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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 031026

2015 MAY 20 AM 8:58

MICHAEL B. BROWN
RECORDER

LIMITED POWER OF ATTORNEY

I, Nicholas Goins, of Lake County, State of IN, being at least 18 years of age and mentally competent, do hereby designate Jamie Goins, of Lake County, State of IN, as my true and lawful attorney-in-fact.

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:

Lot 71 in Pine Hill Phase Two, as per plat thereof, recorded in Plat Book 93, page 71, in the Office of the Recorder of Lake County, Indiana.

Property Address: 285 East 124th Ave., Crown Point, IN 46307

Tax ID#: 45-16-15-352-003.000-042

(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 make, draw and endorse promissory notes, checks or bills or exchange pertaining to the Real Estate and to waive demand, presentment, protest, notice of protest, and notice of non-payment of all such instruments; To bargain for, contract concerning, buy, sell, encumber and in anyway and manner, deal with personal property located upon or pertaining to the Real Estate; to execute any and all documentation necessary to effectuate the transactions described above, including, but not limited to, closing statements, instruments of conveyance and supporting documentation, certifications, acknowledgements, and like instrument; to receive and to demand all sums of money, debts, dues, accounts, bequests, interest and demands pertaining to the Real Estate which are now or shall hereafter become due or payable to us and to compromise, settle or discharge the same and; to make and execute any and all contract pertaining to the Real Estate;

Effective date and termination

This power of attorney shall be effective:

as of the date document is signed
_____ as of ____/____/____

_____ upon the determination that I am disabled or incapacitated, or no longer capable of managing my affairs prudently. My disability or incapacity, for this purpose, may be established by the certificate of a qualified physician stating that I am unable to manage my affairs. My disability or incompetence: shall not affect or terminate this Power of Attorney.

This power of attorney shall terminate:

_____ upon my incapacity
 upon 05/16/2015

_____ upon the execution and recordation with the Recorder's Office of the County where the Real Estate is located a written revocation hereof.

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CK#
211599
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Ratification and indemnification

I hereby ratify and confirm that all my attorney-in-fact shall do by virtue hereof. Further, I 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 have hereunto set my hand and seal this 7 day of May 2015, 2015.


Nicholas Goins

COUNTY OF _____, STATE OF _____ SS:

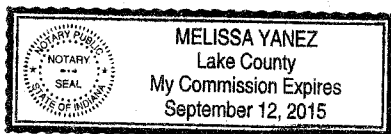
Before me, the undersigned, a Notary Public in and for said County and State, this 7 day of May, 2015 personally appeared **Nicholas Goins**, who acknowledged the execution of the foregoing Limited Power of Attorney as their free and voluntary act.

My commission expires:

Resident of LAKE County, IN

Signed: Melina Yanez
Printed: Melissa Yanez

(SEAL)



Redaction Statement: I affirm under penalties for perjury that I have taken reasonable care to redact each Social Security number in this document, unless required by law. Lisa Palmer

This instrument prepared by: Phillip A. Norman, Esq., 2110 N. Calumet Ave., Valparaiso, IN 46383
File: T8V15000627