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RECORDING REQUESTED BY: Ashley Chattaway
SERVICELINK 2014 049505

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 AUG 19 AM 8:36

3220 El Camino Real
IRVINE, CA 92602
After recording, return recording
information to: 201404291839

MICHAEL S. BROWN
RECORDER

American Title, Inc.
PO Box 641010
Omaha, NE 68164-1010

eLS Order # 18372272

INDIANA NON DURABLE POWER OF ATTORNEY

CAUTION: THIS IS AN IMPORTANT DOCUMENT. IT GIVES THE PERSON WHOM YOU DESIGNATE (YOUR "AGENT" OR "ATTORNEY IN FACT" HEREINAFTER CALLED "AGENT/AIF") BROAD POWERS TO ACT ON YOUR BEHALF FOR A SPECIFIC TRANSACTION DURING A CERTAIN PERIOD OF TIME, WHICH INCLUDE POWERS TO PROMISE TO REPAY A DEBT WITH INTEREST AND MORTGAGE YOUR REAL PROPERTY FOLLOWING YOUR REVIEW OF YOUR LOAN DOCUMENTATION DURING A LOAN CLOSING TO BE CONDUCTED ON THE INTERNET. WITH RESPECT TO ANY LOSS OF, MISPLACEMENT OF, INACCURACY IN, OR FAILURE TO SIGN ANY LOAN DOCUMENTATION, YOUR AGENT/AIF WILL CONTINUE TO HAVE THESE POWERS AFTER THE LOAN CLOSING, FOR THE LIMITED PURPOSE TO REPLACE OR CORRECT SUCH LOAN DOCUMENTATION. IF THE ATTORNEY IN FACT HAS ACTUAL KNOWLEDGE OF ANY INCOMPETENCE BEFORE, DURING OR AFTER CLOSING, THE POWERS CONTAINED HEREIN WILL CEASE TO EXIST. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL OR OTHER HEALTH CARE DECISIONS FOR YOU. SIGNING THIS LIMITED POWER OF ATTORNEY IS OPTIONAL. ALTHOUGH USING A LIMITED POWER OF ATTORNEY DESIGNATING YOUR AGENT/AIF SHOULD MAKE YOUR LOAN CLOSING MORE CONVENIENT, YOU ARE NOT REQUIRED TO SIGN THIS DOCUMENT IN ORDER TO OBTAIN YOUR LOAN. BEFORE YOU DECIDE WHETHER TO SIGN OR IF YOU DO NOT UNDERSTAND THE PURPOSE OR EFFECT OF THIS FORM, YOU SHOULD CONSULT AN ATTORNEY.

BE IT KNOWN, that I, LISA K TRIEZENBERG, DOUGLAS S TRIEZENBERG

Whose residence address is: 14 HEATHER CT
SCHERERVILLE, IN 46375

Make and appoint the following persons who are employees of ServiceLink, namely: Ahmad Shurdim, Ashley Chattaway, Cecilia Navarro, Nadim Jaradi, Thanh Nguyen, whose addresses are C/O ServiceLink, at 3220 El Camino Real, IRVINE, CA 92602. Each of my agents may exercise the powers conferred in this power of attorney separately, without the consent of the other agent. My agents may delegate the powers, tasks and duties to one of the other agents but to no other person. My Agents/AIFs may exercise the powers to accomplish the following specific and limited purposes:

(A) Refinancing and/or home equity financing of the Real Estate located at 14 HEATHER CT, SCHERERVILLE, IN 46375 and legally described as (the "Property"):

(B) To mortgage, finance, refinance, assign, transfer and in any manner deal with Property located at: 14 HEATHER CT, SCHERERVILLE, IN 46375 to effectuate the above referenced refinancing and banking transactions with Wells Fargo Bank, NA (hereinafter called "Lender") with a loan amount not to exceed \$38,500.00. See attached Exhibit A for full legal description.

AMOUNT \$ 16
CASH _____ CHARGE _____
CHECK # 0000850232
OVERAGE 0000843154
COPY _____
NON - COM ✓
CLERK PLX

I, LISA K TRIEZENBERG, DOUGLAS S TRIEZENBERG, the principal, sign my name to this power of attorney this 4th day of June, 2014, and, being first duly sworn, do declare to the undersigned authority that I sign and execute this instrument as my power of attorney for a refinance and that I sign it willingly, or willingly direct another to sign for me, that I execute it as my free and voluntary act for the purposes expressed in the power of attorney and that I am eighteen years of age or older, of sound mind and under no constraint or undue influence.

Dated: June 4, 2014

Lisa K Triezenberg
LISA K TRIEZENBERG

Dated: June 4, 2014

Douglas S Triezenberg
DOUGLAS S TRIEZENBERG

Dated: _____, 20____

Dated: _____, 20____

State of INDIANA

County of LAKE

Subscribed, sworn to and/or acknowledged before me Christine M. Miller by LISA K TRIEZENBERG, DOUGLAS S TRIEZENBERG, the principal(s), this 4 day of June, 2014 and proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



WITNESS my hand and official seal.

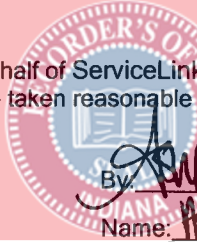
Christine M. Miller

SIGNATURE OF NOTARY

March 29, 2019

COMMISSION EXPIRES

This instrument was prepared by or on behalf of ServiceLink. I, Ashley Chaffaway, 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.



By: Ashley Chaffaway

Name: Ashley Chaffaway

Title: Closing Specialist

EXHIBIT A

THE FOLLOWING DESCRIBED REAL ESTATE IN LAKE COUNTY, STATE OF INDIANA:

LOT 103 IN PLUM CREEK VILLAGE, BLOCK TWO, TO THE TOWN OF SCHERERVILLE, AS PER PLAT THEREOF, RECORDED N PLAT BOOK 47 PAGE 31, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

SUBJECT TO RESTRICTIONS, RESERVATIONS, EASEMENTS, COVENANTS, OIL, GAS OR MINERAL RIGHTS OF RECORD, IF ANY.

ASSESSORS PARCEL NUMBER: 45-11-05-127-016.000-036

ATI ORDER NUMBER: 201404291839

