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2017 043297

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 JUL 14 AM 10:37

I HEREBY CERTIFY THIS TO BE A TRUE
AND EXACT COPY OF THE ORIGINAL.

MICHAEL B. BROWN
RECORDER

Annette Masynn

PARTNERSHIP POWER OF ATTORNEY (REAL ESTATE)

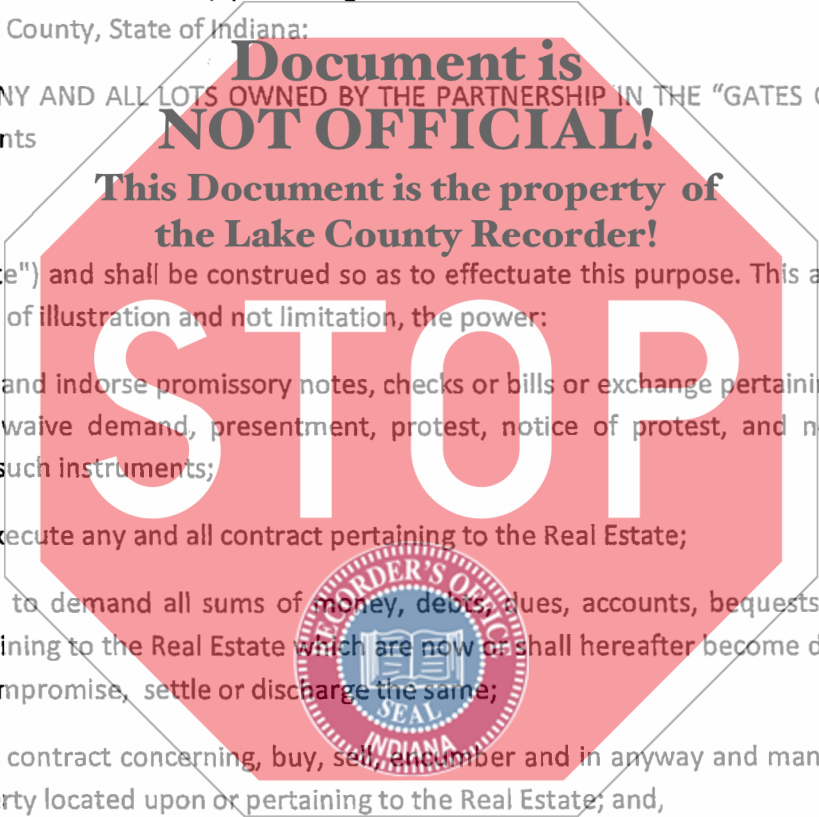
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I, BRIAN BOOMSMA of Lake County, State of Indiana, being at least 18 years of age and mentally competent, and the General Partner of JBJ LAND DEVELOPMENT LLLP, an Illinois limited liability limited partnership ("Partnership"), do hereby designate PETER LINDEMULDER of Lake County, State of Indiana, as my true and lawful attorney-in-fact to act on my behalf on all Partnership real estate transactions.

I. 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:

THE SALE OF ANY AND ALL LOTS OWNED BY THE PARTNERSHIP IN THE "GATES OF ST. JOHN" sub-developments



(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 indorse 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 compromise, settle or discharge the same;

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; 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

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supporting documentation, certifications, acknowledgements, and like instrument.

II. EFFECTIVE DATE AND TERMINATION

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

- as of the date it is signed as May 7, 2015.
- 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 recordation with the Recorder's Office of the County where the Real Estate is located a written revocation thereof.

III. RATIFICATION AND INDEMNIFICATION

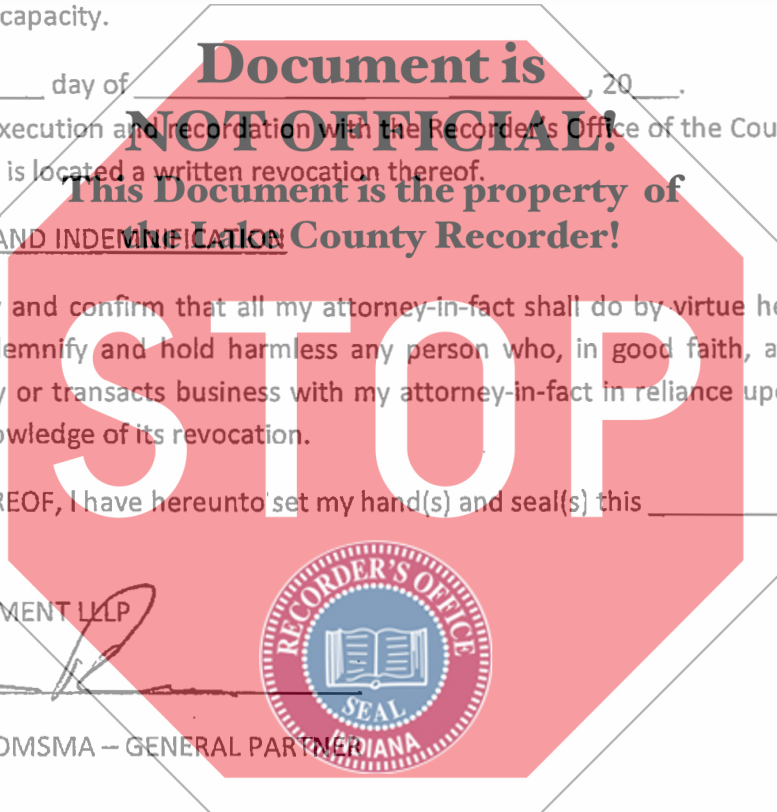
I/we hereby ratify and confirm that all my attorney-in-fact shall do by virtue hereof. Further, I/we agree to indemnify and hold harmless any person who, in good faith, acts under this Power of Attorney or transacts business with my attorney-in-fact in reliance upon this Power, without actual knowledge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

IN WITNESS WHEREOF, I have hereunto set my hand(s) and seal(s) this ____ day of May, 2015.

JB LAND DEVELOPMENT LLLP

BY: _____

BRIAN BOOMSMA – GENERAL PARTNER

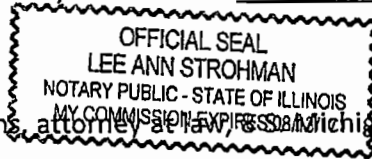


Before me, a Notary Public in and for said County and State, personally appeared BRIAN BOOMSMA who is known by me as the GENERAL PARTNER of JBJ LAND DEVELOPMENT, LLLP, an Illinois limited liability limited partnership, and acknowledged the execution of the foregoing Power of Attorney, and who, having been duly sworn, stated that any representations therein contained are true.

WITNESS my hand and Notarial seal, this 18th day of May, 2015.

My Commission Expires: 8-13-17 My County of Residence: Will

Lee Ann Strohmman



This instrument was prepared by Michael R. Collins, attorney at law, 8 S. Michigan Ave., Ste. 1414, Chicago, Illinois 60603

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.

Annette Mathner

Return Document after recording to: (address) Collins & Collins, 8 S. Michigan Ave., Ste. 1414, Chicago, IL 60603.

