

WE HEREBY CERTIFY THAT THIS IS A TRUE AND ACCURATE COPY OF THE ORIGINAL INSTRUMENT.

2016 053603

GREATER INDIANA TITLE COMPANY  
BY: BS

Power of Attorney

Notice: The powers granted by this document are broad and sweeping. They are defined in Indiana Code sections 30-5-5-2 to 30-5-5-19. If you have any questions about these powers, obtain competent legal advice. This power of attorney may be revoked by you if you later wish to do so. This power authorizes, but does not require, the attorney-in-fact to act for you.

I, Olga (Cantu) (Ortega) Papp 42 Golf House Rd Laguna <sup>Vista</sup> TX 78578  
(name and address of principal) appoint Christina M Phillips 705 Independence Ave Westville  
IN 46391 (name and address of attorney(s)-in-fact) as my  
attorney(s)-in-fact (In a fiduciary capacity) on my behalf in any lawful way with respect to the following initialed subjects:

1. To grant all of the following powers, initial the line in front of (T) and ignore the lines in front of the other powers.
2. To grant one or more, but fewer than all, of the following powers, initial the line in front of each power you are granting.
3. To withhold a power, do not initial the line in front of it. You may, but need not, cross out each power withheld.

- |  |  |  |
|--|--|--|
| Initial  |  | Initial  |
| <input checked="" type="checkbox"/> (A) Real Property Transactions (IC 30-5-5-2)   |  | <input type="checkbox"/> (K) Claims and Litigation (IC 30-5-5-11)                |
| <input type="checkbox"/> (B) Tangible Personal Property Transactions (IC 30-5-5-3) |  | <input type="checkbox"/> (L) Family Maintenance (IC 30-5-5-12)                   |
| <input type="checkbox"/> (C) Bond, Share, and Commodity Transactions (IC 30-5-5-4) |  | <input type="checkbox"/> (M) Benefits from Military Service (IC 30-5-5-13)       |
| <input type="checkbox"/> (D) Retirement Plans (IC 30-5-5-5)                        |  | <input type="checkbox"/> (N) Records, Reports, and Statements (IC 30-5-5-14)     |
| <input type="checkbox"/> (E) Banking Transactions (IC 30-5-5-6)                    |  | <input type="checkbox"/> (O) Estate Transactions (IC 30-5-5-15)                  |
| <input type="checkbox"/> (F) Business Operating Transactions (IC 30-5-5-6)         |  | <input type="checkbox"/> (P) Health Care Powers; Religious Tenets (IC 30-5-5-16) |
| <input type="checkbox"/> (G) Insurance Transactions (IC 30-5-5-7)                  |  | <input type="checkbox"/> (Q) Opened or refusal of Health Care (IC 30-5-5-17)     |
| <input type="checkbox"/> (H) Beneficiary Transactions (IC 30-5-5-8)                |  | <input type="checkbox"/> (R) Delegation of Authority (IC 30-5-5-18)              |
| <input type="checkbox"/> (I) Gift Transactions (IC 30-5-5-9)                       |  | <input type="checkbox"/> (S) All Other Matters (IC 30-5-5-19)                    |
| <input type="checkbox"/> (J) Fiduciary Transactions (IC 30-5-5-10)                 |  | <input type="checkbox"/> (T) All of the powers listed in (A) through (S) above   |

Special Instructions: On the following lines you (the principal) may give special instructions limiting or extending the powers granted to your attorney(s)-in-fact.  
to sell home located at 4937 GRASSELLI ST EAST CHICAGO IN 46312

Power of Attorney-IN  
Bankers Systems™  
Walters Kluwer Financial Services

POA-IN 6/10/2012  
Page 1 of 3



HOLD FOR GREATER INDIANA TITLE COMPANY

IND 001124

NON-COM  
M-2  
16-00  
#016238

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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2016 APR 15 AM 9:34

**Effective Date:** You (the principal) indicate below by initial when this power of attorney will become effective.

  A   This power of attorney is effective immediately and will continue until it is revoked.

       This power of attorney will become effective on \_\_\_\_\_ (Month, Day, Year) and will continue until it is revoked.

       This power of attorney will become effective upon the occurrence of the following event(s): \_\_\_\_\_ and will continue until it is revoked.

**Multiple Attorneys-in-Fact:** If more than one attorney-in-fact is appointed, initial the line in front of one of the following statements:

       Each attorney-in-fact may independently exercise the powers granted.

       All attorneys-in-fact must jointly exercise the powers granted.

If one attorney-in-fact fails to serve or ceases to serve, the remaining attorney(s)-in-fact may continue to act under the power of attorney without a successor for the attorney-in-fact who failed to serve or ceased to serve unless a successor attorney-in-fact is named below.

