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Name:			STATE OF INDIA?
Address:	A	,	LAKE COUNTY
		×	FILED FOR RECORD
	2014	011342	2014 FEB 26 PH 12: 03
City/State/Zip Code:	اله يوسيه الله		MICHAEL B. BROWN
, , , , , , , , , , , , , , , , , , , ,		, Sp	ace above this line for Recorder's use
AND ALL OF		OURABLE FINA R OF ATTORNI	
KNOW ALL MEN BY THESE PRESE That I, Emma Mar		λ $\frac{1}{2}$	Commission (Company)
the undersigned principal, whose ad		8408 Sc	hreiber Dr.,
Munster, IN 463	*		s instrument, hereby constitute and app
Suzanne Mu	sikanton)	, whose addre
145 Town Center, #	596, Con	te Madera	, CA 94925
as my agent to act in my name, pla accomplish the same. I specifically authorize, although no			nd benefit as if I were personally preser
or belonging to me; to have, use and	take all lawful v	ever as are now, o ways or means nec	fmoney, debts, accounts, legacies, beque or shall hereafter become due, owing, pay essary to grant acquittance or other suffici
or belonging to me; to have, use and discharges for the same; b) bargain, contract, purchase, recencumber, hypothecate, mortgage descriptions of both real and perso	take all lawful we the Lake eive, sell, posso e, or otherwis nal property, i	ever as are now, on ways or means necess, convey, transfer exercise any property lands, tenement	er shall hereafter become due, owing, pay essary to grant acquittance or other suffici- er, lease, let, demise, remise, assign, relea- operty right in any and all types, kinds s, hereditaments, attachments, equipm
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Attorney, and therefore, I hereby ratify and confirm every ac by virtue of these presents.	ct that said Agent shall lawfully do or cause to be done
The validity of this Power of Attorney shall not be affected of time, and shall continue in full force and effect during my writing.	
IN WITNESS WHEREOF, I, have hereunto set my hand	this 25 day of February
2014	
(-bal)ass	XIII P Maker Curson
Signature of Witness	Signature of Principal
Address of Witness	8408 Schreiber Dr. Address of Principal
(los stertar, 11 46304	Munster, IN 46321
City/State/Zip Code	City/State/Zip Code
ACKNOWLEDGMEN	T OF PRINCIPAL
1, EmmaMakarewich	
sign my name to this power of attorney this 25 H da	y of Februard 2014 and hoing
first duly sworn, do declare to the undersigned authority t attorney and that I sign it willingly, or willingly direct and voluntary act for the purposes expressed in the power of att sound mind and under no constraint or undue influence.	hat I sign and execute this instrument as my power of other to sign for me, that I execute it as my free and
	X Imme ? Mak arm = a 100
,,,,,,,	Signature of Principal
AFFIDAVIT OF DOCUM	
I,	, the witness,
sign my name to the foregoing power of attorney being first that the principal signs and executes this instrument as his/or willingly directs another to sign for him/her, and that I i power of attorney as witness to the principal's signing and th years of age or older, of sound mind and under no constraint.	her power of attorney and that he/she signs it willingly, in the presence and hearing of the principal, sign this lat to the best of my knowledge the principal is eighteen
State of Title	Signature of Witness
State of) ss	
County of Lake	
SUBSCRIBED, SWORN TO AND ACKNOWLEDGE	D before me by EMMA Makarewich
, the principal, and subscribed and sworn to I	before me by JEAW BASS
, the witness, this 25th Ro	
My Commission Expires: January 9, 2022	Novary Public
If acknowledged in State of Florida, complete section belo (Principal) Personally Known (or) Produced Identific	w/
If applicable, Type of Identification Produced:	CONSTANCE JUSKO
	Notary Public - Seal State of Indiana
(Witness) ☐ Personally Known (or) ☐ Produced Identification	ation My Commission Expires Jan 9, 2022
If applicable, Type of Identification Produced:	
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