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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 004944

2017 JAN 23 AM 10:48

BT1600815

MICHAEL B. BROWN

LIMITED POWER OF ATTORNEY RECORDER
(REAL ESTATE)

I, Debra Leverette of Marion County, State of Indiana, being at least 18 years of age and mentally competent, do hereby designate Sandra Reedus of Alabama County, State of Alabama, 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 TWENTY-SIX (26), IN ANDREW MEANS FOURTH PARK MANOR, IN THE CITY OF GARY, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 33, PAGE 7, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.



the address of such real estate is commonly known as 409 W. 20th Place, Gary, Indiana 46407, (the "Real Estate") and shall be construed so as to effectuate this purpose. This authority shall include, by way of illustration and not limitation, the power:

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 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 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 instruments.

CHICAGO TITLE INSURANCE COMPANY

Handwritten signature/initials

Handwritten initials

CKH 18 20 50 16 53

II. EFFECTIVE DATE AND TERMINATION

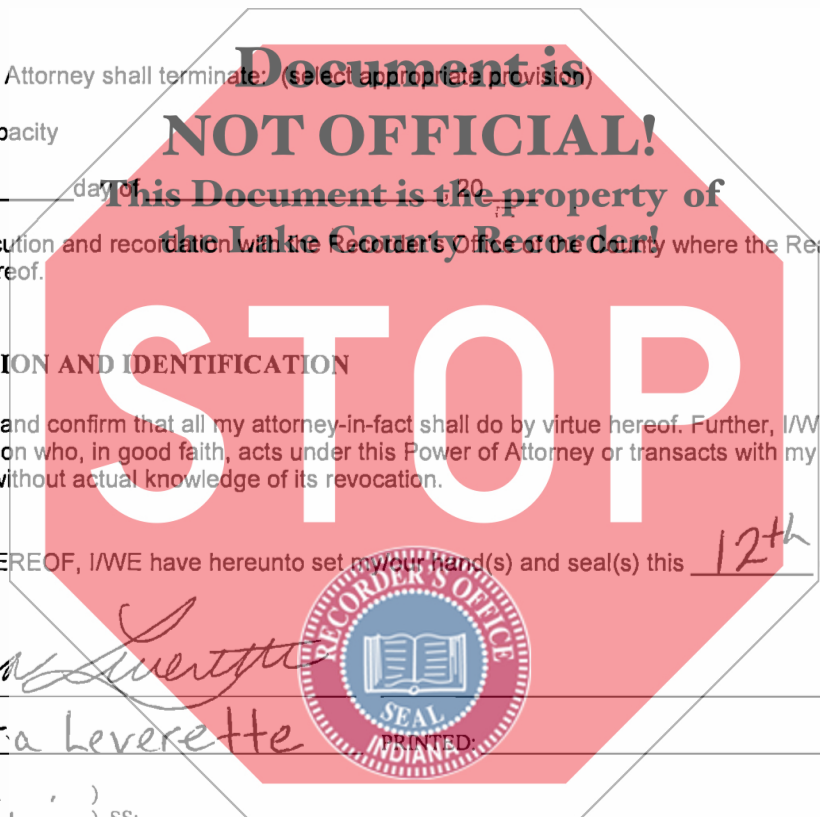
A. This power of attorney shall be effective: (Select appropriate provision)

- as of the date it is signed
- as of the _____ day of _____, 20____
- 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 _____ day of _____, 20____
- upon the execution and recording with the Recorder's Office of the County where the Real Estate is located a written revocation hereof.



III. RATIFICATION AND IDENTIFICATION

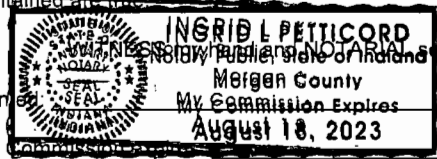
I/We hereby ratify and confirm that all my attorney-in-fact shall do by virtue hereof. Further, I/We agree to indemnify and hold harmless any person who, in good faith, acts under this Power of Attorney or transacts with my attorney-in-fact in reliance upon this Power, without actual knowledge of its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

IN WITNESS WHEREOF, I/WE have hereunto set my/our hand(s) and seal(s) this 12th day of January, 2017.

