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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2016 006682

2016 JAN 29 AM 10:11

LIMITED POWER OF ATTORNEY
(REAL ESTATE)

MAEL B. BROWN
RECORDER

BH 1500922

CHICAGO TITLE INSURANCE COMPANY

I, Kenneth G. Laud
County, State of _____, being at least 18 years of age and mentally competent, do
hereby designate Susan E. Laud
of Lake County, State of Indiana, as my true and lawful attorney-in-fact.

I. POWERS AND PURPOSES

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

LOT 7 IN TREES UNIT NO. 1, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 67, PAGE 26, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.



the address of such real estate is commonly known as 10728 Green Place, Crown Point, Indiana 46307, (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 endorse promissory notes, checks or bills, mortgages, 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 contracts 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 comprise, settle or discharge the same;
- To bargain for, contract concerning, buy, sell and convey, exchange, mortgage, 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, mortgages, bills of sale, promissory notes, HUD settlement statements, instruments of conveyance and supporting documentation, certifications, acknowledgments, and like instruments.

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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 _____, 20____
- 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 _____, 20____
- 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 IDENTIFICATION

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 with my attorney-in-fact in reliance upon this Power, without actual knowledge of its revocation.

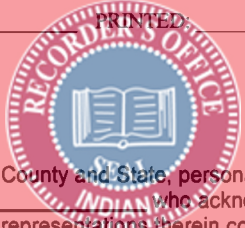
IN WITNESS WHEREOF, I/WE have hereunto set my/our hand(s) and seal(s) this 24th day of Dec, 2015.

Merritt G. Fend

PRINTED: Kenneth G. Laws

STATE OF IN)

COUNTY OF LAKE) SS:



Before me a Notary Public in and for sai County and State, personally appeared Kenneth G. Laws and _____ 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 24th day of Dec, 2015

Printed: _____, Notary Public Kath Adams

My Commission expires: _____ My County of Residence: _____

This instrument was prepared by Kenneth G. Laws

