STATE OF INDIANA LANE COUNTY FILED FOR NECOED

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MICHAEL 3. BROWN RECORDER

LIMITED POWER OF ATTORNEY (REAL ESTATE)

I/We,Audra J. Holmes
Lake County, State of Indiana, being at least 18 years of age and mentally competent, do hereby
designate Rvan M. Holmes
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 1.ake 1 County, State
of Indiana:
LOT 12 COMMUNITY RESOURCES INC., ADDITION TO THE TOWN OF MUNSTER, AS
PER PLAT THERE OF RECORDED IN PLAT BOOK 98, PAGE 50, IN THE OFFICE OF
PER PLAT THERE OF RECORDED IN PLAT BOOK 98, PAGE 50, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA, IS the property of
the Lake County Recorder!
the Lake Obunty Recorder.
the address of such real estate is commonly known as 10210 Barbara Lane, Munster, IN 46321
the address of such real estate is commonly known as 10210 Barbara Lane, Munster, IN 46321 (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:
way of inditiation and not initiation, 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;
demand, preservice, protect, new or protect, and new or non-payment of all sech 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 personal property
located upon or pertaining to the Real Estate; and,
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To execute any and all documentation necessary to effective the national described above, including, but not limited to, closing statements, instruments of conveyance and supporting documentation, certifications, acknowledgements, and like instrument.

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II. EFFECTIVE DATE AND TERMINATION
A. This power of attorney shall be effective: (select appropriate provision)
x as of the date it is signed
as of the day of,,
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
x upon the <u>1st</u> day of <u>December</u> <u>2015</u>
upon the execution and recordation with the Recorder's Office of the County where the Real Estate is located a
written revocation hereof.
III. BATIFICATION AND INDEMNIFICATION NOT OFFICIAL!
I/We hereby ratify and confirm that all my attorney in fact shall do by virtue hereof. Further P/We agree to indemnify and hold harless 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 3 day of November
Printed: Audra J. Holmes Printed:
STATE OF INDIANA (LLA NOCS)
COUNTY OF COOLS
Before me, a Notary Public In and for said County and State, personally appeared Audica 3. Holmos
acknowledged the execution of the foregoing Power of Attorney, and who, having been duly sworn, stated that any representations therein contained are true.
WITNESS my hand and Notarial seal, this 3rd hay of Approximation 2013
Printed: Ellen R Stoneting, Notars FABRIAN JULE Ston
My Commission Expires: 9.28.19 My County of Residence: Cosk, 10
This instrument was prepared by Ryan M. Holmes
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.
OFFICIAL SEAL ELLEN R STONEKING NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES:09/28/19

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