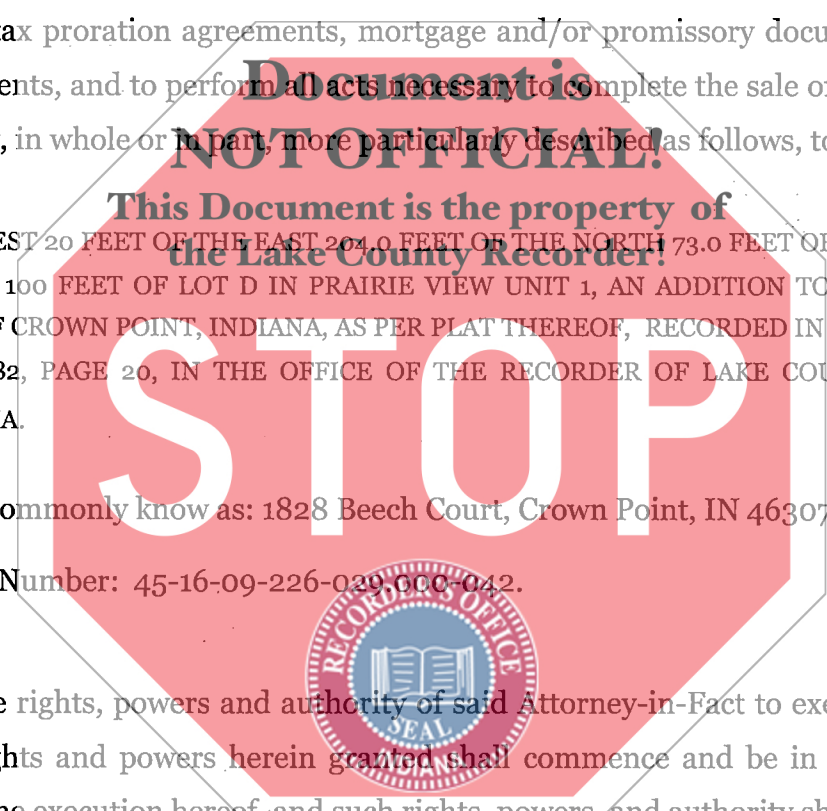


SPECIAL POWER OF ATTORNEY

2

KNOW ALL MEN BY THESE PRESENTS that I, Brienna M. Byrd n/k/a Brienna M. Stamper, of Marshall County, Kentucky, hereby constitute, make, and appoint Donald R Stamper, of Lake County, Indiana, my true and lawful Attorney-in-Fact, for me, on my behalf, and in my name, place and stead, to execute any and all documents, and to perform all acts necessary to execute, any disclosure statements, closing statements, tax proration agreements, mortgage and/or promissory documents and all other documents, and to perform all acts necessary to complete the sale of the following real property, in whole or in part, more particularly described as follows, to-wit:

2017 DEC 26 AM 9:01



THE WEST 20 FEET OF THE EAST 204.0 FEET OF THE NORTH 73.0 FEET OF THE SOUTH 100 FEET OF LOT D IN PRAIRIE VIEW UNIT 1, AN ADDITION TO CITY OF CROWN POINT, INDIANA, AS PER PLAT THEREOF, RECORDED IN BOOK 82, PAGE 20, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY INDIANA.

More commonly know as: 1828 Beech Court, Crown Point, IN 46307,

Parcel Number: 45-16-09-226-029-000-042.

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2017 DEC 26 AM 9:01
MICHAEL B. BROWN
RECORDER

All the rights, powers and authority of said Attorney-in-Fact to exercise any and all of the rights and powers herein granted shall commence and be in full force and effect upon the execution hereof, and such rights, powers, and authority shall remain in full force and effect thereafter until December 31 , 2017.

IN WITNESS WHEREOF, the undersigned has executed this Special Power of Attorney this 12 day of December , 2017.

Brienna M Byrd n/k/a Brienna Stamper
Brienna M. Byrd n/k/a Brienna M. Stamper

COMMUNITY TITLE COMPANY
FILE NO. 1713492

25.
C
D

STATE OF Kentucky)SS:

COUNTY OF Marshall)SS:

Before me, a Notary Public in and for said County and State, personally appeared, Brienna M. Byrd n/k/a Brienna M. Stamper, who acknowledged the execution of the foregoing Special Power of Attorney, this 12th day of December, 2017, and swore that the foregoing representations are true.

(SEAL)

Document is NOT OFFICIAL!

This Document is the property of the Lake County Recorder!

[Signature]
Notary Public

My Commission Expires: 01/19/19

Resident of Marshall County,
State of Kentucky

Pursuant to IC 36-2-11-15, 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.

Signature: [Signature]
Printed: Peggy Jo Stamper

Date signed: 12.14.17