## **General Power of Attorney**

I, Mr. Wei Sun

Notice: This is an important document. Before signing this document, you should know these important facts. By signing this document, you are not giving up any powers or rights to control your finances and property yourself. In addition to your own powers and rights, you may be giving another person, your attorney-in-fact, broad powers to handle your finances and property. This general power of attorney may give the person whom you designate (your "attorney-in-fact") broad powers to handle your finances and property, which may include powers to encumber, sell or otherwise dispose of any real or personal property without advance notice to you or approval by you. THE POWERS WILL NOT EXIST AFTER YOU BECOME DISABLED OR-INCAPACI-TATED. This document does not authorize anyone to make medical or other health care decisions for you. If you own complex or special assets such as a business, or if there is anything about this form that your not understand, you should ask a lawyer to explain this form to you before you sign it. If you wish to change your general power of attorney, you must complete a new document and revoke this one. You may revoke this document at any time by destroying it, by directing another person to destroy it in your presence or by signing written and dated statement expressing your intent to revoke this document. If you revoke this document, you should notify your attorney-in-fact and any other person to whom you have given a copy of the form. You also should notify all parties having custody of your assets. These parties have no responsibility to you unless you actually notify them of the revocation. If your attorney-in-fact is your spouse and your marriage is annulled, or you are divorced after signing this document, this document is invalid. Since some 3rd parties or some transactions may not permit use of this document, it is advisable to check in advance, if possible, for any special requirements that may be imposed. You should sign this form only if the attorney-in-fact you name is reliable, trustworthy and competent to manage your affairs. This form must be signed by the Principal (the person appointing the attorney in fact), witnessed by two persons other than the no  $\equiv$ 

Hammond, IN 46323 the Lake Country Record, as principal, to grant a general power of
attorney to, do hereby appoint: Ms. Roth C. Shih, of 1505 35+h
Street, Munster, IN 46321
my attorney-in-fact to act in my name, place and stead in any way which I myself could do, if I were personally pres-
ent, with respect to the following matters to the extent that I am permitted by law to act through an agent. The powers
chosen below shall have the full force and effect given to them by their full enumeration as laid out in the text of the
Power of Attorney Act of the laws of the State of :
(a) real estate transactions;  (b) goods and services transactions;  (c) bond, share and commodity transactions;  (d) banking transactions;  (e) business operating transactions;  (f) insurance transactions;  (g) estate transactions;  (h) claims and litigation;  (i) personal relationships and affairs;  (j) benefits from military service;
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of

(k) records, reports and statements;
(l) retirement benefit transactions;
(m) making gifts to my spouse, children and more remote descendants, and parents;
(n) tax matters;
(o) all other matters;
(p) full and unqualified authority to my attorney-in-fact to delegate any or all of the foregoing powers to
any person or persons whom my attorney-in-fact shall select;
(q) unlimited power and authority to act in all of the above situations (a) through (p)
If the attorney-in-fact named above is unable or unwilling to serve, I appoint Ms. Doris Schrementi,  of Highland, Indiana - Mother to Max Schrementi,
of Highland, Indiana - Mother to Max Schrementi,
to be my attorney-in-fact for all purposes hereunder.
To induce any third party to rely upon this power of attorney, I agree that any third party receiving a signed copy or
facsimile of this power of attorney may rely upon such copy, and that revocation or termination of this power of attorney shall be ineffective as to such third party until actual notice or knowledge of such revocation or termination shall
have been received by such third party. I, for myself and for my heirs, executors, legal representatives and assigns,
agree to indemnify and hold harmless any such third party from any and all claims that may arise against such third
party by reason of such third party having relied on the provisions of this power of attorney. This power of attorney
shall not be effective in the event of my future disability of incapacity. This power of attorney may be revoked by me at any time and is automatically revoked upon my death. My attorney-in-fact shall not be compensated for his or her
services nor shall my attorney-in-fact be liable to me, my estate, heirs, successors, or assigns for acting or refraining
from acting under this document except for willful misconduct or gross negligence f
the Lake County Recorder!
Dated: August 7th, 2015
Signature and Declaration of Principal
I, Mr. Wei Sya. the principal, sign my name to this power of attorney
this 74h day of August 2015 and, being first duly sworn, do declare to the undersigned authority that I sign and execute this instrument as my power of attorney and that I sign it willingly, or willingly direct
another to sign for me, that I execute it as my free and to later, act for the purposes expressed in the power of attor-
ney and that I am eighteen years of age or older, of sound mind and under no constraint or undue influence.
x we so
Signature of Principal
Witness Attestation
I, Mr. Daniel Zamudio Esa, , the first witness, and I, Ms. Kristins Barney
I, Mr. Danie Zamudio Esq., , the first witness, and I, Ms. Kristins Barney, the second witness, sign my name to the foregoing power of attorney being first duly sworn and do declare to the
undersigned authority that the principal signs and executes this instrument as his/her power of attorney and that he/she
signs it willingly, or willingly directs another to sign for him/her, and that I, in the presence and hearing of the princi-
pal, sign this power of attorney as witness to the principal's signing and that to the best of my knowledge the principal

