

STATE OF INDIA.
LAKE COUNTY
FILED FOR RECORD

2014 083663

2014 DEC 30 PM 12: 14 PHEREBY CERTIFY THIS TO BE A TRUE MICHA AND EXACT COPY OF THE ORIGINAL.

## LIMITED POWER OF ATTORNEY

### OF JOSEPH CSOKASY FOR

#### THE TRANSACTION OF BUSINESS REGARDING REAL ESTATE

#### KNOW ALL MEN BY THESE PRESENTS:

That I, JOSEPH CSOKASY, of the County of Occasion and State of Florida, do hereby make, constitute and appoint Alice Spurlockof the County of Lake, State of Indiana as my true and lawful attorney, for me and in my place, regarding REAL ESTATE located in the County of Lake and State of Indiana, which may be titled in the name of the Csokasy Family II Limited Partnership.

# **Document** is NOT OFFICIA

I confer upon said Attorney the following LIMITED POWERS:

1\_ To make, endorse, draw and/or accept any and all promissory notes, checks, drafts. negotiable instruments and the like on my behalf regarding said property;
To make, execute, and or deliver any contracts, deeds, mortgages, leases and/or other

documents on my behalf regarding said property; and To transact such business and do such other things as my Attorney in her sole 3. discretion deems necessary or proper to save, protect and promote my interests in said property.

In furtherance of these powers, I give my attorney-in-fact poer and authority to do for me and capacity, reserving unto myself the right to act on my own behalf, and to revoke this power of attorney, which revocation shall be in writing.

I hereby RATIFY and CONFIRM any and all things which said Attorney shall do or cause to be done on account of this Document and/or the powers granted herein.

I certify that I have authority to execute documents of conveyance for real estate titled in The Csokasy Family II Limited Partnership.

14-41849

HOLD FOR MERIDIAN TITLE CORP

16 INC AO mt FLORIDA STATE OF California )SS: COUNTY OF Osceola

Before me a Notary Public in and for said County and State, personally appeared Joseph Csokasy, known to me, and acknowledged the execution of the foregoing instrument for the purposes expressed therein.

Wherefore, I have hereunto subscribed my name and affixed my official seal this 18th day of December, 2011. 2014.

you L. Obel

My County of Residence is: Occasion

MARRLYN L. ABEL MY COMMISSION & EE 840117 EXPIRES: Decamber 14, 2016 Bended Thru Budget Notary Services

I hereby certify that in the foregoing instrument, prepared by me, I have taken reasonable care to remove all Social Security numbers, except as required by law.

This Document is the property of William J. Longer the Lake County Recorder! Atty. No.: 8894-45 651 East Third Street P. O. Box 69 Hobart, IN 46342 (219) 947-1571

This POWER OF ATTORNEY shall remain in effect from this date until revoked by me in writing.

IN WITNESS WHEREOF I have hereunto affixed my hand and scal this 18 day of December, 2014.

STATE OF Florida

COUNTY OF OSCIOLA

Before me a Notary Public in and for said County and State, personally appeared Joseph Csokasy, known to me, and acknowledged the execution of the foregoing instrument for the purposes expressed therein.

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My Commission Expires: Dec

MARILYN L ABEL MY COMBRISSION & EE 840117 EXPIRES: Decamber 14, 2016

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William J. Longer Atty. No.: 8894-45 651 East Third Street P.O. Box 69 Hobart, IN 46342 (219) 947-1571

