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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2016 049857

2016 AUG -3 AM 10:49

LIMITED POWER OF ATTORNEY  
(REAL ESTATE)

MICHAEL B. BROWN  
RECORDER

I, Roberta Wendrickx of Sumter County, State of Florida, being at least 18 years of age and mentally competent, do hereby designate Cheryl Zeese 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 S 30-5-5-2, pertaining to the transaction of the real estate described below, situated in Lake County, State of Indiana:

LOT 1 IN WALNUT GARDENS IN THE CITY OF CROWN POINT, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 28, PAGE 47, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

CHICAGO TITLE INSURANCE COMPANY



the address of such real estate is commonly known as 421 W. Walnut Street, Crown Point, Indiana 46307, (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, checks or bills of 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.

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 Karen Craig

**II. EFFECTIVE DATE AND TERMINATION**

\$ 13,000

*[Signature]*

CR# 1820501033

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 30 day of August, 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 IDENTIFICATION

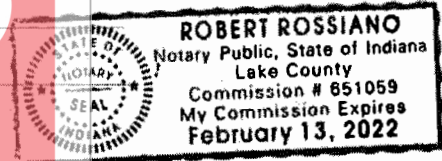
I/We hereby ratify and confirm that all my attorney-in-fact shall do by virtue hereof. Further, I/We agree to indemnify and hold harmless any person who, in good faith, acts under this Power of Attorney or transacts with my attorney-in-fact in reliance upon this Power, without actual knowledge of its revocation.

IN WITNESS WHEREOF, I/WE have hereunto set my/our hand(s) and seal(s) this 6 day of July, 2016.

Roberta Wendrickx  
PRINTED: Roberta Wendrickx

STATE OF INDIANA )  
                                  ) SS:  
COUNTY OF LAKE )

PRINTED: \_\_\_\_\_



Before me a Notary Public in and for said County and State, personally appeared Roberta Wendrickx 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 6<sup>th</sup> day of July, 2016  
Printed: Robert Rossiano Notary Public Robert Rossiano  
My Commission expires: 2-13-2022 My County of Residence: LAKE  
This instrument was prepared by Cheryl Zeese

