15-12-24-151-013.000-046 POWER OF ATTORNEY

CLIFFORD J. RICE and DONNA K. RICE (4/1 () TO **CINDY G. MATHIAS**

The undersigned hereby nominate, constitute and appoint CINDY G. MATHIAS, of Porter County, Indiana, as our true and lawful attorney-in-fact to do and perform for us and in our name the following:

To execute any and all documents, including but not limited to deeds, closing statements, checks and other documents necessary to sell on behalf of Grantors the following described real-

The West 130 feet of the East 560 feet of the Southwest 1/4 of the Northwest 1/4 of Section 24, Township 35 North, Range 8 West of the 2nd Principal Meridian, in Lake County, Indiana, except therefrom the North 80 feet, ALSO EXCEPTING the South 40 feet of said West 130 feet that lies North of the North line of U.S. Route 30.

Commonly known as: 3412 E 815 Avenue Hobart, Indiana 46342.

IN FURTHERANCE OF THESE POWERS We give our attorney-in-fact power and authority to do for and in our names those things which such attorney deems expedient to and necessary to effectuate the intent of this instrument and to allow for the execution of all documentation as fully as we totald to personally for ourselves, and to receive closing proceeds, on our behalf; however, reserving unto ourselves, the power to act on our own behalf and also revoke the powers given in this instrument.

This Power of Attorney shall automatically terminate and become null and void after closing, but shall not be affected by our disability or incapacity prior to such date.

Signed this 24th day of February, 2016

100 Lincolnway, Suite 1

Valparaiso, IN 46383

CHECK #

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CLERK -

STATE OF INDIANA COUNTY OF PORTER)			
I hereby acknowledg before me and set their hands and deed of Grantors.	e that on the <u>24</u> 6 to this Power of A	day of February, ttorney acknowled	edging same to be the	gned appeared e voluntary act
MY COMMISSION EXPIR	ES:	••••	ŕ	
MY COUNTY OF RESIDE	NCE:	HE SEAL : *=	Diane M. Sentoro Resident Of Porter County My Commission Expires:	~
,	Docum	Went the	10/13/2017	ل
I affirm, under the penalties for petaken reasonable care to redact each number in this document, unless re	ch social security squipeo by tament i	s the prope		
Allane M	En low	nty Record	er:	
	SOUTH AND	ES OF		
THIS INSTRUMENT PREF		ael A. Langer,	15 North Washin	gton Street,

ep.