



2016 049907

2016 AUG -3 PH 12: 55

LIMITED POWER OF ATTORNEY RECORDER

(REAL ESTATE)

I/We, Lawrence L. Backstrom a/k/a Lawrence Backstrom
Lake County, State of Indiana, being at least 18 years of age and mentally
competent, do hereby designate Terie L. Backstrom of Lake County,
State of Indiana, as my true and lawful attorney-in-fact.
1. POWERS AND PURPOSES
The above name 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:
Document is
Meadowbrook Phases 3, 4 & To 76 TOFFICIAL!
MOI OITICIAL.
This Document is the property of
the Lake County Recorder!
the address of such real estate is commonly known as 823 Meadowbrook Drive, Lowell, IN_46356
(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, they 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,
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To execute any and all documentation necessary to executate the transactions described above,
including, but not limited to, closing statements, instruments of conveyance and
supporting documentation, certifications, acknowledgements, and like instrument.

HOLD FOR MERIDIAN TITLE CORP

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\$13,00

II. EFFECTIVE DATE AND TERMINATION A. This power of attorney shall be effective: (select appropriate provision) x as of the date it is signed. as of the _day of 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 x 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. and seal(s) this MIT Printed: Lawrence L. Backstrom the Lake County Recorder STATE OF INDIANA COUNTY OF a Notary Public in and for said County and State, personally appeared acks accornor 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

My Commission Expires: My County of Residence: My Coun

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.

Return Document after recording to: (address) & Jy Me of Outs 100K Dr. Louce W 46356