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LIMITED POWER OF ATTORNEY (REAL ESTATE)

I, Audry J. Morris of Lake County, State of Indiana, being at least 18 years of age and mentally competent, do hereby designate Carol E. Berwanger of Lake County, State of Indiana, as my true and lawful attorney-in-fact.

I. POWERS AND PURPOSES

The above-named 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:

Homestead Gardens 3rd Add. E. 10Ft L. 12 W. 35Ft L. 13 & E. 1/2 Vac
Public Walkway AD J Said Lot 12 on the West

the address of such real estate is commonly known as 1704 - 171st Place, Hammond, Indiana 46324, (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 endorse promissory notes, checks or bills of exchange pertaining to the Real Estate and to waive demand, presentment, protest, notice of protest, and notice of nonpayment of all such instruments;

To make and execute any and all contracts 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 any way 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, acknowledgments, and like instruments.

II. EFFECTIVE DATE AND TERMINATION

1. This Power of Attorney shall be effective:

2019-082002

X as of the date it is signed

2019 Nov 27 10:08 AM

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

___ as of the ___ day of ___, 2019

___ 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

FIDELITY NATIONAL
TITLE COMPANY

FNW190444

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qualified physician stating that I am unable to manage my affairs.

2. My disability or incompetence (shall) (shall not) affect or terminate this Power of Attorney.

3. This Power of Attorney shall terminate:

___ upon my incapacity

___ upon the ___ day of _____, 2019.

X 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 hereby ratify and confirm all that my/our 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.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 5th day of November, 2019.

Audry J. Morris
Audry J. Morris

STATE OF INDIANA)
)SS
COUNTY OF LAKE)

Before me, a Notary Public in and for said County and State, personally appeared Audry J. Morris, 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 5th day November, 2019.

Melissa D. Armfield
Melissa D. Armfield Notary Public

My Commission Expires: 11-9-19
My County of Residence: LaPorte



This Instrument Prepared By: R. Brian Woodward, Woodward Law Offices, LLP
200 E. 90th Drive, Merrillville, IN 46410 Phone: (219) 736-9990

Return: Carol Berwanger, 10365 A White Sand Lane
Dyer IN 46311

