

2017 042220

2017 JUL 12 AM 9:12

MICHAEL B. BROWN
RECORDER

2016 022738

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2016 APR 14 AM 8:53

MICHAEL B. BROWN
RECORDER

LIMITED POWER OF ATTORNEY

I, Hilda Evans of LaPorte County, State of Indiana, being at least 18 years of age and mentally competent, do hereby designate Araceli Regalado, of Lake County, State of Indiana, 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 LaPorte County, State of Indiana:

Lots 3 and 4, in Block 3, Gary City Estates 4th Addition, in the City of Gary, as shown in Plat Book 17, page 17, in the Office of the Recorder of Lake County, Indiana.

Property Address; 411-421 Colfax, Gary, IN 46406

Tax ID #: 45-07-01-155-002.000-004 and 45-07-01-155-003.000-004

(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:

To make, draw and endorse promissory notes, checks or bills of 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, lease, convey, and in any 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:

 x 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 / /

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

** This document is being re-recorded to keep documents in chronological order **



2016 0228385

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2016 MAR 14 AM 8:53
MICHAEL B. BROWN
RECORDER

Handwritten signatures and initials:
2016
1/2/16
#13
LT
BAS100
LT JAS

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 24 day of March, 2016

Hilda Evans
Hilda Evans

COUNTY OF LaPorte, STATE OF Indiana

Document is NOT OFFICIAL!

This Document is the property of the LaPorte County Recorder

Before me, the undersigned, a Notary Public in and for said County and State, this 24 day of March, 2016 personally appeared Hilda Evans, who acknowledged the execution of the foregoing Limited Power of Attorney as their free and voluntary act.

My commission expires: May 25, 2023 Signed: _____

Resident of LaPorte County, Indiana Printed: Yolla Espar

(SEAL) 



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. Brenda Sohovich

This instrument prepared by: Phillip A. Norman, Esq., 2110 N. Calumet Ave., Valparaiso, IN 46383
File: T8V16001567