

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 067697

2015 OCT 21 AM 10:40

MICHAEL B. BROWN
RECORDER

POWER OF ATTORNEY

I, **Michael T. Struble**, an adult, of Lake County, State of Indiana, do hereby make, constitute and appoint **Kathleen K. Struble**, an adult, of Lake County, State of Indiana, my true and lawful attorney in fact for me and in my name, place and stead, to do all acts with respect to real property described in the Indiana Code, IC 30-5-5-2, the language of which statute is incorporated herein by reference, including, but not limited to, execute a HUD-1 Closing Statement, closing affidavits, Note, Mortgage and all other documents in connection with the refinance of the real estate commonly known as **11403 Georgia Street, Crown Point, IN 46307**, and more particularly described as follows:

LOT 69 IN PENTWATER SUBDIVISION, - PHASE 3, IN THE CITY OF CROWN POINT, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 106 PAGE 53, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Key # **45-16-10-327-015.000-042**

And to do and perform each and every act and thing whatsoever required and necessary or proper to be done in all matters affecting the sale said property, and with the same force and effect as though I was personally present and acting for myself; and I hereby ratify and confirm all that my said attorney in fact shall do by virtue hereof.

This power of attorney shall not be affected by my subsequent incompetence, incapacity or disability. This power of attorney shall terminate on the date after the closing has been completed.

IN WITNESS WHEREOF, I hereunto set my hand and seal this 5th day of August, 2015.

Signature: Michael T. Struble

Michael T. Struble



STATE OF Indiana)

COUNTY OF Lake) SS:

Before me, a Notary Public in and for said County and State, personally appeared **Michael T. Struble**, who acknowledged the execution of the foregoing Power of Attorney, who acknowledged the foregoing instrument to be his free act and deed.

Witness my hand and Notarial Seal this 5th day of August, 2015

My Commission expires: 7/11/19

County of Residence: Lake

Signature: Deborah Johnstone
Printed: Deborah Johnstone

This instrument was prepared by: Richard A. Zunica Attorney at Law 262 Washington Lowell, IN 46356

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. File No. 15-5251M

Kim Schultz

DEBORAH JOHNSTONE
Notary Public Seal State of Indiana
Lake County
My Commission Expires 07/11/2019

NORTHWEST INDIANA TITLE
101 E. 90TH DRIVE
SUITE C
MERRILLVILLE, IN 46410
219-755-0100

Handwritten initials: NJT