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**LIMITED POWER OF ATTORNEY
(REAL ESTATE)**

22329-445

I, Batesta Chatman of LAKE County, State of IN, being at least 18 years of age and mentally competent, do hereby designate Clinton Chatman of LAKE County, State of IN, 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 Indiana. Code 30-5-5-2, pertaining to the transaction of real estate described below, situated in LAKE County, State of Indiana:

Lot 55, in EDGEWATER PHASE THREE, BLOCK 1, AN ADDITION TO THE CITY OF CROWN POINT, as per plat thereof, recorded in Plat Book 108 page 65, as Instrument No. 2015-073536, in the Office of the Recorder of Lake County, Indiana.

Parcel ID #: 45-16-10-278-007.000-042

The property address and tax parcel identification number listed are provided solely for informational purposes, without warranty as to the accuracy or completeness and are not hereby insured.

The address of such real estate is commonly known as 11147 Ohio Street, Crown Point, IN 46307, (the "Real Estate").

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 contracts 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, or encumber the Real Estate and in any way 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.

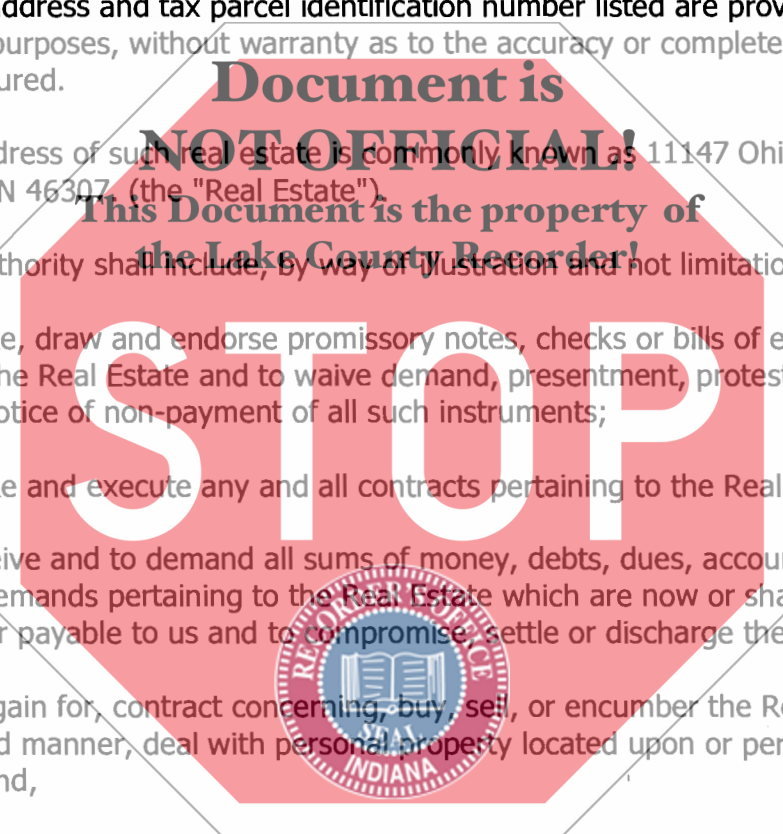
II. EFFECTIVE DATE AND TERMINATION

2016 054046

2016 AUG -9 AM 9:18

MICHAEL D. BROWN
RECORDER

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD



AMOUNT \$ 16
CASH _____ CHARGE _____
CHECK # 20323
OVERAGE _____
COPY _____
NON-COM _____
CLERK _____

RM E

- A. This Power of Attorney shall be effective as of the date it is signed.
- B. My disability or incompetence shall not affect or terminate this Power of Attorney.
- C. This Power of Attorney shall terminate upon the execution and recordation with the Recorder's Office of the County where the Real Estate is located a written revocation hereof. *This power of attorney will expire in 90 days on 10/06/2016.*

III. RATIFICATION AND INDEMNIFICATION

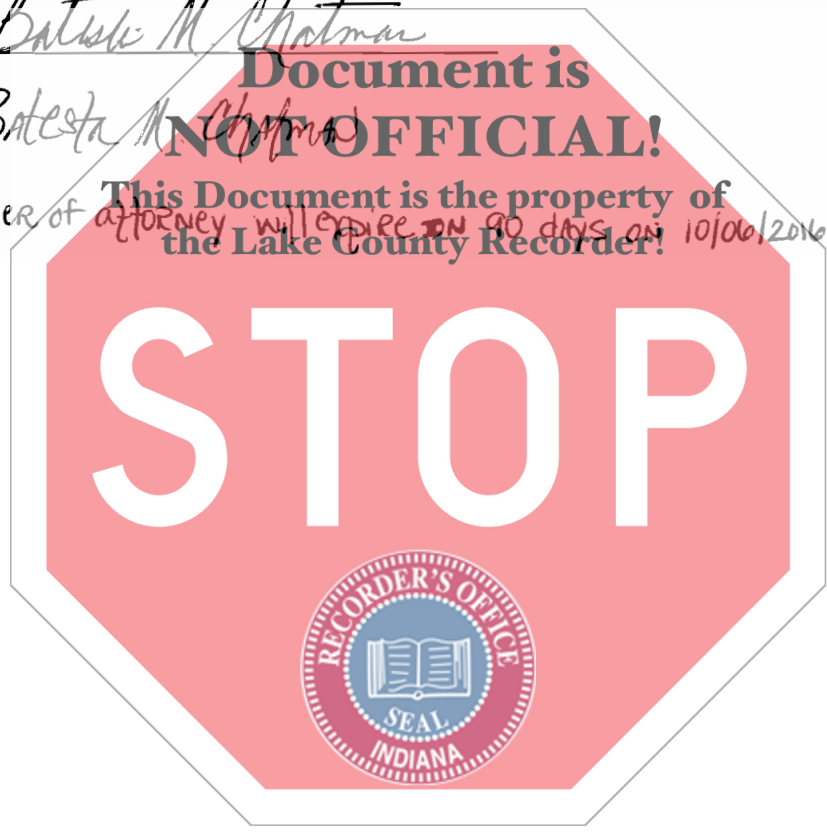
I hereby ratify and confirm all that my attorney-in-fact shall do by virtue hereof. Further, I agree to indemnify and hold harmless any person who, in good faith, acts under this Power of Attorney or transacts business with my attorney-in-fact in reliance upon this Power, without actual knowledge of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

IN WITNESS WHEREOF, I have hereunto set my hand this 6th day of July, 2016.

Signature: *Bates M Chatman*

Printed: *Bates M Chatman*

This power of attorney will expire in 90 days on 10/06/2016.



STATE OF INDIANA)

)SS:

ACKNOWLEDGMENT

COUNTY OF LAKE)

Before me, a Notary Public in and for said County and State, personally appeared who acknowledged the execution of the foregoing Power of Attorney, and who, having been duly sworn, stated that any representations therein contained are true.

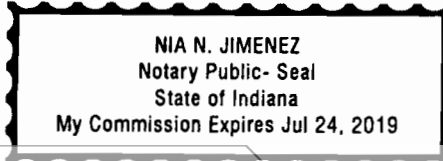
WITNESS my hand and Notarial seal, this 4TH day of July, 2016.

My Commission Expires: July 24, 2019

Signature: Nia Jimenez, Notary Public

Printed: NIA JIMENEZ

Resident of LAKE County



Document is NOT OFFICIAL!

This Document is the property of the Lake County Recorder!

This Instrument Prepared by: Batesta Chatman

STOP

Affirmation

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,

[Signature]. See Indiana Code 36-2-11-15.

