

2020-068246

2020 Sep 25 12:35 PM

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

This instrument was prepared by:

Send Tax Notice to:

LYNN P. KWASNY

FLORIE LALUAN NILAYAN

(Name)

(Name)

4957 STAR MINE COURT

5434 E. Melton Rd,

(Street Address)

(Street Address)

(Street Haares)

Gary, IN 46403

ANTIOCH, CA 94531 (City, County, State, Zip Code)

(City, County, State, Zip Code)

SPECIAL POWER OF ATTORNEY FOR CLOSING REAL ESTATE TRANSACTION

(Agent for Seller)

STATE OF CALIFORNIA

COUNTY OF CONTRA COSTA

KNOW ALL MEN BY THESE PRESENT, THAT I LYNN P. KWASNY, whose address is 4957 STAR MINE CT., ANTIOCH, CA 94531, desiring to execute a SPECIAL POWER OF ATTORNEY, hereby appoint, JULIE BRADFORD of 903 STATE STREET, HOBART INDIANA 46342, as my Attorney-in-Fact

to act as follows, GRANTING unto my Attorney-in-Fact full power to:

To do all things necessary to close on the sale of the property described below, commonly known as 5434 E. Melton Rd, Gary, IN 46403, with full power and authority for me and in my name to execute any and all documents necessary to effect the sale, conveyance and settlement on said property to any person or persons of his choosing, including but not limited to, deeds, checks, receipts, releases, warranties, affidavits, contracts, addenda, settlement statements, loan commitments and disclosure statements, truth-in-lending statements, all forms of commercial papers, endorsements to checks, or the like, and any such other instrument or instruments in writing of whatever kind, character and nature as may be necessary to complete the sale, financing arrangements, and the settlement process.

FURTHER GRANTING full power and authority to collect and receive any funds or proceeds of said sale in any manner which, in his sole discretion, he sees fit.

The legal description of the property is as follows, to-wit:

Legal Description:

RESUB BLOCKS 3,7 & 8 INDIAN HILLS ADD BLOCK 3 LOT 33 & E.20FT OF LOT 34 Ex S.10ft of all

3505 Ct

I hereby ratify and confirm all that said attorney-in-fact shall lawfully do or cause to be done by virtue of this Power of Attorney and the rights and powers herein granted.

All acts done by means of this power shall be done in my name, and all instruments and documents executed by my Attorney hereunder shall contain my name, followed by that of my attorney and the description "Attorney-in-Fact", excepting however any situation where local practice differs from the procedure set forth herein, in that event local practice may be followed.

This SPECIAL POWER OF ATTORNEY shall be valid and may be relied upon by any third parties until such time as any revocation is recorded in the recorder's office of the recording district initially set forth above.

above.	
DATED: 813-20	
Signed, sealed and delivered in the presence of:	
Signature of Grantor Lynn P. Kwasny Type or Print Name	"I AFFIRM, UNDER THE PENALTIES FOR PERJURY THAT I HAVE TAKEN REASON-ABLE CARE TO REDACT EACH SOCIAL SECURITY NUMBER IN THIS DOCUMENT, UNLESS REQUIRED BY LAW." PREPARED BY:
Type of Finit Name	
Address: 4957 STAR MINE CT. ANTIOCH, CA 94531	
City, State and Zip	
State of California County of Contra Costa	/ See a Hachmant
to the foregoing instrument or conveyance, and w	eby certify thatLynn P. Kwasny, whose name is signed ho is known to me, acknowledged before me on this day that, he/she/they executed the same voluntarily on the day the same
Given under my hand this the day of _	, 20
	(Signature of notarial officer)
	Fitle (and Rank)
Special Power of Attorney	Page 2 of 3

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)ss County of Contra Costa)

On this 13th day of August, 2020, before me, Vivainia Chao, a notary public in and for this county and state, personally appeared Lynn Plunkett Kwasny, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

VIRGINIA CHAO
COMMISSION #2231409
Netury Public - Cellfornia
ALAMEDA COUNTY
MY COMMISSION EXPIRES
February 16, 2022

Signature Uniquie Chao

(seal)

CERTIFICATE OF PROOF

WITNESS to the signature (s) on the foregoing instrument to which this Proof is attached.
Mc D
Witness Signature
Witness Printed Name
PROOF:
STATE OF INDIANA
COUNTY OF LAKE
Before me a Notary Public in and for said County and State, Dated on 9 (0 20), personally appeared the above-named WITNESS to the foregoing instrument, who, being by moduly sworn, did depose and say that he/she knows WITNESS
personally appeared the above-named WITNESS to the foregoing instrument, who, being by moduly sworn, did depose and say that he/she knows WITNESS
personally appeared the above-named WITNESS to the foregoing instrument, who, being by moduly sworn, did depose and say that he/she knows WITNESSto be the individual(s) described in and who executed the foregoing instrument: that said
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