

LIMITED POWER OF ATTORNEY

I/We David L. Buikema JR, Purchaser of the property in Lake County, State of IN, being at least 18 years of age and mentally competent, do hereby designate Paula J. Buikema of Lake County, State of Indiana, as my true and lawful attorney-in-fact.

I. POWERS AND PURPOSES

The above name attorney-in-fact shall have authority with respect to real property transactions pursuant to Ind. Code 30-5-5-2, pertaining to the transaction real estate described below, situated in LAKE County, State of Indiana:

LEGAL: The East Half of Lot 6 and all of Lots 7 and 8 in Jane Dwan Subdivision, in the Town of Cedar Lake, as per plat thereof, recorded in Plat Book 16, page 31, in the Office of the Recorder of Lake County, Indiana.

the address of such real estate is commonly known as:

9123 W 142ND AVE CEDAR LAKE IN 46303

(the "Real Estate") and shall be construed so as to effectuate this purpose. This authority shall include, by way of illustration and not limitation, the power:

To execute any and all documentation necessary to effectuate the transactions described above, including, but not limited to corrections and clarifications of closing statements, instruments of conveyance, and supporting documentation, certifications, acknowledgements, sales disclosures and like instruments. This shall also include but not limited to listing and purchasing agreement made under the direction and electronic delivery of such from the undersigned.

II. EFFECTIVE DATE AND TERMINATION

- A. This power of attorney shall be effective as of the date it is signed
- B. My disability or incompetence shall not affect or terminate this Power of Attorney.
- C. This power of attorney shall terminate upon successful recording, closing and funding of the real estate.

III. RATIFICATION AND INDEMNIFICATION

I/We hereby ratify and confirm that all my attorney-in-fact shall do by virtue hereof. Further, I/We agree to indemnify and hold harmless any person who, in good faith, acts under this Power of Attorney or transacts business with my attorney-in-fact in reliance upon this Power, without actual knowledge of its revocation.

IN WITNESS WHEREOF, I/We have hereunto set my/our hand(s) and seal(s) this 13th Day of JANUARY 2015

X. [Signature]
David L. Buikema JR

STATE OF INDIANA
COUNTY OF LAKE

**THIS IS A
CERTIFIED COPY
OF THE ORIGINAL**

[Signature]

Before me, a Notary Public in and for said County and State, personally appeared and who acknowledged the execution of the foregoing Power of Attorney, and who, having been duly sworn, stated that any representations therein contained are true.

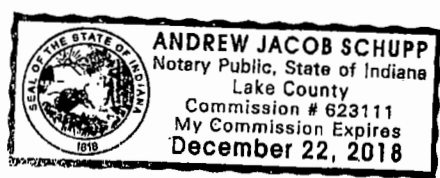
WITNESS my hand and Notarial seal, this 13th day of JANUARY 2015

Printed: Andrew J Schupp X. [Signature], Notary Public #623111

My Commission Expires: 12/22/2018 My County of Residence: Lake

This instrument was prepared by David L & Paula J Buikema

I affirm under the penalties for perjury, that I haven taken reasonable care to redact each social security number in this document, unless required by law. Affiant: Andrew J Schupp



#12
CKH
2/12/15
[Signature]
NON
CONF

2015 JAN 13 10:01
OFFICE OF THE RECORDER
LAKE COUNTY INDIANA
MICHAEL BROWN
RECORDER