

DURABLE POWER OF ATTORNEY

OF

CANDI LYNN JACKSON

NORTHWEST INDIANA TITLE
162 WASHINGTON STREET
LOWELL, IN 46356
219-696-0100 *2/16/16*

PRINCIPAL AND ATTORNEY-IN-FACT

I, CANDI LYNN JACKSON, RESIDING AT 638 MARLOU PARKWAY
DES MOINES, IA 50320 APPOINT THE FOLLOWING
PERSON TO SERVE AS MY ATTORNEY-IN-FACT.

NAME: JAMES A. BROWN
ADDRESS: 1193 POPPYFIELD PLACE
SCHERERVILLE, IN 46375

TO ACT FOR ME IN ANY LAWFUL WAY WITH RESPECT TO THE SUBJECT INDICATED
BELOW.

THIS POWER OF ATTORNEY SHALL BECOME EFFECTIVE IMMEDIATELY, AND SHALL NOT
BE AFFECTED BY ANY SUBSEQUENT DISABILITY OR INCAPACITY OF THE PRINCIPAL. THIS
IS A DURABLE POWER OF ATTORNEY.

POWERS OF ATTORNEY-IN-FACT

MY ATTORNEY-IN-FACT SHALL HAVE THE POWER TO ACT IN MY NAME, PLACE AND
STEAD IN ANY WAY WHICH I MYSELF COULD DO WITH RESPECT TO THE FOLLOWING
MATTERS TO THE EXTENT PERMITTED BY LAW.

REAL ESTATE TRANSACTIONS:

MANAGE, SELL, TRANSFER, LEASE, MORTGAGE, PLEDGE, REFINANCE, INSURE,
MAINTAIN, IMPROVE, AND PERFORM ANY AND ALL OTHER ACTS WITH RESPECT TO
REAL PROPERTY AND INTERESTS IN REAL PROPERTY THAT I OWN LOCATED AT:

1491 EAST 177th COURT LOWELL, IN 46356

(1)

AMOUNT \$ 14.00
CASH _____ CHARGE _____
CHECK # 3071
OVERAGE _____
COPY
NON-COM _____
CLERK M-C



2016 055517

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
MICHAEL B. BROWN
RECORDER
2016 FEB 16 AM 10:39

MY ATTORNEY-IN-FACT IS EMPOWERED TO TAKE ALL FURTHER ACTION, INCLUDING THE PAYMENT OF EXPENDITURES AND THE PREPARATION AND EXECUTION OF ALL DOCUMENTS, AS THE ATTORNEY-IN-FACT DEEMS NECESSARY OR APPROPRIATE IN ORDER TO FULLY EFFECTUATE THE PURPOSE OF THE FOREGOING MATTERS.

MY ATTORNEY-IN-FACT SHALL BE REIMBURSED FOR ALL REASONABLE EXPENSES INCURRED RELATING TO HIS OR HER RESPONSIBILITIES UNDER THIS POWER OF ATTORNEY.

MY ATTORNEY-IN-FACT SHALL PROVIDE AN ACCOUNTING FOR ALL FUNDS HANDLED AND ALL ACTS PERFORMED AS MY ATTORNEY-IN-FACT, BUT ONLY UPON MY REQUEST OR THE REQUEST OF A PERSONAL REPRESENTATIVE OR A FIDUCIARY ACTING ON MY BEHALF. ANY REQUIREMENT OF MY ATTORNEY-IN-FACT TO FILE INVENTORIES AND ACCOUNTS WITH THE COUNTY CLERK OR WITH THE COURT IS SPECIFICALLY WAIVED.

I MAY REVOKE THIS POWER OF ATTORNEY AT ANY TIME.

IN WITNESS WHEREOF, THE UNDERSIGNED HAS EXECUTED THIS POWER OF ATTORNEY ON THE DATE SET FORTH BELOW.

DATE: 4/2/16

Carol Jackson
SIGNATURE OF:

STATE OF

Iowa

COUNTY OF

Madison

SIGNED AND SWORN TO BE, BEFORE ME A NOTARY PUBLIC FOR SAID COUNTY AND STATE ON THIS 2nd DAY OF April, 2016.



Sharon K. Shaul
NOTARY PUBLIC

MY COMMISSION EXPIRES: 11/17/18 COUNTY OF RESIDENCE: Madison

THIS DOCUMENT PREPARED BY: Valerie M. Gilbert 16815 Broadway Lowell, IN 46356

(2)

