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2016 048642

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2016 AUG -1 AM 11:14

MICHAEL B. BROWN  
RECORDER

LIMITED POWER OF ATTORNEY  
(REAL ESTATE)

BT1600443

I, Jill A. Roth of Lake County, State of Indiana, being at least 18 years of age and mentally competent, do hereby designate Randy R. Roth of Lake County, State of Indiana, as my true and lawful attorney-in-fact.

I. POWERS AND PURPOSES

**This Document is the property of the Lake County Recorder!**

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 17 IN THE ESTATES OF BRISTOL FARMS, PHASE 1, AN ADDITION TO THE TOWN OF SCHERERVILLE, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 66 PAGE 50, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

the address of such real estate is commonly known as 2937 Manchester Lane, Schererville, Indiana 46375, (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, mortgages, mortgagor affidavits, 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 comprise, settle or discharge the same;
- To bargain for, contract concerning, buy, sell and convey, exchange, 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, acknowledgments, and like instruments.

CHICAGO TITLE INSURANCE COMPANY



\$13,000  
JAB

CH# 1820501028

**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.

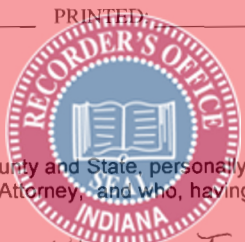
**III. RATIFICATION AND IDENTIFICATION**

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 14th day of July, 2016.

Jill A. Roth  
PRINTED: Jill A Roth

STATE OF INDIANA )  
                                  ) SS:  
COUNTY OF Lake )



Before me a Notary Public in and for said County and State, personally appeared Jill A. Roth 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 14th day of July, 2016.

Printed: \_\_\_\_\_, Notary Public Karen Craic

My Commission expires: \_\_\_\_\_ My County of Residence: \_\_\_\_\_

This instrument was prepared by Jill A. Roth

