## LIMITED POWER OF ATTORNEY (REAL ESTATE)

1501606	
1501606 I/We, David Piunti	
County, State of Indiana, being at least 18 years of age and mentally compa	etent, do hereby
designate <u>Jill Piunh</u>	N
of 10 KC County, State of Indiana, as my true and lawful attorney-in-fact.	
	<u></u>
I. POWERS AND PURPOSES	C) i
	$\overline{}$
The above name attorney-in-fact shall have authority with respect to real property transactions purs 30-5-5-2, pertaining to the transaction real estate described below, situated in	uant for ind. Code County, State
the address of such real estate is commonly known as 1946 Tolker Draw Draw (the "Real Estate") and shall be construed so as to effectuate this purpose. This authority	shall include by
way of illustration and not limitation. Dependent is the property of	(1) Com (1)
To make, draw and indorse promissory notes, checks or bills or exchange pertaining to the Real Est demand, presentment, protest, notice of protest, and notice of non-payment of all such instruments;	
To make and execute any and all contract pertaining to the Real Estate;	c G B
To receive and to demand all sums of money, debts, dues, accounts, bequests, interest and dema	nds pertaining to
the Real Estate which are now or shall hereafter become due or payable to us and to compromise, se	ettle or discharge
the same;	· <del></del>
To bargain for contract concerning how cell engulates and in	
To bargain for, contract concerning, buy, sell, engumber and in anyway and manner, deal with plocated upon or pertaining to the Real Estate; and	ersonal property
To execute any and all documentation possessions	
To execute any and all documentation necessary to effectuate the transactions described above, in	ncluding, but not
limited to, closing statements, instruments of conveyance and supporting documentation acknowledgements, and like instrument.	n, certifications,

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## II. EFFECTIVE DATE AND TERMINATION A. This power of attorney shall be effective: (select appropriate provision) bracket as of the date it is signed 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. B. My disability or incompetence (select appropriate provision): (shall) (shall not) affect or terminate this Power of Attorney. C. This power of attorney shall terminate: (select appropriate provision) ] upon my incapacity upon the execution and recordation Recorder's Office of the County where the Real Estate is located a written revocation hereof. III. RATIFICATION AND INDEMNIE I/We hereby ratify and confirm that all my attendand hold harless any person who, in good faith y-in-fact shall do by virtue hereof. Further, I/We agree to indemnify cts 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 WHERE OF, I/We have hereunto set my/our hand(s) and seal(s) this Printed: Printed: STATE OF INDIANA BEIDI L. PANICI SS Commission # 634762 COUNTY OF Before me, a Notary Public in and for said Sernonally of peared who eidi Panicc acknowledged the execution of the foregoing Power of America, and who, having been duly sworn, stated that any representations therein contained are true. WITNESS my hand and Notarial seal, this

My County of Residen

David D.

Piunti

l 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. \_\_\_\_\_David\_D. Piunti

My Commission Expires:

This instrument was prepared by

Order No.: 1501006 Revision No. 1 Loan No.: 701227

## **EXHIBIT "A"**

LOT 137, IN BRAMBLEWOOD, UNIT 2, AN ADDITION TO THE TOWN OF ST. JOHN, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 93 PAGE 68, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Property Address:

9445 Genevieve Drive, St. John, IN 46373



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