**Successor Attorney(s)-in-Fact (optional):** To act if any named attorney-in-fact dies, resigns, or is otherwise unable to serve. (List Name and Address)

First Successor: \_\_\_\_\_

Second Successor: \_\_\_\_\_

**Durable Power of Attorney:** You (the principal) must indicate below if this power of attorney will be effective if you become incapacitated or incompetent. Initial the line in front of the statement that expresses your intent.

       This power of attorney will continue to be effective if I become incapacitated or incompetent.

       This power of attorney will not be effective if I become incapacitated or incompetent.

**Records of Transactions and Accountings:** The attorney(s)-in-fact shall keep complete records of all transactions entered into on behalf of the principal for six years after the date of the transaction or until the records are delivered to a successor attorney-in-fact. Unless otherwise stated in the *special instructions* above, the attorney(s)-in-fact does not need to render an accounting. However, the attorney(s)-in-fact shall render a written accounting if ordered by a court to do so, the principal requests one, a guardian appointed for the principal requests one, a child of the principal, or upon the principal's death a personal representative of the principal's estate or an heir requests one. The attorney(s)-in-fact has sixty (60) days to render the written accounting after receiving a written request for one. In the event of the principal's death, an accounting must be requested not later than nine (9) months after the date of the principal's death. Not more than one accounting is required in each twelve (12) month period unless a court orders additional accountings.

**Authority to Hire Persons:** The attorney(s)-in-fact has the authority to hire persons including attorneys, accountants, investment advisers, and agents to aid the attorney(s)-in-fact in the performance of their fiduciary duties. Any reasonable costs incurred for services performed for the principal's benefit shall be paid from the principal's asset holdings. Costs incurred by the attorney(s)-in-fact to defend the attorney(s)-in-fact in their actions on behalf of the principal, the preparation of the accounting (if one is requested) and to defend any other actions of the attorney(s)-in-fact on behalf of the principal shall be paid from the principal's asset holdings. However, if a court determines the attorney(s)-in-fact breached their fiduciary duty or obligation to the principal or was engaged in self-dealing activities with the principal's asset holdings, the court may determine that the attorney-in-fact is responsible for the payment of the costs incurred.

**Reimbursement of Expenses/Fee for Services:** Unless otherwise directed in the *special instructions*, the attorney(s)-in-fact is entitled to reimbursement of all reasonable expenses advanced by the attorney(s)-in-fact on behalf of the principal and to a reasonable fee for services rendered. The attorney(s)-in-fact shall notify the principal in writing of the amount claimed as compensation for rendering the service no later than twelve (12) months after the date the service is performed.

**Third Party:** I agree that any third party who receives a copy of this document may act under it. Revocation of the power of attorney is not effective as to a third party until the third party learns of the revocation. I agree to indemnify the third party for any claims that arise against the third party because of reliance on this power of attorney.

**Termination:** This power of attorney terminates on the death of the principal. However, the death of the principal does not revoke or terminate the power of attorney as to authority (if any) granted under IC 30-5-5-16(b)(3) through IC 30-5-5-16(b)(17) relating to Health Care Powers, Religious Tenets unless the action is inconsistent with a written directive executed by the principal before the principal's death.

**Specific Termination Date and Time:** You (the principal) have the option to specify that this power of attorney terminates at a specific date and time. Initial below whether or not this power of attorney is to terminate at a specific date and time.

  A   This power of attorney does not terminate at a specific date and time.

       This power of attorney terminates on \_\_\_\_\_ (date) at \_\_\_\_\_ (time).

Revocation: Unless otherwise directed in the special instructions section above, this power of attorney may be revoked only by a written instrument of revocation that identifies the power of attorney revoked and is signed by me (the principal). A revocation by a written instrument is not effective unless the attorney(s)-in-fact or other person has actual knowledge of the revocation. If this power of attorney is recorded, the revocation of it must also be recorded.

Signature of Principal:

Signed this 7<sup>th</sup> day of December, 2011

Olga (Ortega) Ortega Lopez  
Signature of Principal  
Olga (Ortega) Ortega Lopez  
Name of Principal

Acknowledgement (of principal's signature):

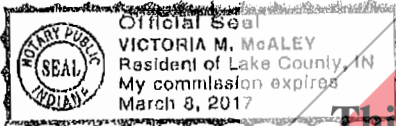
State of Indiana, County of Lake } ss  
Before me, Victoria McAley a Notary Public, this 7<sup>th</sup> day of December,  
acknowledged the execution of this power of attorney.

An individual signed on behalf of the principal and did so at the principal's direction.

My commission expires:

(Seal)

Victoria M. McAley  
(Notary Public)  
Lake  
(Notary's County)



**Document is NOT OFFICIAL!**

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



This power of attorney was prepared by (Name): Olga Lopez / Olga C Ortega

I affirm under penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law (Name) Olga Lopez / Olga C Ortega

Print name of preparer: Olga Lopez / Olga C Ortega