

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2016 003006

2016 JAN 20 AM 8:41

MICHAEL B. BROWN  
RECORDER

**LIMITED POWER OF ATTORNEY  
(REAL ESTATE)**

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I/We, JORGE BAUTISTA  
LAKE County, State of Indiana, being at least 18 years of age and mentally competent, do hereby designate ABEL BAUTISTA  
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:

All properties to LAKE COUNTY PROPERTIES, LLC



the address of such real estate is commonly known as 698 Mc Cook Dr. Abandon ID#6323 (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 personal property located upon or pertaining to the Real Estate; and
- To execute any and all documentation necessary to effectuate the transactions described above, including, but not limited to, closing statements, instruments of conveyance and supporting documentation, certifications, acknowledgements, and like instrument.

Liberty Title & Escrow T8V15001322

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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 \_\_\_\_\_, \_\_\_\_\_

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 \_\_\_\_\_

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 4<sup>th</sup> day of December, 2015

Jorge Bautista

Printed: JORGE BAUTISTA

Printed: \_\_\_\_\_

STATE OF INDIANA Indiana } SS:  
COUNTY OF Lake



Before me, a Notary Public in and for said County and State, personally appeared Jorge Bautista and N/A who 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 4<sup>th</sup> day of December, 2015  
Printed: William Holley, Notary Public William C. Holley

My Commission Expires: March 14, 2018 My County of Residence: Lake

This instrument was prepared by Jorge Bautista

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. Denys Sadov

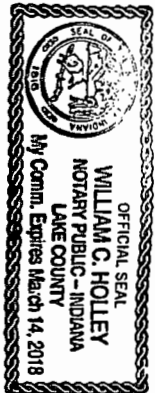


EXHIBIT "A"

The North 165 feet, except the East 256.55 feet thereof, the West 30 feet thereof, and the North 40 feet thereof, of the following described property:  
Commencing 10 chains West of the Northeast corner of the Southwest Quarter of Section 9, Township 36 North, Range 9 West of the Second Principal Meridian; thence South 7 chains; thence West 5 chains; thence North 7 chains; thence East 5 chains, to the point of beginning, in the City of Hammond, in the Office of the Recorder of Lake County, Indiana.

Property Address: 6909 McCook Avenue, Hammond, IN 46323

Tax ID #: 45-07-09-327-001.000-023

