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MICHAEL B. BROWN
RECORDER

LIMITED POWER OF ATTORNEY
(REAL ESTATE)

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I/We, GREGORY PAUL KWASNY, STANLEY CHARLES KWASNY AND MARY LISABETH DUGAN
LAKE County, State of Indiana, being at least 18 years of age and mentally
competent, do hereby designate KATHLEEN ANN ROYER 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 30-5-5-2, pertaining to the transaction real estate described below, situated in
LAKE County, State of Indiana:

CONDOMINIUM UNIT A IN 7142 HOHMAN AVENUE
HORIZONTAL PROPERTY REGIME, RECORDED AS DOCUMENT
NO. 134314 UNDER DATE OF NOVEMBER 19, 1990, AND
RE-RECORDED FEBRUARY 27, 1991, AS DOCUMENT NO.
91009133, IN THE OFFICE OF THE RECORDER OF LAKE
COUNTY, INDIANA; TOGETHER WITH AN UNDIVIDED INTEREST
IN THE COMMON AREAS AND FACILITIES AS DECLARED IN
THE ENABLING DECLARATION TO BE APPURTENANT TO
SAID CONDOMINIUM UNIT.

the address of such real estate is commonly known as 7142 HOHMAN AVENUE
CONDO NO. A, HAMMOD, IN 46324 (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.

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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 _____, 2_____.
- 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 _____, 2_____.
- 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 or through me, and 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 23rd day of MAY, 2016.

[Signature]
Printed: GREGORY PAUL KWASNY

[Signature]
Printed: STANLEY CHARLES KWASNY
[Signature]
PRINTED: MARY LISABETH DEBMAN

STATE OF ~~INDIANA~~ FLORIDA
COUNTY OF Pinellas SS:

Before me, a Notary Public in and for said County and State, personally appeared GREGORY PAUL KWASNY, STANLEY CHARLES KWASNY & MARY LISABETH DEBMAN 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 23 day of MAY, 2016

[Signature], Notary Public
Printed: Megan S. Pena



My Commission Expires: 11/17/19 My County of Residence: Pinellas

This instrument was prepared by MARTELL B. ROYER, ATTORNEY AT LAW

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. MB Royer

Return Document after recording to: (address) P.O. Box 1015, MERRILLVILLE, IN 46411-1015

