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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2016 001538

2016 JAN 12 AM 8:36

MICHAEL B. BROWN
RECORDER

LIMITED POWER OF ATTORNEY
(REAL ESTATE)

Mail to
PRISM TITLE
1011 E. Touhy Ave. #350
Des Plaines, IL 60018
15101802 A 143

I/We, Danyale M. Kelly f/k/a. Danyale M. Wells.
Lake County, State of Indiana, being at least 18 years of age and mentally
competent, do hereby designate Juwon L. Kelly of Lake County,
State of Indiana, as my true and lawful attorney-in-fact.

I. POWERS AND PURPOSES

The above name attorney-in-fact shall have authority with respect to real property transactions
pursuant to Ind. Code 30-5-5-2, pertaining to the transaction real estate described below, situated in
Lake County, State of Indiana:

The east 1/2 of Lot 2, as measured along the south line of said
Lot 2 in Glenwood Manor Subdivision, as per plat thereof,
recorded in Plat Book 75, Page 84, in the Office of the Recorder
of Lake County, Indiana.

PIN 45-12-03-278-003.000-030

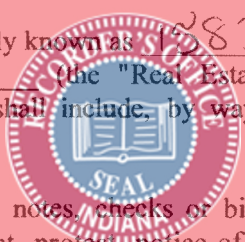
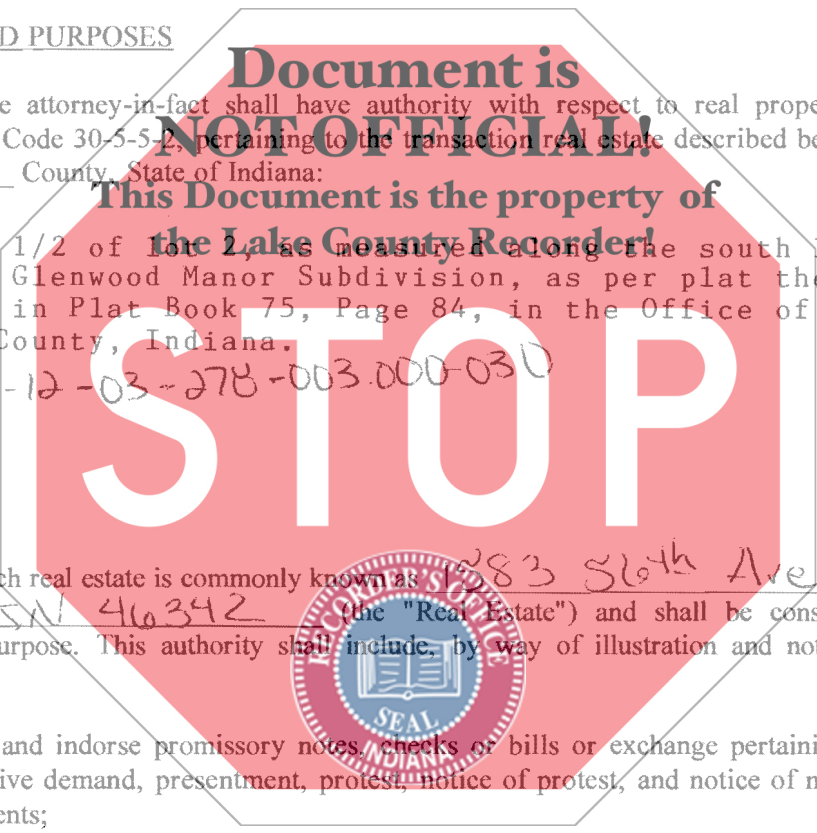
the address of such real estate is commonly known as 1283 56th Ave
Abie, IL 46342 (the "Real Estate") and shall be construed so as to
effectuate this purpose. This authority shall include, by way of illustration and not limitation, the
power:

To make, draw and indorse promissory notes, checks or bills or exchange pertaining to the Real
Estate and to waive 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;

To receive and to demand all sums of money, debts, dues, accounts, bequests, interest and demands
pertaining to the Real Estate which are now or shall hereafter become due or payable to us and to
compromise, settle or discharge the same;

To bargain for, contract concerning, buy, sell, encumber and in anyway and manner, deal with



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II. EFFECTIVE DATE AND TERMINATION

A. This power of attorney shall be effective: (select appropriate provision)

- as of the date it is signed.
- as of the ____ day of _____, 2____.
- 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 ____ day of _____, 2____.
- upon the execution and recordation with the Recorder's Office of the County where the Real Estate is located a written revocation hereof.

III. RATIFICATION AND INDEMNIFICATION

I/We hereby ratify and confirm that all my attorney-in-fact shall do by virtue hereof. Further, I/We agree to indemnify and hold harmless any person who, in good faith, acts 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 WHEREOF, I/We have hereunto set my/our hand(s) and seal(s) this 18 day of December, 2015.

Danyale Kelly
Printed: Danyale Kelly
#1141A Danyale wells

Printed: _____

STATE OF INDIANA

SS:

COUNTY OF Lake

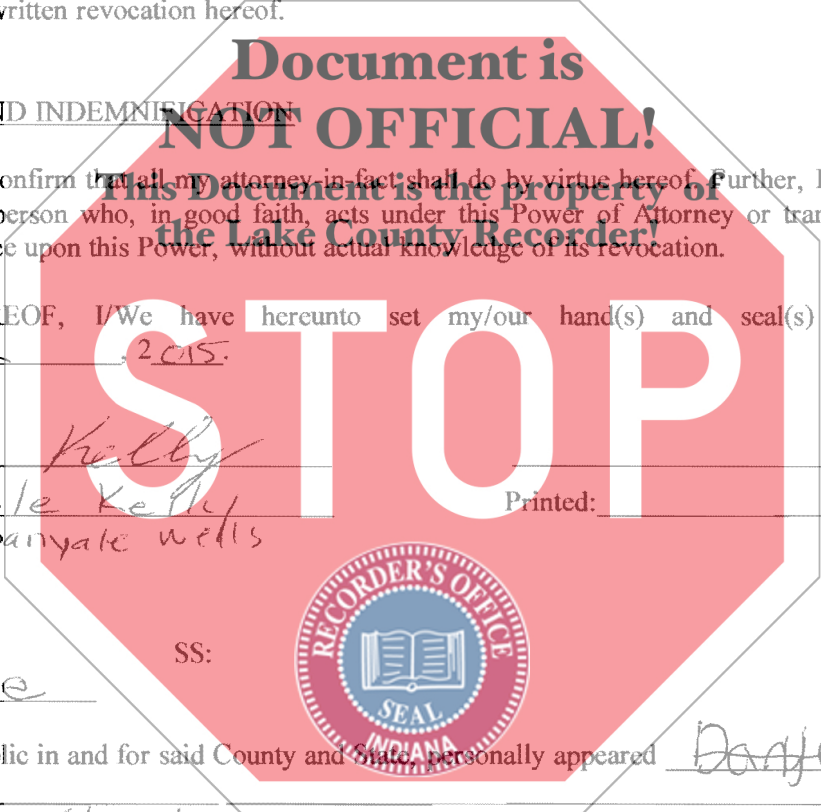


Before me, a Notary Public in and for said County and State, personally appeared Danyale Kelly

and Anthony Edwards who acknowledged the execution of the foregoing Power of Attorney, and who, having been duly sworn, stated that any representation made are true.

WITNESS my hand and Notarial seal, this 18 day of December, 2015.

Anthony Edwards, Notary Public



This instrument was prepared by: Danyale Kelly

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. Danyale Kelly

