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LIMITED POWER OF ATTORNEY
(REAL ESTATE)

I/We, LAWRENCE W. TURNQUIST JR & CYNTHIA TURNQUIST
LAKE County, State of Indiana, being at least 18 years of age and mentally
competent, do hereby designate CLAUDIA NEUER of Central St County,
State of Indiana, as my true and lawful attorney-in-fact. Porter St

I. POWERS AND PURPOSES

The above named 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:

STOP
CALUMET FARMS NO. 4 S 1/2 OF E 1/2
LOT 17 BL. 1 E. 33 FT L. 17 TAKEN
FOR PUBLIC HWY.

the address of such real estate is commonly known as 8620 MARQUETTE
SNAREVILLE IN (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.

160101721N PrismTitle

SA 13.00
M.E
07219

2016 MAR 16 015389

2016 MAR 16 AM 9:41

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

MICHAEL A. THOMAS
RECORDER

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 29 day of FEBRUARY, 2016
- 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 2 day of MARCH, 2016
- upon the execution and recordation with the Recorder's Office of the County where the Real Estate is located a written revocation hereof.

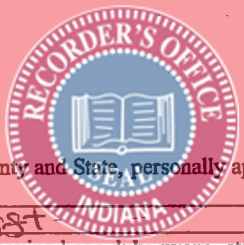
III. RATIFICATION AND INDEMNIFICATION

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 22 day of February, 2016.

Lawrence W. Turnquist Jr Cynthia Turnquist
 Printed: Lawrence W. Turnquist Jr Printed: Cynthia Turnquist

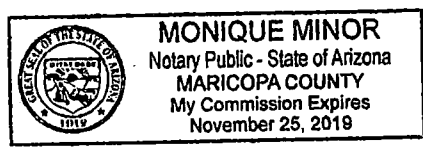
STATE OF ~~INDIANA~~ ARIZONA
 COUNTY OF MARICOPA SS:



Before me, a Notary Public in and for said County and State, personally appeared Lawrence W. Turnquist Jr and Cynthia Turnquist 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 22 day of February, 2016

Monique Minor, Notary Public
 Printed: MONIQUE MINOR



My Commission Expires: 11/25/19 My County of Residence: MARICOPA

This instrument was prepared by Lawrence W. Turnquist

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. Lawrence W. Turnquist

Return Document after recording to: (address) 37213 N. 17th Ave, Phoenix, AZ 85086