

POWER OF ATTORNEY

OF

JOHN MURILLO

TO

ANITA ROSE  
ATTORNEY-IN-FACT

2016 035891

Made under Indiana Code 30-5, as it may be Amended, or replaced (the "Statute")

I, John Murillo, as Principal, designate and name the persons whose name appears above to be my attorney-in-fact.

**A. POWERS.** According to the Statute, an attorney in fact has a power granted under IC 30-5 if the power of attorney incorporates the power. Therefore, by referring to the language of the Statute describing powers, this Power of Attorney incorporates into it the powers here listed and confers general authority with respect to them.

- Real property transactions (IC 30-5-5-2)
- Fiduciary transactions (IC 30-5-5-10)

IN FURTHERANCE OF THESE POWERS, I give my attorney-in-fact, power to act on my behalf and to do for me and in my name those things which such attorney deems expedient to and necessary to effectuate the intent of this Power of Attorney, as fully as I could do for myself. Specifically, I give my attorney-in-fact, power to act on my behalf with regards to the real estate properties located at:

- 4832 Magoun Ave., East Chicago, Indiana 46312
- 4830 Magoun Ave., East Chicago, Indiana 46312
- 3713 Grand Blvd., East Chicago, Indiana 46312
- 3832 Euclid Ave., East Chicago, Indiana 46312
- 3834 Euclid Ave., East Chicago, Indiana 46312

In addition to be present at the Real Estate closing and to sign any and all documents necessary to effectuate the sale of said property.

**B. RESERVATION OF POWER TO ACT AND TO REVOKE.** I reserve unto myself, however, the power to act on my own behalf and also to revoke or amend this Power of Attorney.

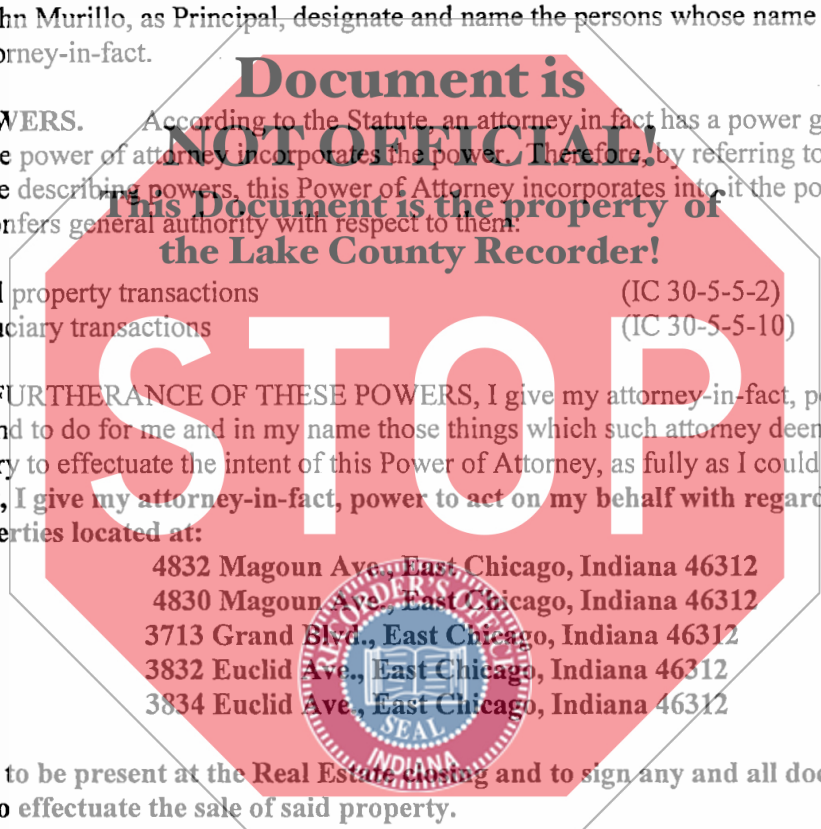
**C. CHAPTERS OF STATUTE ALSO APPLICABLE.** The following chapters of the statute also apply to this Power of Attorney and acts performed under it:

- |                    |             |             |              |
|--------------------|-------------|-------------|--------------|
| Definitions        | (IC 30-5-2) | Reliance    | (IC 30-5-8)  |
| General Provisions | (IC 30-5-3) | Liabilities | (IC 30-5-9)  |
| Duties             | (IC 30-5-6) | Termination | (IC 30-5-10) |

**D. LIABILITY OF ATTORNEY IN FACT.** As permitted by IC 305-9-5, I as Principal, specifically provide that my attorney -in-fact is liable only if my attorney-in-fact acts in bad faith.

