

2019-076078

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
MICHAEL B BROWN  
RECORDER

2019 Nov 5 11:04 AM

**LIMITED POWER OF ATTORNEY (SELLER)**

Know all men by these presents that I, **Timothy Raymond Fielden A/K/A Timothy R. Fielden**, do hereby make, constitute and appoint **Joyce A. Pankowski**, an adult person, to be my true and lawful Attorney-in-Fact, for me and in my name, place and stead to do any and all of the following:

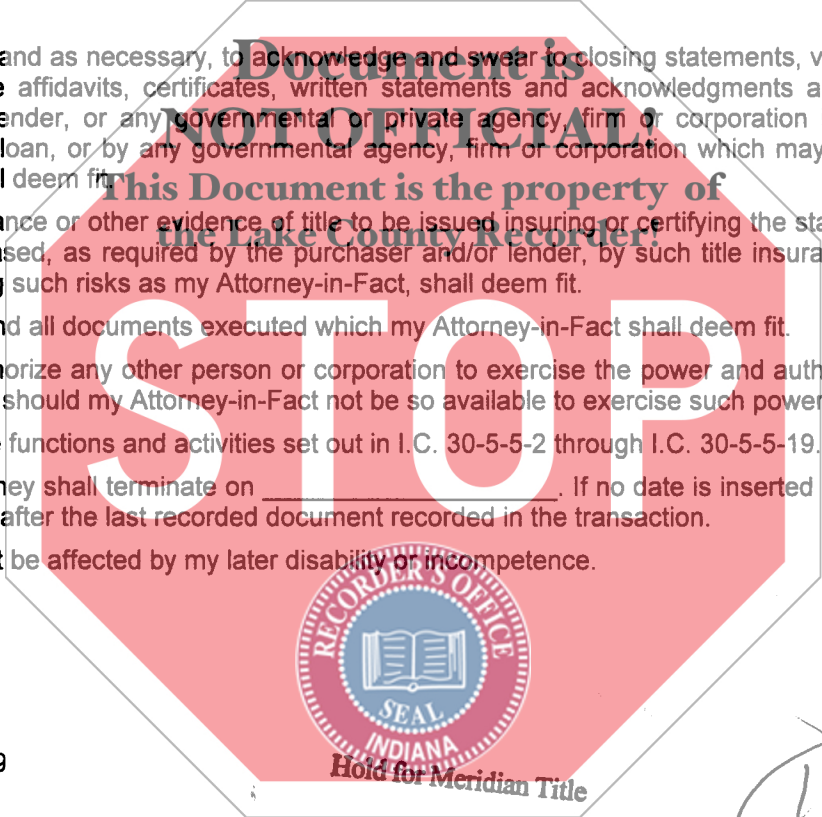
1. To bargain, agree, contract to sell, execute a Warranty Deed, complete such sale and to tender possession of all property real and personal located at and described as:

**SEE ATTACHED EXHIBIT "A"**

Property Address: 7109 Jackson Avenue, Hammond, IN 46324

The property described above shall include any personal property in connection therewith or any interest in such real or personal property upon such terms and conditions and under such covenants, my Attorney-in-Fact shall deem fit.

2. To enter into tax proration and escrow agreements in connection with such sale, upon such terms, my Attorney-in-Fact shall deem fit.
3. To sign and deliver and as necessary, to acknowledge and swear to closing statements, vendor's affidavits, private mortgage insurance affidavits, certificates, written statements and acknowledgments and all forms required or requested by any lender, or any governmental or private agency, firm or corporation insuring or guaranteeing repayment of such loan, or by any governmental agency, firm or corporation which may purchase said loan, my Attorney-in-fact shall deem fit.
4. To cause title insurance or other evidence of title to be issued insuring or certifying the status of the title to the real estate being purchased, as required by the purchaser and/or lender, by such title insurance underwriter for such amount and insuring such risks as my Attorney-in-Fact, shall deem fit.
5. To modify and amend all documents executed which my Attorney-in-Fact shall deem fit.
6. To appoint and authorize any other person or corporation to exercise the power and authority for and on behalf of my Attorney-in-Fact should my Attorney-in-Fact not be so available to exercise such power.
7. To perform all those functions and activities set out in I.C. 30-5-5-2 through I.C. 30-5-5-19.
8. This Power of Attorney shall terminate on \_\_\_\_\_. If no date is inserted then the termination date shall be considered after the last recorded document recorded in the transaction.
9. This Power shall not be affected by my later disability or incompetence.



