CHICAGO TITLE INSURANCE COMPANY

instruments.

STATE OF INDIAN LAKE COUNTY FILED FOR RECOR

2016 059084

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LIMITED POWER OF ATTORNEY

(PFAL ESTATE)

RECORDER

I, PAT DANDINO of County, State of Indiana , being at least 18 years of age and mentally competent, do hereby designate Gina Musolino of Lake County, State of Indiana , 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 30-5-2, pertaining to the transaction of the real estate described below, situated in Lake County, State of Indiana:
Document is
LOTS 5 AND 6, BLOCK 1, IN GRANDVIEW ADDITION, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 20, PAGE 37 IN THE OFFICE OF THE RECORDER OF LAKE SOUNTY, INDIANA.
This Document is the property of
the Lake County Recorder!
the address of such real estate is commonly known as 4457 W. 39 th Avenue, Hobart, Indiana 46342, (the "Real Estate") and shall be construed so as to effectuate this purpose. This authority shall include, by way if illustration and not limitation, the power:
To make, draw, and endorse promissory notes, checks of bills or exchange pertaining to the Real Estate and to waive demand, presentment, protest, notice of protest, and notice of non-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 one 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

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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, 20
0	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)
. 0	upon my incapacity This Document is the property of
	upon theday ofthe Lake County Recorder!
a.	upon the execution revocation hereof. and recordation with the Recorder's Office of the County where the Real Estate is located a written
M.	RATIFICATION AND IDENTIFICATION
har upo IN '	WITNESS WHEREOF, I/WE have hereunto set my/our hand(s) and seal(s) this
	Pot Tarden Voiana
	ATE OF INDIANA) UNTY OF Jahrte)
	Before me a Notary Public in and for said County and State, personally appeared <u>Fat Wanding</u> who nowledged the execution of the foregoing Power of Attorney, and who, having been duly sworn, stated that any representations therein tained are true.
	WITNESS my hand and NOTARIAL seal, this 30 day of Olio general , 20 /6
	nted: Donna L (e) HITAKIER, Notary Public Wound & InRetakee
Му	Commission expires: 7-14-2023 My County of Residence: <u>UKeto</u>
	DONNA L WHITAKER Notary Public - Seal state of Indiana white County My Commission Expires Jul 14, 2023