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DURABLE POWER OF ATTORNEY

OF

JULIE ANN GALASSINI NORTHWEST INDIANA TITLE
162 WASHINGTON STREET
LOWELL, IN 46356
219-696-0100

PRINCIPAL AND ATTORNEY-IN-FACT

I, JULIE ANN GALASSINI RESIDING AT 5940 OAK VALLEY DRIVE
LOWELL, IN 46356 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

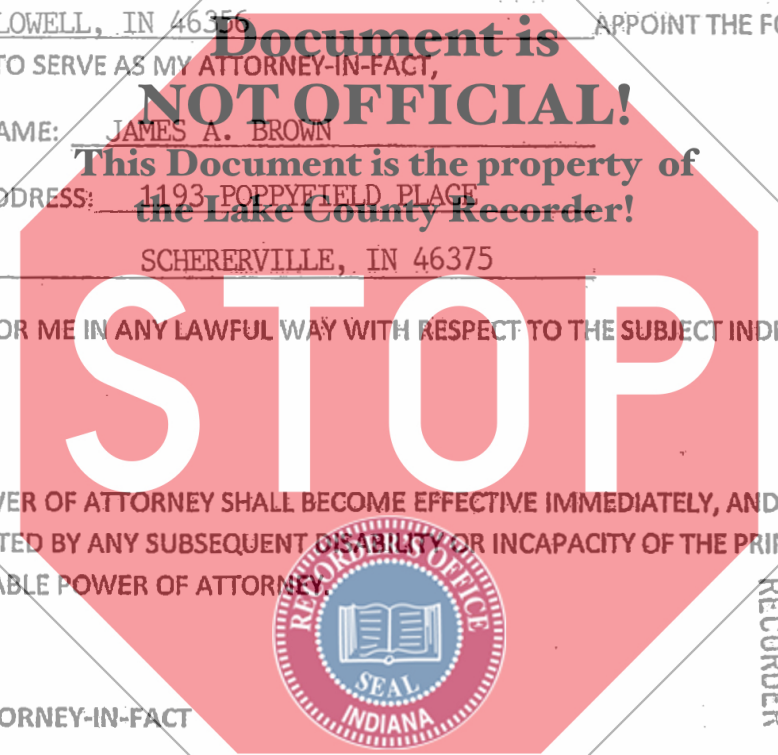
MY ATTORNEY-IN-FACT SHALL HAVE THE POWER TO ACT IN MY NAME, PLACE AND
STEAD IN ANY WAY WHICH I MYSELF COULD DO WITH RESPECT TO THE FOLLOWING
MATTERS TO THE EXTENT PERMITTED BY LAW.

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 # 3021
OVERAGE _____
COPY _____
NON-COM _____
CLERK M-e



2016 055520

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
AUG 16 AM 10:29
MICHAEL B. BROWN
RECORDER

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: 9/18/16

Julia Palassini
SIGNATURE OF:

STATE OF INDIANA

COUNTY OF LAKE

SIGNED AND SWORN TO BE, BEFORE ME A NOTARY PUBLIC FOR SAID COUNTY AND STATE ON THIS 18th DAY OF April, 2016.

Judith Walton
NOTARY PUBLIC

MY COMMISSION EXPIRES: 12/10/23 COUNTY OF RESIDENCE: LAKE

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

