

2019 064959

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2019 SEP 24 AM 8:41

MICHAEL B. BROWN
RECORDER

**LIMITED POWER OF ATTORNEY
(LIMITED TO REAL ESTATE DESCRIBED HEREIN)**

191201151

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I, **Juan Rivera**, of Lake County, do hereby designate **Yolanda Earl-Rivera**, of Lake County, my true and lawful attorney-in-fact, to have the following powers:

Limited Authority with respect to real property transactions, including but not limited to, executing any and all documents necessary to purchase or mortgage said parcel, as set forth in IC 30-5-5-2, limited and exercisable solely as to the following real estate.

Legal Description: **This Document is the property of the Lake County Recorder.**
LOTS 8 AND 9, BLOCK 4, FORD-ROXANA ADDITION TO HAMMOND, AS SHOWN IN PLAT BOOK 20, PAGE 23, IN LAKE COUNTY, INDIANA.

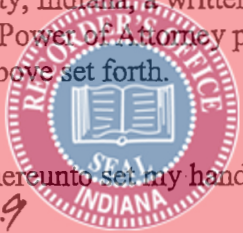
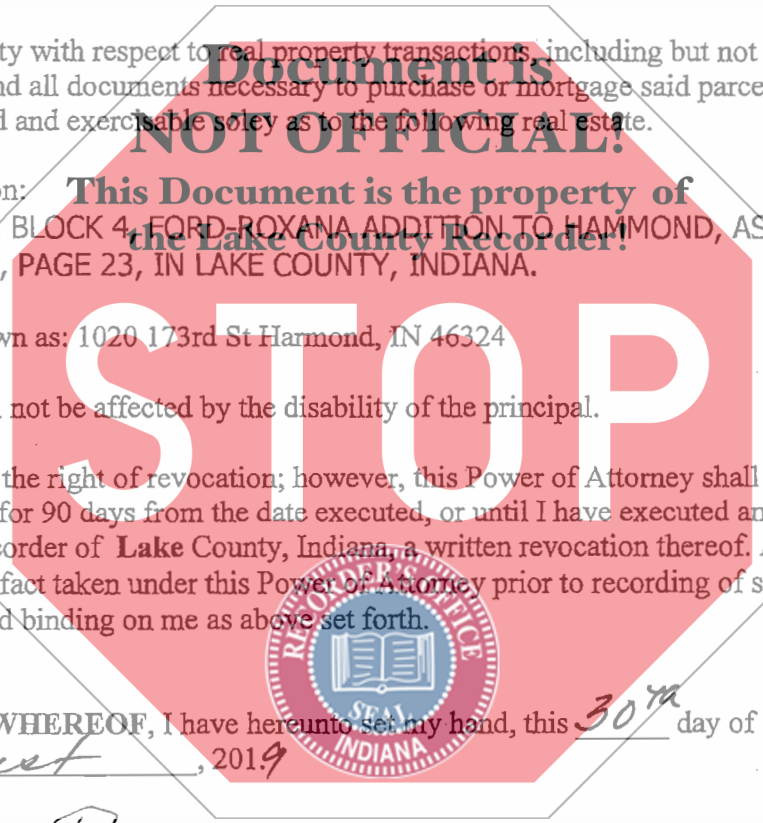
Commonly known as: 1020 173rd St Hammond, IN 46324

This power shall not be affected by the disability of the principal.

I hereby reserve the right of revocation; however, this Power of Attorney shall continue in full force and effect for 90 days from the date executed, or until I have executed and recorded in the office of the Recorder of Lake County, Indiana, a written revocation thereof. All acts by my said attorney-in-fact taken under this Power of Attorney prior to recording of such revocation shall be valid and binding on me as above set forth.

IN WITNESS WHEREOF, I have hereunto set my hand, this 30th day of August, 2019

Juan Rivera
Juan Rivera



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STATE OF IN
COUNTY OF Lake

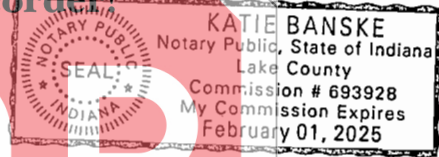
Before me, a Notary Public in and for said County and State, personally appeared **Juan Rivera**, who having executed the same in my presence, acknowledged the execution of the forgoing Power of Attorney, and who, having been duly sworn, stated that any representations therein contained are true.

WITNESS my hand, and Notary Seal this 30th day of August, 2019.

Document is NOT OFFICIAL!

This Document is the property of the Lake County Recorder

Notary Public Katie Banske
County of Residence: Lake
My Commission Expires: 2/1/25



This instrument prepared by: Juan Rivera

I affirm under the penalties of perjury, that I have taken reasonable care to redact each social security number in this document. Unless required by law.

Robert Rogers
Name: Robert Rogers
19ik01151

