

II. EFFECTIVE DATE AND TERMINATION

A. This power of attorney shall be effective: (select appropriate provision)

- as of the date it is signed.
- as of the ____ day of _____, 2____.
- 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.
- upon the 31st day of August _____, 2016.
- 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 INDEMNIFICATION

I/We hereby ratify and confirm that all my attorney-in-fact shall do by virtue hereof. Further, I/We agree to indemnify and hold harmless any person who, in good faith, acts under this Power of Attorney or transacts business with my attorney-in-fact in reliance upon this Power, without actual knowledge of its revocation.

IN WITNESS WHEREOF, I/We have hereunto set my/our hand(s) and seal(s) this 15th day of August 2016

Printed: Ivica Trupevic

Printed:

STATE OF INDIANA

SS:

COUNTY OF Lake

Before me, a Notary Public in and for said County and State, personally appeared Ivica Trupevic

and Bethany Melendez who acknowledged the execution of the foregoing Power of Attorney, and who, having been duly sworn, stated that any representations therein contained are true.

WITNESS my hand and Notarial seal, this 15 day of August 2016

Bethany Melendez
Printed: Bethany Melendez



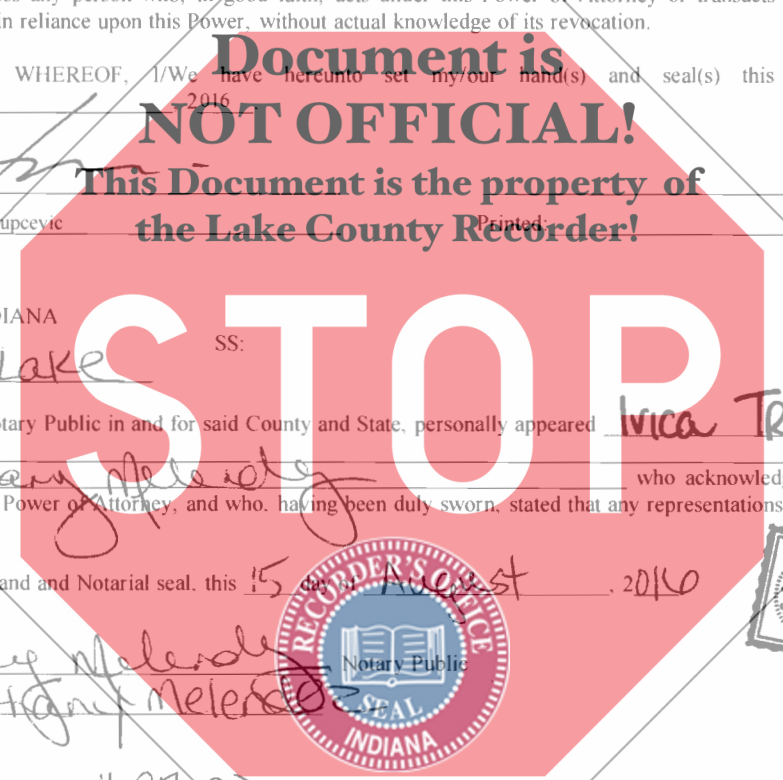
My Commission Expires: 11-27-20


My County of Residence: Lake

This instrument was prepared by Ivica Trupevic

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

Return Document after recording to: (address) _____



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|  First American Title™ | Commitment for Title Insurance |
| | <small>ISSUED BY</small> First American Title Insurance Company |
| Schedule C | |

File No.: 16082479IN

LEGAL DESCRIPTION

The Land referred to in this policy is described as follows:

PART OF LOT 16 IN WHITE HAWK COUNTRY CLUB, PHASE 2, AN ADDITION TO THE CITY OF CROWN POINT, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 83, PAGE 59, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA, MORE PARTICULARLY DESCRIBED AS FOLLOWS: COMMENCING AT THE SOUTHWEST CORNER OF SAID LOT 16; THENCE NORTH 00 DEGREES 24 MINUTES 02 SECONDS EAST ALONG THE WEST LINE OF SAID LOT 16, ALSO BEING THE EAST RIGHT OF WAY LINE OF WHITE HAWK DRIVE, A DISTANCE OF 173.05 FEET TO THE POINT OF BEGINNING; THENCE CONTINUING ALONG SAID LINE, A DISTANCE OF 56.96 FEET TO THE NORTHWEST CORNER OF SAID LOT 16; THENCE SOUTH 89 DEGREES 35 MINUTES 58 SECONDS EAST, ALONG THE NORTH LINE OF SAID LOT 16, ALSO BEING THE SOUTH RIGHT OF WAY LINE OF EAST STREET, A DISTANCE OF 123.50 FEET TO THE NORTHEAST CORNER OF SAID LOT 16; THENCE SOUTH 00 DEGREES 24 MINUTES 02 SECONDS WEST ALONG THE EAST LINE OF SAID LOT 16, A DISTANCE OF 123.91 FEET TO THE POINT OF BEGINNING, ALL IN THE CITY OF CROWN POINT, LAKE COUNTY, INDIANA.

Permanent Index Number: 45-16-06-254-049,000-042
Common Address: 955 A EASY STREET, Crown Point, IN 46307

