

2020-068247

2020 Sep 25

12:35 PM

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

This instrument was prepared by:

JOHN A. PLUNKETT (Name)
5307 E 75TH STREET (Street Address)
INDIANAPOLIS, IN, 46250 (City, County, State, Zip Code)

Send Tax Notice to:

FLORIE LALUAN NILAYAN

(Name)

5434 E. Melton Rd,

(Street Address)

Gary, IN 46403

(City, County, State, Zip Code)

SPECIAL POWER OF ATTORNEY FOR CLOSING REAL ESTATE TRANSACTION

(Agent for Seller)

STATE OF INDIANA COUNTY OF MARION

KNOW ALL MEN BY THESE PRESENT, THAT I <u>JOHN A. PLUNKETT</u>, whose address is <u>5307 E</u> <u>75th ST, INDIANAPOLIS, IN 46250</u>, 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:

See legal description attached hereto as Exhibit A and incorporated herein for all purposes. Legal Description: of coly

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.

| DATED: 7-24-2020 | |
|---|--|
| Signed, sealed and delivered in the presence of: | |
| Signature of Grantor | |
| JOHN A. PLUNKETT | |
| Type or Print Name | "I AFFIRM, UNDER THE PENALTIES FOR PERJURY THAT I HAVE TAKEN REASON-ABLE CARE TO REDACT EACH SOCIAL |
| Address: 5307 E 75 TH ST | SECURITY NUMBER IN THIS DOCUMENT, UNLESS REQUIRED BY LAW!" PREPARED BY: |
| INDIANAPOLIS IN, 46250 City, State and Zip | |
| | |
| | |
| State of Indiana County of MARION | |
| to the foregoing instrument or conveyance, and who | whose name is signed to is known to me, acknowledged before me on this day that, ne/she/they executed the same voluntarily on the day the same |
| Given under my hand this the day of | July , 20 20. |
| (Scal, if any) ANNE LINDWAY Notary Public - Seal Marion County - State of Indiana | ignature of notarial officer) |
| Commission Number NP0661828 My Commission Expires Dec 25, 2022 | tle (and Rank) |
| M | v commission expires: 12c 25 2027 |

CERTIFICATE OF PROOF

| WITNESS to the signature (s) on the foregoing instrument to which this Proof is attached. |
|---|
| USS. |
| Witness Signature |
| Witness Printed Name |
| PROOF: |
| STATE OF A |
| COUNTY OF |
| Before me a Notary Public in and for said County and State, Dated on |
| Kudhel |
| NOTARY PUBLIC SIGNATURE |
| Kerin W Mark |
| NOTARÝ PRINTED NAME |
| Notary Name exactly as Commission Notary Public- State of Seal |
| My Commission Expires: $\frac{2}{7}$ |
| Commission No: |