIVISION TO CDAR LAKE, AS SHOWN IN PLAT BOOK 18, PAG 32, IN LAKE COUNTY, INDIANA,

PIN. 45-15-33-130-033,000-043 Address. 7319 W. 136th Ave. Crown Point, IN. 46307

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.

Olivia Farias

