2017 045622

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD 2017 JUL 25 AM 9:18

LIMITED POWER OF ATTORNEY

MICHAEL B. BROWN RECORDER

l, Sandra Batton, of Cook County, State of IL, being at least 18 years of age and mentally competent, do hereby designate Mark Davis, 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 12 IN GLEN L. RYAN'S FIRST SUBDIVISION IN THE CITY OF GARY, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 30, PAGE 4, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Property Address; Parcel ID:

Document is the property of (the "Keal Estate") and shall be construed so as to effectuate this purpose. This authority shall include, by way of illustration and not limitation, the hower

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, ducs, 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;

Enective date and termination
This power of attorney shall be effective:
as of the date document is signed as of upon the determination that I am disabled or nicepacitated, or no longer capable of managing my affairs prudently. My disability or incapacity, this turpose, may be established by the certification 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/
upon the execution and recordation with the Recorder's Office of the County where the Real

LIBERTY TITLE & ESCROW COMPANY T8V17003266

95,000 M

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.

revocation.

IN WITNESS WHEREOF, i have hereunto set my hand and seal this 22nd day of May, 2017.

Sandra Batton

rsigned, a Notary Public in and for said County and State, this 2200 day of this 2200 day of May, 2017 personative

and voluntary act.
County Recorder

Printed:

(SEAL)

STELLA PARHAS
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
December 20, 2018

Redaction Statement: I affirm under penalties for perjury that I have taken reasonable car to redact each Social Security number in this document, unless required by law. Lisa Palmer

This instrument prepared by: Phillip A. Normen, 234, 2016 A Colonet Ave., Valparaiso, IN 46383 File: T8W(7003266