Debra L. Leverette
PRINTED: Debra Leverette

STATE OF INDIANA)
COUNTY OF Hendricks) SS:

Before me a Notary Public in and for said County and State, personally appeared Debra Leverette who acknowledged the execution of the foregoing Power of Attorney, and who, having been duly sworn, stated that any representations therein contained are true.



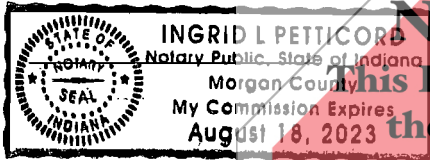
Notary Public, this 12th day of January, 2017
Printed Name: _____, Notary Public _____
My County of Residence: _____

This instrument was prepared by _____.

STATE OF INDIANA)
COUNTY OF Hendricks) SS

Before me, the undersigned, a Notary Public in and for said County and State, this 12th day of January, 20 17, personally appeared Debra Leverette, and acknowledged the execution of the foregoing deed. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

My commission expires:

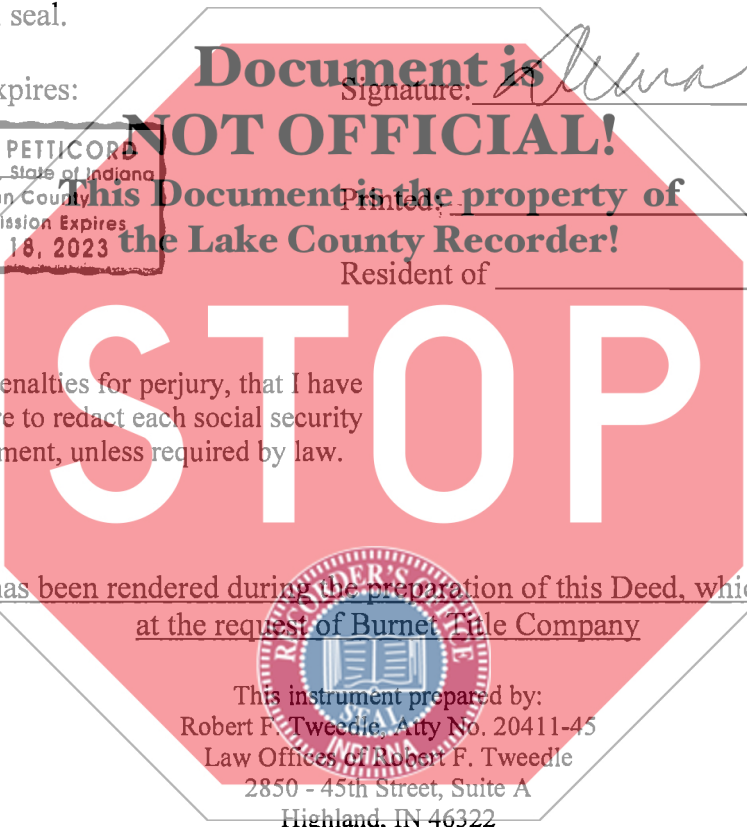


Signature: [Handwritten Signature]

Document is NOT OFFICIAL!
This Document is the property of the Lake County Recorder!

Printed: _____ Notary Public
Resident of _____ County

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.
Robert F. Tweedle



No legal opinion has been rendered during the preparation of this Deed, which has been prepared at the request of Burnet Tile Company

This instrument prepared by:
Robert F. Tweedle, Atty No. 20411-45
Law Offices of Robert F. Tweedle
2850 - 45th Street, Suite A
Highland, IN 46322
(219) 924-0770

Return Deed and Mail Tax Bills To:
Grantee: Michael Barnes and Yolanda Barnes
409 W. 20th Place
Gary, IN 46407