

DURABLE POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, that the undersigned, MARILYN EVERS, Grantor, of the of Hammond, County of Lake, State of Indiana, have made, constituted, and appointed and BY THESE PRESENTS do make, constitute, and appoint, Melissa Evers of the Town of Griffith, County of Lake, and State of Indiana, true and lawful Attorney for the undersigned, and in the undersigned's name, place, and stead to transact all business concerning real and personal property and banking including negotiating and making checks to pay personal bills and to make, execute, acknowledge, and deliver all contracts, deeds, assignments, notes, trust deeds, mortgages, assignments of rents, releases and waivers of homestead rights, affidavits, bills of sale, deeds and other instruments and to endorse and negotiate checks and bills of exchange requisite or proper to effect the sale of the Property described as follows:

PARK VIEW TERRACE 2ND ADD TO HAMMOND L.5, B1, N, 3FT, L6 B1

Common Address: 7423 California Ave. Hammond IN 46323-2735

all as effectively in all respects as the undersigned could do personally, giving and granting to the said Attorney full power and authority to do and perform all and every act and thing whatsoever, requisite and necessary to be done in and about the Property, as fully, to all intents and purposes, as the undersigned might or could do if personally present at the doing thereof, with full power of substitution and revocation, hereby ratifying and confirming all that said Attorney shall lawfully do or cause to be done by virtue hereof.

The undersigned intends that this Power of Attorney be considered durable and shall continue in effect until terminated as provided below, regardless of my mental condition or I revoke it in writing before a Notary.

This appointment shall expire on the 23 day of OCTOBER, 2015

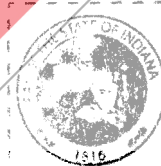
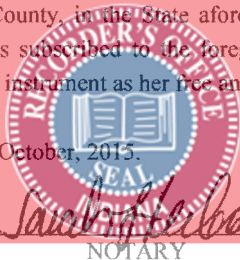
Dated this 23 day of OCTOBER, 2015

Marilyn Evers
MARILYN EVERS

STATE OF INDIANA, COUNTY OF LAKE ss:

I, the undersigned, a Notary Public in and for said County, in the State aforesaid, DO HEREBY CERTIFY, personally known to me MARILYN EVERS to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person and acknowledged that she signed, sealed, and delivered the said instrument as her free and voluntary act, for the uses and purposes therein set forth.

Given under my hand and Notarial seal this 23rd day of October, 2015.



STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2015 OCT 28 PM 4:11
MICHAEL J. JOHNSON
RECORDER

2015 OCT 29 7 29 22

I affirm under the penalties of perjury that I have taken reasonable care to redact each social security number in this document. John Breclaw.

This instrument was prepared by Attorney John Breclaw, 425 N. Broad St. Griffith IN. 46319

\$12.00
M.E
NON-COM
CASH