Limited Power of Attorney

I_John Sohocki __of __Lake __County, State of __Indiana ______, do hereby make, constitute and appoint __Penny O'Neill of _Lake_County, State of Indiana _, my true and lawful ATTORNEY-IN-FACT, for me and in my name, place and stead to purchase, accept, sell, pledge, encumber, mortgage, convey, lease and otherwise deal in any interest in real property, including personal property incidental thereto, and the proceeds therefilm, wherever located, of which I am owner or have any interest in, now or hereafter, to make and execute any and all contracts, notes, mortgages, agreements, documents, deeds, affidevits, closing statements and other items in reference to said property and proceeds; and tereceipt for and to disburse any and all funds and monies in connection therewith; and I do hereby ratify and confirm all that my ATTORNEY-IN-FACT shall do by virtue hereof. This power shale nly apply to the following described real property: Lot 9 and the E. 45 feet of Lot 8 in Block E in Nob Hill, Unit No. 1 plat book 34, page 39 Lake County, Indiana

More commonly known as: 3765 E. 34th Ave., Hobart, IN 46342

This Limited Power of Attorney shall commence on the date of execution thereof and shall expire at midnight (WST) on: January 20th, 2016. This Limited Power of Attorney shall for be affected by incompetence of the principal and on the date of the principal affected by incompetence of the principal affected by the principal affected by

- in the official of 1 300
Name: John Sohocki This Document is the property of
Before me, a Notary Public inland for said County and State personally appeared: Bhn
Sohocki_, who acknowledged the execution of the foregoing Limited Power of Attorne
WITNESS my hand and Notarial seal, this 197 day of Allerador, 20 the Shella L. DEUBEL Notary Public, State of Indiana
STATE OF: Indiana Relia & Keuhl Station & Gosson & Gosson
COUNTY OF: Rake Notary Seal & Date
My Commission Expires: May 24, 2023
Notary resident of County, State of: Adama
This instrument was prepared by: _John Sohocki

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. John Sohocki

AMOUNT \$_	
CASH	CHARGE MY
CHECK #	······································
OVERAGE	
COPY	
NON-COM	
	M

15-42627