Hold for:

INDIANA TITLE NETWORK COMPANY  
325 N. MAIN STREET  
CROWN POINT, IN 46307  
2016-57829-02



STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
2016 JUN 19 PM 12:02  
MICHAEL B. BROWN  
RECORDER

14.  
Hndkt#  
24877  
to  
NOW.COM

**E. RELIANCE ON POWER OF ATTORNEY.** In addition to provisions of the Statute regarding reliance, the holding and banking institution(s) named in this Paragraph E may rely on this Power of Attorney being in effect, unless I shall have executed a proper instrument revoking or changing it and delivered such instrument, or caused it to be delivered, to such person(s):

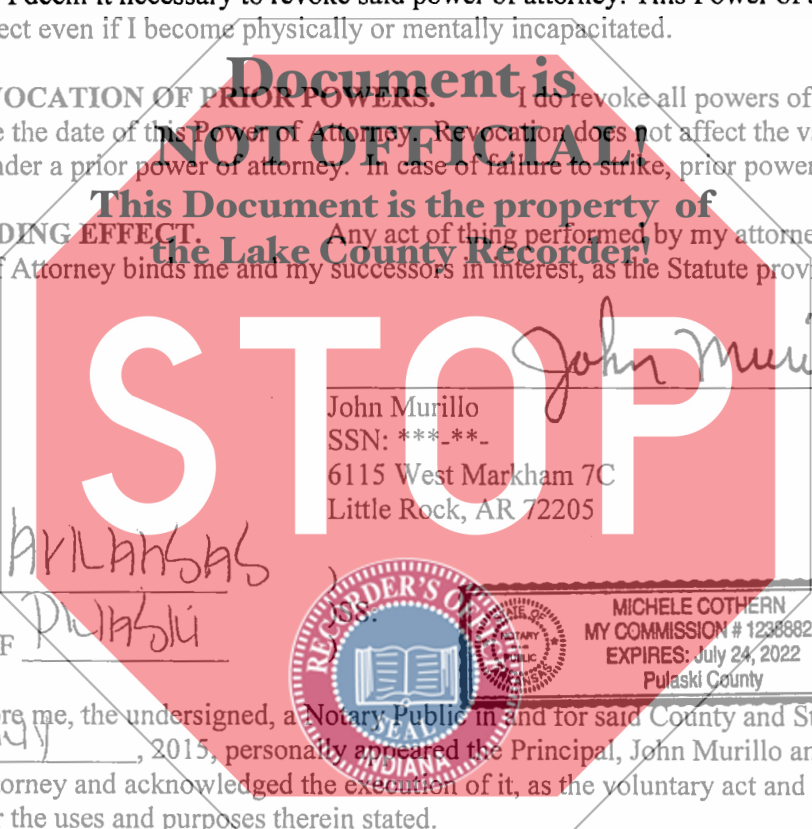
**Holding Institution                      Type of Account                      Account Number**

All other persons to whom this Power of Attorney may be delivered may rely on its being in effect unless I shall have executed a proper instrument revoking or changing it and recorded such instruments, or caused it to be recorded in the Office of the Recorder of this County, State of Indiana.

**F. DURATION OF POWER OF ATTORNEY** This Power of Attorney is to last for five years or until I deem it necessary to revoke said power of attorney. This Power of attorney shall remain in effect even if I become physically or mentally incapacitated.

**G. REVOCATION OF PRIOR POWERS.** I do revoke all powers of attorney I signed before the date of this Power of Attorney. Revocation does not affect the validity of an act performed under a prior power of attorney. In case of failure to strike, prior powers are revoked.

**H. BINDING EFFECT.** Any act of thing performed by my attorney-in-fact under this Power of Attorney binds me and my successors in interest, as the Statute provides.



*John Murillo*

John Murillo  
SSN: \*\*\*-\*\*-\*\*\*\*  
6115 West Markham 7C  
Little Rock, AR 72205

STATE OF

*ARKANSAS*

COUNTY OF

*PULASKI*



Before me, the undersigned, a Notary Public in and for said County and State, this 22 day of JULY, 2015, personally appeared the Principal, John Murillo and signed this Power of Attorney and acknowledged the execution of it, as the voluntary act and deed of the Principal, for the uses and purposes therein stated.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal the day and year last above written.

*M. Cothern*

Notary Public Signature

*M. COTHERN*

Print

*Pulaski*  
Resident of ~~Lake~~ County

My Commission Expires:

7-24-22

Prepared by: *Fred Flores*

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.

*M. Andrea Armstead*