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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 085197

2017 DEC 14 AM 11:14

MICHAEL B. BROWN
RECORDER

LIMITED POWER OF ATTORNEY
(REAL ESTATE)

I/We, MARY ANN LIVOVICH (2129 DICKINSON ROAD, APT 202 CHESTERTON, INDIANA 46304)
PORTER County, State of Indiana, being at least 18 years of age and mentally
competent, do hereby designate MICHAEL PLIVOVICH JR. of LAKE County,
State of Indiana, as my true and lawful attorney-in-fact.

I. POWERS AND PURPOSES

The above named attorney-in-fact has 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:

This Power of Attorney is specific to the purchase of home site 42 located at 11132 Louisiana Street Crown Point,
Indiana 46307. The purchase includes the closing and any of the events leading up to the closing of the home
including, but not limited to, the Pre-settlement/Orientation Meeting, Pre-Settlement/Closing Meeting, and the
Settlement/Closing Meeting.

the address of such real estate is commonly known as 11132 Louisiana Street Crown Point, Indiana 46307
(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,

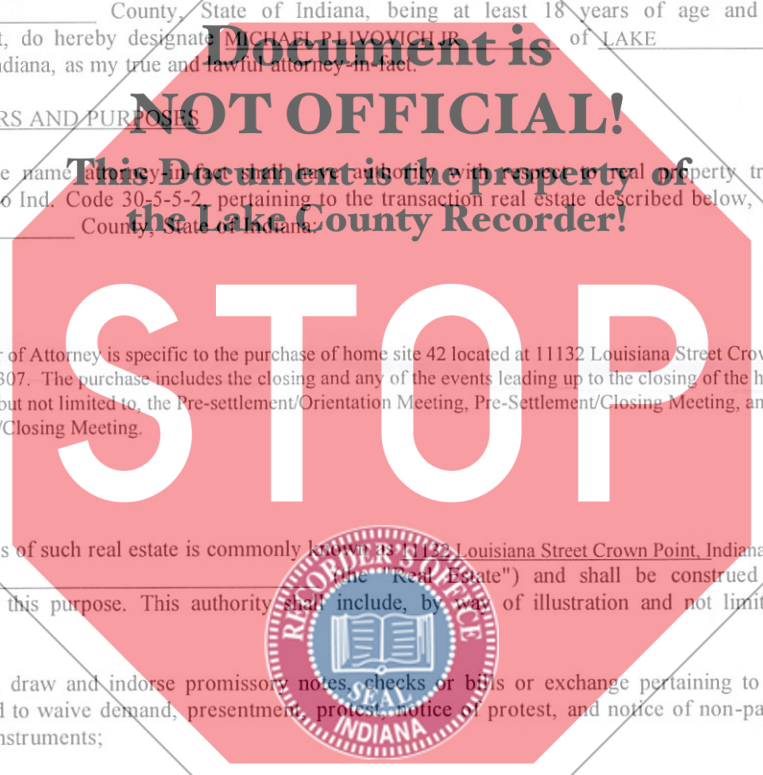
To execute any and all documentation necessary to effectuate the transactions described above,
including, but not limited to, closing statements, instruments of conveyance and
supporting documentation, certifications, acknowledgements, and like instrument.

Return to:
INDIANA TITLE NETWORK COMPANY
325 NORTH MAIN N/A
CROWN POINT, IN 46307
↑

CK# 26004

\$25100

JTB



II. EFFECTIVE DATE AND TERMINATION

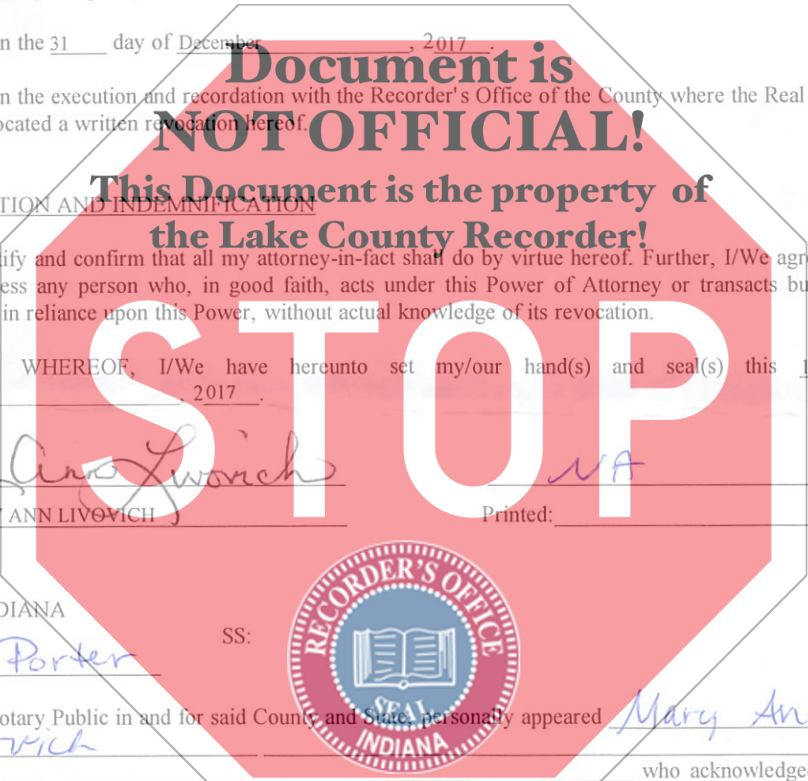
A. This power of attorney shall be effective: (select appropriate provision)

- as of the date it is signed.
- as of the 5 day of December, 2017.
- 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 31 day of December, 2017.
- upon the execution and recordation with the Recorder's Office of the County where the Real Estate is located a written revocation hereof.



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/We have hereto set my/our hand(s) and seal(s) this 5 day of DECEMBER 2017.

Mary Ann Livovich NA
 Printed: MARY ANN LIVOVICH Printed: _____

STATE OF INDIANA
 COUNTY OF Porter

SS:



Before me, a Notary Public in and for said County and State, personally appeared Mary Ann Livovich and _____ who 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 22 day of November, 2017.

Silvia Mowat, Notary Public
 Printed: Silvia Mowat



My Commission Expires: March 9, 2020 My County of Residence: Porter

This instrument was prepared by MARY ANN LIVOVICH

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. Melissaran Melissa Evans

Return Document after recording to: (address) 2129 DICKINSON RD APT 202 CHESTERTON, INDIANA 46304