

I HEREBY CERTIFY THIS TO BE A TRUE AND EXACT COPY OF THE ORIGINAL.

Paul Boy

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2014 049823

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 AUG 20 AM 10:56

MICHAEL S. BROWN
RECORDER

LIMITED POWER OF ATTORNEY (SELLER)

Know all men by these presents that **Demitra Metlov** of adult age, do hereby make, constitute and appoint **Peter Metlov**, an adult person, to be my true and lawful Attorney-in-Fact, for me and in my name, place and stead to do any and all of the following:

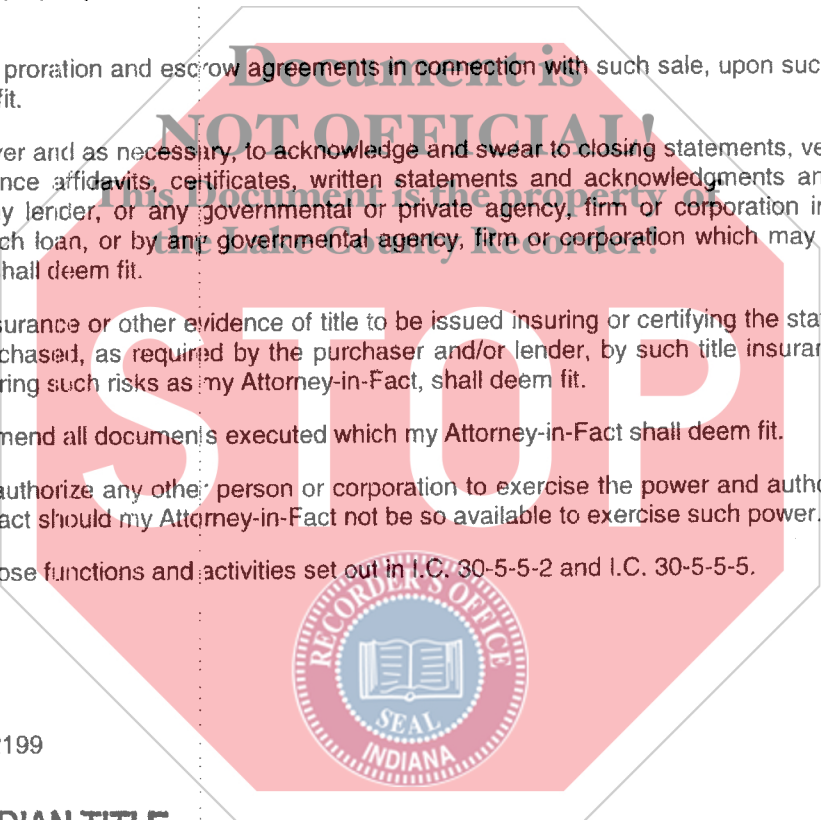
1. To bargain, agree, contract to sell, execute a Warranty Deed, complete such sale and to tender possession of all property real and personal located at and described as:

Lot Numbered 102 as shown on the recorded plat of Doubletree Lake Estates Phase XII-XIII-XIV, recorded in Plat Book 99, page 97 in the Office of the Recorder of Lake County, Indiana.

Property Address: 9105 Doubletree Drive North, Crown Point, IN 46307

The property described above shall include any personal property in connection therewith or any interest in such real or personal property upon such terms and conditions and under such covenants, my Attorney-in-Fact shall deem fit.

2. To enter into tax proration and escrow agreements in connection with such sale, upon such terms, my Attorney-in-Fact shall deem fit.
3. To sign and deliver and as necessary, to acknowledge and swear to closing statements, vendor's affidavits, private mortgage insurance affidavits, certificates, written statements and acknowledgments and all forms required or requested by any lender, or any governmental or private agency, firm or corporation insuring or guaranteeing repayment of such loan, or by any governmental agency, firm or corporation which may purchase said loan, my Attorney-in-fact shall deem fit.
4. To cause title insurance or other evidence of title to be issued insuring or certifying the status of the title to the real estate being purchased, as required by the purchaser and/or lender, by such title insurance underwriter for such amount and insuring such risks as my Attorney-in-Fact, shall deem fit.
5. To modify and amend all documents executed which my Attorney-in-Fact shall deem fit.
6. To appoint and authorize any other person or corporation to exercise the power and authority for and on behalf of my Attorney-in-Fact should my Attorney-in-Fact not be so available to exercise such power.
7. To perform all those functions and activities set out in I.C. 30-5-5-2 and I.C. 30-5-5-5.



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HOLD FOR MERIDIAN TITLE

FILED

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PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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DN*

This Power shall not be affected by my later disability or incompetence.

I give and grant to the said Attorney-in-Fact full power and authority to do and perform all and every act and thing requisite or proper to be done in the exercise of the rights and powers herein granted, as fully, to all intents and purposes, as I might or could do if personally present, with full power and substitution and revocation and with full authority to deal with the property as authorized above hereby ratifying and confirming all that the said Attorney-in-Fact, or his substitute, or substitutes, shall lawfully do or cause to be done by virtue of the authority granted herein.

Signed this 7th day of August, 2014.

Demitra H. Metlov
Demitra Metlov

State of Florida, County of Collier ss:

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared the within named **Demitra Metlov**, who acknowledged the execution of the foregoing Limited Power of Attorney to be a voluntary act and deed for the uses and purposes therein set forth.

WITNESS, my hand and Seal this 7th day of August, 2014.

My Commission Expires: 11/31/2017

STOP
This Document is NOT OFFICIAL!
This Document is the property of the Collier County Recorder!

Sharron Keys-Smith
Signature of Notary Public

Sharron Keys-Smith
Printed Name of Notary Public

Collier Florida
Notary Public County and State of Residence



This instrument was prepared by:
Demitra Metlov

Grantor's Address and Return Original Document to:
10410 Pike Street
Crown Point, Indiana 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. Andrew R. Drake

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