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I give and grant to the said Attorney-in-Fact full power and authority to do and perform all and every act and thing requisite or proper to be done in the exercise of the rights and powers herein granted, as fully, to all intents and purposes, as I might or could do if personally present, with full power and substitution and revocation and with full authority to deal with the property as authorized above hereby ratifying and confirming all that the said Attorney-in-Fact, or his substitute, or substitutes, shall lawfully do or cause to be done by virtue of the authority granted herein.

Signed this 25<sup>th</sup> day of October, 2019

Timothy R. Fielden  
Timothy R. Fielden A/K/A Timothy Raymond Fielden

State of FL, County of Lee ss:

Before me, the undersigned, a Notary Public in and for said County and State aforesaid, on this 25 day of October, 2019, personally appeared Timothy R. Fielden who acknowledged the execution of the foregoing power of attorney to be a voluntary act and deed for the uses and purposes therein set forth.

WITNESS, my hand and Seal this 25 day of October, 2019.  
A/K/A Timothy Raymond Fielden

My Commission Expires:

Commission No.

Notary Public County and State of Residence

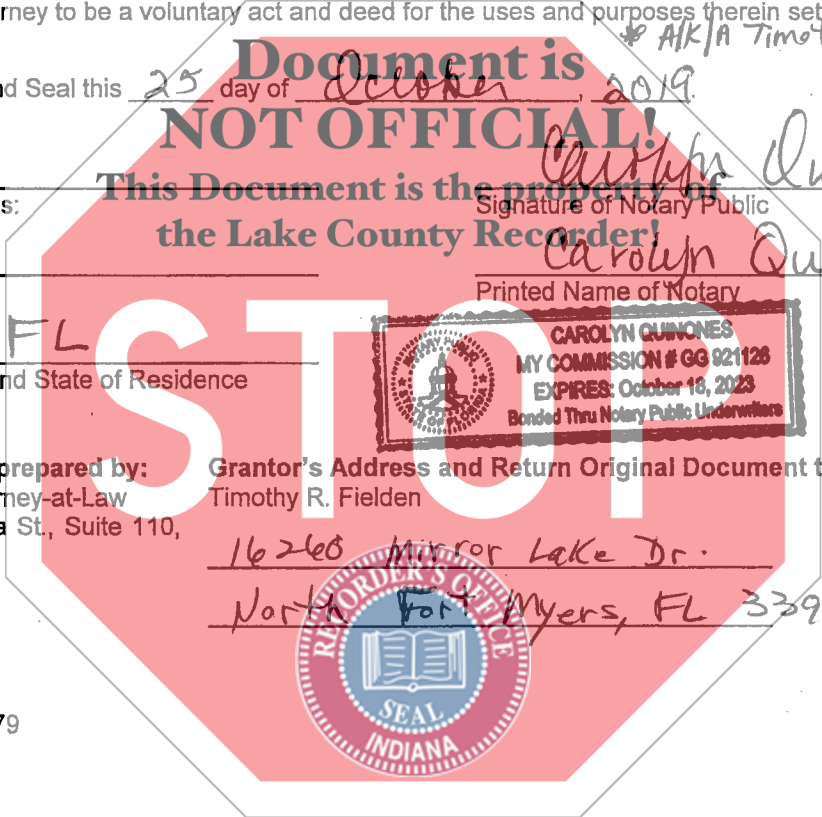
This instrument was prepared by:  
Andrew R. Drake, Attorney-at-Law  
11711 N. Pennsylvania St., Suite 110,  
Carmel, IN 46032

Grantor's Address and Return Original Document to:  
Timothy R. Fielden

16260 Mirror Lake Dr.  
North Fort Myers, FL 33917

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Carolyn Quinones  
Signature of Notary Public  
Carolyn Quinones  
Printed Name of Notary

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. Andrew R. Drake



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**EXHIBIT A**

Lots Four (4) and Five (5), Block Nine (9), Plat of Blocks 9, 10, 11, 12, 13 and 14, Jackson Terrace, in the City of Hammond, as shown in Plat Book 17, page 22, in Lake County, Indiana.



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