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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 006739

2017 JAN 31 AM 9:06

MICHAEL B. BROWN
RECORDER

LIMITED POWER OF ATTORNEY

I, Prasanna Raghavan, of ^{WILL} ~~Lake~~ ^{PL} ~~IN~~ County, State of ~~IN~~, being at least 18 years of age and mentally competent, do hereby designate Angelo B. Scott, of Lake County, State of IN, as my true and lawful attorney-in-fact.

Powers and Purposes

The above name attorney-in-fact shall have authority with respect to real property transactions pursuant to Ind. Code 30-5-5-2, pertaining to the transaction real estate described below, situated in Lake County, State of Indiana:

LOT 13 IN BLOCK 1 IN EASTGATE SUBDIVISION, IN THE CITY OF HAMMOND, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 30, PAGE 16, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Property Address: 3249 163rd St, Hammond, IN 46323
Parcel ID: 45-07-03-351-013.000-023

(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 bargain for, contract concerning, buy, sell, encumber and in anyway and manner, deal with personal property located upon or pertaining to the Real Estate; 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, acknowledgements, and like instrument; 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 compromise, settle or discharge the same and; to make and execute any and all contract pertaining to the Real Estate;

Effective date and termination

This power of attorney shall be effective:

XX as of the date document is signed

as of ___/___/___

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. My disability or incompetence shall not affect or terminate this Power of Attorney.

This power of attorney shall terminate:

upon my incapacity

upon ___/___/___

XX upon the execution and recordation with the Recorder's Office of the County where the Real Estate is located a written revocation hereof.

LIBERTY TITLE & ESCROW

T8V16002806

#13
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Ratification and indemnification

I hereby ratify and confirm that all my attorney-in-fact shall do by virtue hereof. Further, I 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 have hereunto set my hand and seal this 23RD day of January, 2017.

Prasanna Raghavan
Prasanna Raghavan

COUNTY OF Lake, STATE OF Indiana, SS:

Before me, the undersigned, a Notary Public in and for said County and State, this 23RD day of January, 2017, ~~personally appeared Prasanna Raghavan~~ who acknowledged the execution of the foregoing Limited Power of Attorney as their free and voluntary act.

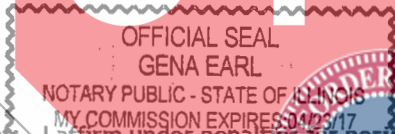
My commission expires:

Resident of Illinois County, Will

(SEAL)

Signed: Genia Earl

Printed: Genia Earl



Redaction Statement: I affirm under penalties for perjury that I have taken reasonable care to redact each Social Security number in this document, unless required by law. Michelle Early LISA PALMER

This instrument prepared by: Phillip A. Norman, Esq., 2110 N. Calumet Ave., Valparaiso, IN 46383
File: T8V16002806

