

**DURABLE POWER OF ATTORNEY**

**OF**

VIOLET ELAINE MARIGLIANO

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

**PRINCIPAL AND ATTORNEY-IN-FACT**

I, VIOLET ELAINE MARIGLIANO, RESIDING AT 11941 MOUNT STREET  
CROWN POINT, IN 46307 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.

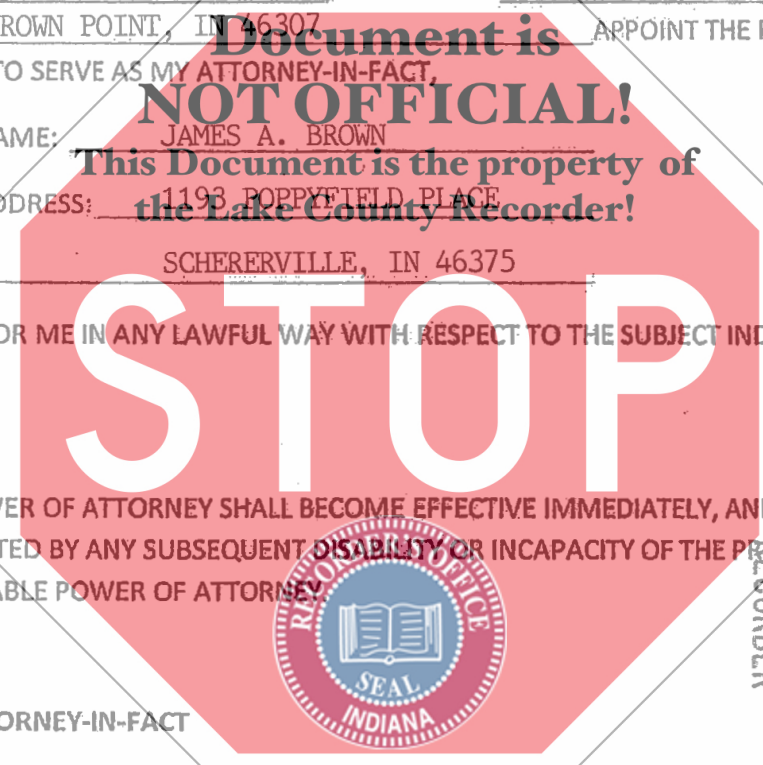
**REAL ESTATE TRANSACTIONS:**

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)

CASH \_\_\_\_\_ CHARGE \_\_\_\_\_  
CHECK # 3071  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON-COM \_\_\_\_\_  
CLERK M-e



2016 055518

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

14.00

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: 16 Apr 2016

Violet Elaine Mangione  
SIGNATURE OF:

STATE OF IN  
COUNTY OF Lake



SIGNED AND SWORN TO BE, BEFORE ME A NOTARY PUBLIC FOR SAID COUNTY AND STATE ON THIS 16 DAY OF April, 2016.

KWK  
NOTARY PUBLIC

MY COMMISSION EXPIRES: 4-28-22 COUNTY OF RESIDENCE: Lake

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

