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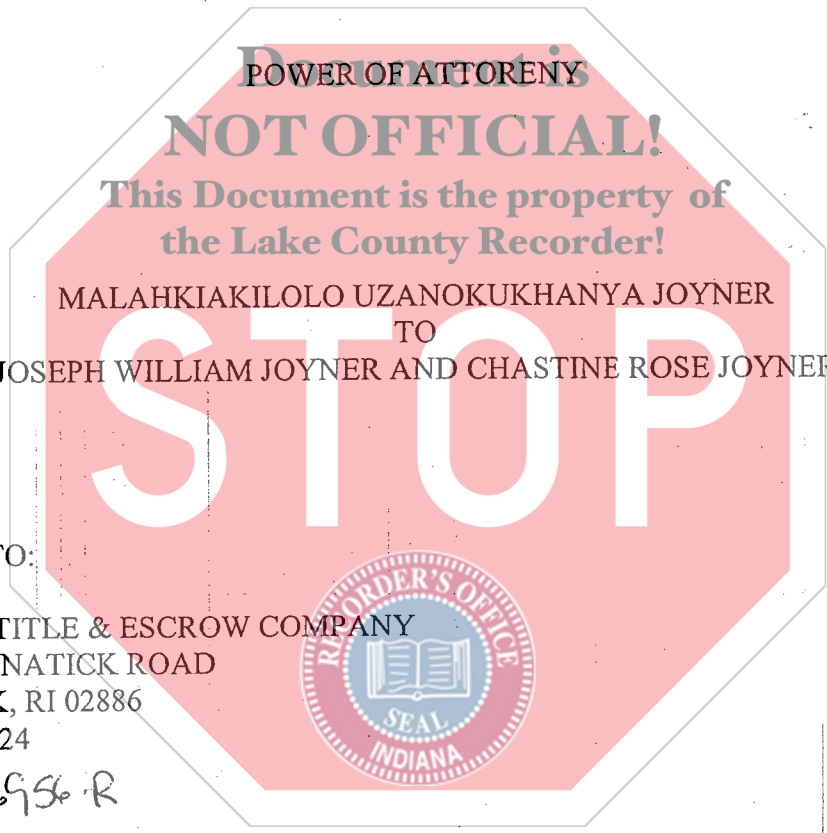
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2014 026382

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 MAY -9 PM 12: 05

MICHAEL B. BROWN
RECORDER



RETURN TO:

LIBERTY TITLE & ESCROW COMPANY
275 WEST NATICK ROAD
WARWICK, RI 02886
401-234-9124

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FILED

MAY 09 2014

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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CL-29897
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POWER OF ATTORNEY

I, MALAHKIAKILOLO UZANOKUKHANYA JOYNER, also known as Malahkiakilolo Joyner and Kia Joyner, of Silver Spring, Montgomery County, Maryland, hereby appoint JOSEPH WILLIAM JOYNER and CHASTINE ROSE JOYNER, of Lake County, Indiana, as my attorneys-in-fact, to do and perform for me and in my name the acts and things more specifically described in Article I of this Power of Attorney (hereinafter referred to as "instrument" or "Power of Attorney"), all subject to the terms and conditions of Article II through and including Article III of this Power of Attorney.

ARTICLE I

Grant of Powers

A. I grant to my said attorneys-in-fact (hereinafter called "attorney in fact"), individually and jointly, the power to act for me as set forth below:

1. My attorney in fact shall have authority to act for me with respect to real estate transactions as set forth and provided in IC § 30-5-5-2.
2. My attorney in fact shall have authority to act for me with respect to banking transactions as set forth and provided in IC § 30-5-5-5.
3. My attorney in fact shall have authority to act for me with respect to business operating transactions as set forth and provided in IC § 30-5-5-6.
4. My attorney in fact shall have authority to act for me with respect to insurance transactions as set forth and provided in IC § 30-5-5-7.
5. My attorney in fact shall have authority to act for me with respect to beneficiary transactions as set forth and provided in IC § 30-5-5-8.
6. My attorney in fact shall have authority to act for me with respect to the real property commonly known as:

1415 W. 61st Avenue
Merrillville, IN 46410

B. It is not my intention to grant any beneficial interest in my property to my attorneys-in-fact by this Power of Attorney. It is my intention to grant my attorneys-in-fact administrative power over my real estate business affairs and my real property during times when I am not physically near

GRANTOR'S INITIALS MJ

the location of my real estate business affair or my real property. This administrative power is to be exercised in a fiduciary capacity for my benefit and not for the personal benefit of either of my attorneys-in-fact.

C. My attorneys-in-fact shall be entitled to reasonable compensation for the faithful performance of the duties under this instrument and shall be entitled to reimbursement for reasonable expenses incurred in the performance of said duties.

ARTICLE II

Effective Date

A. This Power of Attorney shall become effective upon execution, and shall not be affected by my subsequent disability or incapacity, except as provided by law of the state in which I am living at the time of such disability or incapacity.

B. Absent the issues of disability and incapacity, this power of attorney will terminate when revoked by me or upon my death.

C. Any person to whom this Power of Attorney is presented shall be fully protected and free from all liability pertaining to actions taken in reliance upon this Power of Attorney, and such person shall have no duty whatsoever to inquire into the accuracy of any matter set forth in this Power of Attorney unless such person has actual knowledge (not constructive knowledge) of the inaccuracy of any such matter.

ARTICLE III

Miscellaneous Provisions

A. Any act or thing lawfully done hereunder by my attorneys-in-fact, jointly or individually, shall be binding on me, and my heirs, legal and personal representatives, and assigns, whether the same shall have been done before or after my death.

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GRANTOR POWER OF ATTORNEY

GRANTOR'S INITIALS

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B. The signature of either of my attorneys-in-fact shall be sufficient to bind me, and my heirs, legal and personal representatives, and assigns.

C. This Power of Attorney shall be interpreted and governed in accordance with Indiana law.

D. I hereby revoke all prior grants of power of attorney.

IN WITNESS WHEREOF, I have signed this Power of Attorney this 25th day of April, 2014.

GRANTOR:

Malahkiakilo Uzanokukhanya Joyner
MALAHKIAKILOLO UZANOKUKHANYA JOYNER

STATE OF Maryland

COUNTY OF Montgomery SS:

BEFORE ME, the undersigned, a Notary Public in and for said County and State, this 25th day of April, 2014, MALAHKIAKILOLO UZANOKUKHANYA JOYNER personally appeared, signed this Power of Attorney, and acknowledged the execution of it as her voluntary act and deed, for the uses and purposes therein stated.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal the day and year last written above.

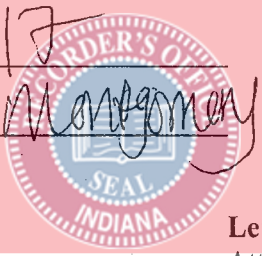
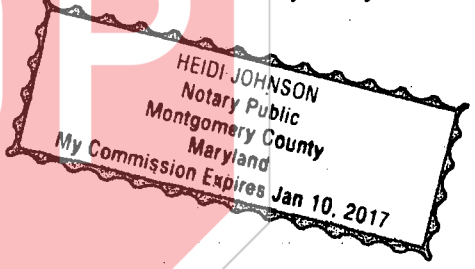
Heidi Johnson, NOTARY PUBLIC

My commission expires: 1/10/17

Resident of Maryland County Montgomery

THIS INSTRUMENT PREPARED BY:

Lemuel Stigler
Attorney No. 2271-45
P.O. Box 10222
Merrillville, Indiana 46411
219-310-4201



GRANTOR'S INITIALS MT