

2

POWER OF ATTORNEY

OF

BRADLEY M. BERGSTROM AND ELIZABETH BERGSTROM

TO

STEVEN LIKAS

2014 028450

We, the undersigned, do hereby nominate, constitute and appoint **STEVEN LIKAS** as our true and lawful attorney in fact to do and perform for us in our name the following:

To sign all documents and papers, including but not limited to, settlement statement, title affidavits, disclosures and deed necessary for the closing and sale of the property described as follows:

LOT 527E, A RESUBDIVISION OF DOUBLETREE LAKE ESTATES PHASE V, AS SHOWN IN PLAT BOOK 93 PAGE 35 IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

COMMONLY KNOWN AS: 10604 ONTARIO DRIVE, CROWN POINT, IN 46307

Any act or thing lawfully done by our attorney in fact under this instrument shall be binding on us and on our heirs, assigns and legal representatives.

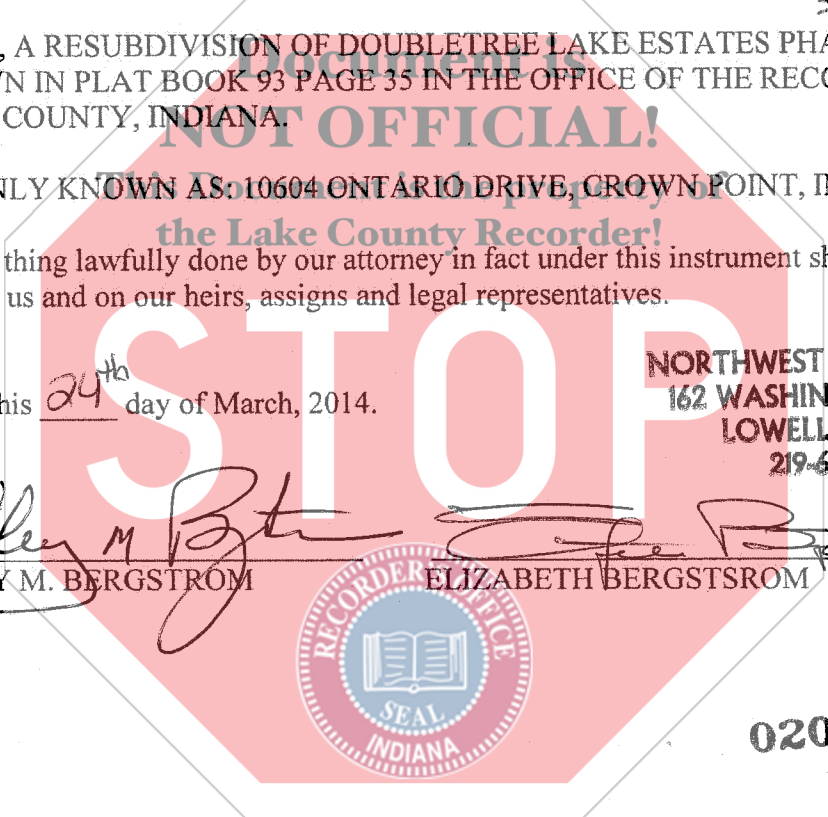
SIGNED this 24th day of March, 2014.

Bradley M. Bergstrom
BRADLEY M. BERGSTROM

Elizabeth Bergstrom
ELIZABETH BERGSTROM

20422
NORTHWEST INDIANA TITLE
162 WASHINGTON STREET
LOWELL, IN 46356
219-496-0100

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2014 MAY 19 AM 10:23
MICHAEL B. DRUM
RECORDER



FILED

MAY 19 2014

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

02032

AMOUNT \$ 14⁰⁰
CASH _____ CHARGE _____
CHECK # 1847
OVERAGE _____
COPY _____
NON-COM
CLERK JP

STATE OF INDIANA)
)SS:
COUNTY OF Jasper)

Before me, the undersigned, a Notary Public, in and for said County and State, this 24th day of March, 2014, personally appeared the Grantor(s) named above and acknowledged the execution of the above instrument to be his/her/their 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 above written.

MY COMMISSION EXPIRES:

Aug. 20, 2016

COUNTY OF RESIDENCE:

Jasper

Michele K. Michal

NOTARY PUBLIC

MICHELE K. MIHAL
NOTARY PUBLIC

SEAL

STATE OF INDIANA, JASPER COUNTY
MY COMMISSION EXPIRES AUGUST 20, 2016

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.

[Signature]
RICHARD A. ZUNICA

THIS INSTRUMENT PREPARED BY: RICHARD A. ZUNICA, Attorney at Law, 162 Washington St., Lowell IN 46356

File No.