is eighteen years of age or older, of sound mind and under no constraint or undue influence.
X Av. Docum
Signature of First Witness Signature of Second Witness
Signature of First Witness Signature of Second Witness
Notary Acknowledgment
State of Indiana County of Lake
Subcribed, sworn to and acknowledged before me by Mr. Wei Sun , the Principal,
and subscribed and sworn to before me by Myself and
Kristing Barney, the witnesses, this 7th day of August, 2015.
X Dani Ramel
Notary Signature Corrective Signature
Notary Public, to add omitted Expiration
In and for the County of Lake date. January amulio
1 /1-10-1016
State of Tadiana  My commission expires: 2020 12-11-21  Seal
DZ /
Document is corrective
Acknowledgment and Acceptance of Appointment as Attorney in Fact
NOT OFFICIAL!
I, Ms. Ruth Ship This Document is thre readtheattached fower of attorney and am the
person identified as the attorney-in-fact for the principal. I hereby acknowledge that I accept my appointment as
Attorney-in-Fact and that when I act as agent I shall exercise the powers for the benefit of the principal; I shall keep
the assets of the principal separate from my assets; I shall exercise reasonable caution and prudence; and I shall keep a
full and accurate record of all actions, receipts and disbursements on behalf of the principal.
Ruth Shih August 7+h 2015
Signature of Attorney-in-Fact Date laffirm, under the penalties for perjury,
that I have taken a complete ages to
Return to: 1505 35th st. Munster, ± redact each social security number in this document, unless required by law.
Prepared by Wei Symmess this document, unless required by law.
Acknowledgment and Acceptance of Appointment as Successor Attorney in-Fact Ann U. Dea
I, Not Present nave read the attached power of attorney and am the
person identified as the successor attorney-in-fact for the principal. I hereby acknowledge that I accept my appoint-
ment as Successor Attorney-in-Fact and that, in the absence of a specific provision to the contrary in the power of
attorney, when I act as agent I shall exercise the powers for the benefit of the principal; I shall keep the assets of the
principal separate from my assets; I shall exercise reasonable caution and prudence; and I shall keep a full and accu-
rate record of all actions, receipts and disbursements on behalf of the principal.
Signature of Successor Attorney-in-Fact Date

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## **EXHIBIT "A"**

Property Address: 2138 169th Street, Hammond, IN 46323

File No.: 16-28059

Lots Numbered 10 and 11 in Block 42, in Unit 12, in Woodmar, in the City of Hammond as per plat thereof recorded in Plat Book 18, Page 7 in the Office of the Recorder of Lake County, Indiana, and the vacated alley lying between said lots.

The Property address and/or tax parcel identification number(s) listed are provided solely for informational purposes, without warranty as to accuracy or completeness and are not hereby insured.

