STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

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instruments.

MICHAEL B. BROWN LIMITED POWER OF ATTORNEY RECORDER (REAL ESTATE) (REAL ESTATE)

I, <u>Aaron R. Muir</u> of <u>LAKO</u> County, State of <u>Indiana</u> , being at least 18 years of age and mentally competent, do hereby designate <u>Theresa L. Richards</u> of <u>Lake</u> County, State of <u>Indiana</u> , 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 Ind. Code S 30-5-5-2, pertaining to the transaction of the real estate described below, situated in Lake County, State of Indiana:
LOT 40, BLOCK 5, IN LINCOLMWAY FARMS INC., GREEN ACRES DEVELOPMENT", AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 23, PAGE 14, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.
This Document is the property of
the Lake County Recorder!
the address of such real estate is commonly known as
To make, draw, and endorse promissory notes, checks or bills or exchange pertaining to the Real Estate and to waive demand, presentment, protest, notice of protest, and notice of foor payment of all such instruments;
To make and execute any and all contract 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 comprise, settle or discharge the same;
To bargain for, contract concerning, buy, sell and convey, exchange, encumber and in anyway 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

\$13,00

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II. EFFECTIVE DATE AND TERMINATION

Α.	This power of attorney shall be effective: (Select appropriate provision)
卜	as of the date it is signed
7	as of the day of, 20
	upon the determination that I am disabled or incapacitated, or no longer capable of managing my affairs prudently. My disability or incapacity, for this purpose, may be established by the certificate of a qualified physician stating that I am unable to manage my affairs.
B.	My disability or incompetence (select appropriate provision): (shall) (shall not) affect or terminate this Power of Attorney.
C.	This Power of Attorney shall terminate: (select appropriate provision)
	upon my incapacity This Document is the property of
	upon theday ofthe Lake County Recorder!
1	upon the execution and recordation with the Recorder's Office of the County where the Real Estate is located a written revocation hereof.
III.	RATIFICATION AND IDENTIFICATION
hari upo	e hereby ratify and confirm that all my attorney-in-fact shall do by virtue hereof. Further, I/We agree to indemnify and honless any person who, in good faith, acts under this Power of Attorney or transacts with my attorney-in-fact in reliance in this Power, without actual knowledge of its revocation.
IN \ 20_	witness whereof, two have hereunto set my/our hand (s) and seal(s) this 13 day of August
PRII	TED: Haron R. Muin PRINTED:
STA	TE OF INDIANA) SS:
COU	NTY OF LAKE
	Before me a Notary Public in and for said County and State, personally appeared <u>Haron K. Marik</u> who owledged the execution of the foregoing Power of Attorney, and who, having been duly sworn, stated that any representations therein ained are true.
	WITNESS my hand and NOTARIAL seal, this 15 day of 4 ugust., 20 16
Prin	ed:, Notary Public
	Commission expires: My County of Residence:
This	instrument was prepared by Aaron R. Muir
m	KAREN CRAIG Notary Public - Seal

I affirm, under the penalties for perjury, that I have taken reasonable care to social Security number in this document, unless required by law ** According to the social Security number in this document, unless required by law ** According to the social Security number in this document, unless required by law ** According to the social Security number in this document, unless required by law ** According to the social Security number in this document, unless required by law ** According to the social Security number in this document, unless required by law ** According to the social Security number in this document, unless required by law ** According to the social Security number in this document, unless required by law ** According to the social Security number in this document, unless required by law ** According to the social Security number in this document, unless required by law ** According to the social Security number in this document, unless required by law ** According to the social Security number in this document.

KAREN CRAIG
Notary Public - Seal
State of Indiana
Lake County
My Commission Expires Nov 4, 2022