

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2015 OCT 14 AM 9:58

MICHAEL B. BROWN  
RECORDER  
POWER OF ATTORNEY  
OF  
KATHLEEN D. DOTLICH  
TO  
DONNA M. HOBBS

THIS IS TO CERTIFY THAT THIS IS A TRUE  
AND EXACT COPY OF THE ORIGINAL  
INSTRUMENT.

FIDELITY NATIONAL TITLE INSURANCE COMPANY  
334 EAST US ROUTE 30  
SCHERERVILLE, INDIANA 46375

BY J Jfe

2015 069794

The undersigned hereby nominates, constitutes and appoints **DONNA M. HOBBS** whose address is 1304 Camellia Drive, Munster, IN 46321, as my true and lawful attorney-in-fact to do and perform for me and in my name the following:

**Transfer of Interest in Real Estate** - To execute any and all listing agreements, sales agreements, offers to purchase, acceptance of offer to purchase, any and all deeds, trustee deeds, closing documents and affidavits, and any other documents in such manner and form as may be necessary or required for my attorney-in-fact to transfer my interest in the following described real estate:

LOT 539 IN PINE ISLAND RIDGE, UNIT 17 AS PLAT THEREOF RECORDED IN PLAT BOOK 46, PAGE 75 IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA

Permanent Index No. 45-11-25-278-003.000-036  
Common Address: 8735 Mathews Lane, Crown Point, IN 46307

IN FURTHERANCE OF THESE POWERS, I give my attorney-in-fact power and authority to do for me and in my name those things which such attorney deems expedient and necessary to effectuate the intent of this instrument, as fully as I could do personally for myself, reserving unto myself, however, the power to act on my own behalf and also to revoke the powers given in this instrument.

Any act or thing lawfully done by attorney-in-fact under this instrument shall be binding on the undersigned and on my heirs, assigns and legal representatives.

Any bank, savings and loan association, investment firm, and/or other persons, firms or corporations may rely on this

FIDELITY NATIONAL  
TITLE COMPANY

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instrument being in effect and unrevoked by myself unless I shall have executed a proper instrument of revocation and delivered it, or cause it to be delivered, to such person, firm or corporation and recorded it, or cause it to be recorded, in the Office of the Recorder of Lake County, State of Indiana.

This Power of Attorney shall not be affected by my disability or incapacity prior to such date.

Signed this 6 day of March, 2015.

**Document is NOT OFFICIAL**

*Kathleen D. Doflich*  
Kathleen D. Doflich, GRANTOR

**This Document is the property of the Lake County Recorder!**

STATE OF INDIANA )  
COUNTY OF LAKE )

SS:

Before me, the undersigned, a Notary Public in and for said County and State, this 6 day of <sup>March</sup> ~~January~~, 2015, personally appeared the Grantor named above, and acknowledged the execution of this Power of Attorney to be the voluntary act and deed of the Grantor, for the uses and purposes therein stated.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal the day and year last above written.



MARIE A SWANN  
Notary Public, State of Indiana  
Lake County  
Commission # 833736  
My Commission Expires  
March 11, 2020



*Marie A. Swann*  
Notary Public Marie A. Swann  
Resident of Lake County  
My Commission Expires: 3-11-20

THIS INSTRUMENT PREPARED BY:

ROBERT L. MEINZER, JR. #9132-45  
MEINZER & BABINEAUX LLC, Attorneys at Law  
10115 Raven Wood Drive, Suite B  
P. O. Box 111, St. John, IN 46373-0111  
(219) 365-4321 Fax: 365-9510

I 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.

*Robert L. Meinzer, Jr.*  
Robert L. Meinzer, Jr. Attorney at Law