

2

GINA PIMENTEL
RECORDER 2021-012850
STATE OF INDIANA
LAKE COUNTY 8:58 AM 2021 Feb 9
FILED FOR RECORD

LIMITED POWER OF ATTORNEY

I, **Justin Stanley**, being at least eighteen (18) years of age and mentally competent, and as the sole member/manager of **Armstrong Family Trust, LLC**, do hereby designate and appoint, **Michael Kvachkoff**, the true and lawful attorney-in-fact of **Armstrong Family Trust, LLC**.

I. POWERS. I give to my attorney-in-fact the powers herein specified to be used on my behalf. I am incorporating by reference herein those powers which comply with my wishes in accordance with the manner prescribed by Indiana Code, 30-5-5. The powers given herein shall be considered limited so that my attorney-in-fact shall not have any power which would cause my attorney-in-fact to be treated as the owner of any interest in my property. My attorney-in-fact shall have the following powers:

- A. The power to sign legal documents associated with Armstrong Family Trust, LLC's sale and conveyance of property located at 8016 Hemlock Avenue, Gary, In 46403 ("the Property"). This power is limited to authorization of documents associated the sale and conveyance of the Property. It is my desire that my Power of Attorney be able to sign any and all documents necessary to facilitate the sale and conveyance of the Property on Armstrong Family Trust, LLC's behalf.

II. FEES. My attorney-in-fact will not be entitled to a fee for services provided as my attorney-in-fact.

III. LIABILITY AND INDEMNITY. My attorney-in-fact shall only be liable for actions taken in bad faith; provided, however, my attorney-in-fact shall be liable for the negligent exercise of the powers described herein if the exercise of such power involves self-dealing. I hereby ratify and confirm all that my 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.

IV. EFFECTIVE DATE, INCAPACITY, AND LIMITATIONS.

- A. This Power of Attorney shall be effective upon the date of execution hereof.
- B. This Power of Attorney shall terminate upon the execution and recordation with the Recorder's Office of the County of my domicile a written revocation hereof.

V. REVOCATION. I hereby reserve the right to revoke this Power of Attorney at any time. My attorney-in-fact shall have the power to revoke all powers of attorney previously executed by me.

IN WITNESS WHEREOF, I have hereunto set my hand this 25 day of January, 2021.

Justin Stanley
Justin Stanley

EXECUTED AND DELIVERED in my presence:

Witness's signature: *Gavin Bissell*

Witness's printed name: Gavin Bissell

INFORMED BY THE COUNTY CLERK
325
21-04108
CROWN POINT, IN 46307

25 cc
LK
J# 28381

NOT AN OFFICIAL DOCUMENT

STATE OF Michigan)
)SS:
COUNTY OF Leelanau)

BEFORE ME, the undersigned, a NOTARY PUBLIC in and for said County and State, personally appeared **Justin Stanley**, acknowledging that he is authorized to act on behalf of **Armstrong Family Trust, LLC**, as its sole member/manager, and acknowledged the execution of the foregoing document as his free and voluntary act.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my official seal this 25 Day of January, 2021.

My Commission expires: 8/1/2024



Kim M. Coggins
Notary Public,

A Resident of Grand County
Traverse

STATE OF Michigan)
)SS:
COUNTY OF Leelanau)

Before me, a Notary Public in and for said County and State personally appeared Gravin Bissell (Witness) being known to me to be the person whose name is subscribed as a witness to the foregoing instrument, who, being duly sworn by me, deposes and says that the foregoing instrument was executed and delivered by **Justin Stanley** (Affiant) in the above-named subscribing witness's presence, and that above-named subscribing witness is not a party to the transaction described in the foregoing instrument and will not receive any interest in or proceeds from the property that is the subject of the transaction.

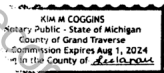
WITNESS my hand and Notarial Seal this 25 Day of January, 2021.

My Commission expires: 8/1/2024

Kim M. Coggins
Notary Public,

A Resident of Grand County
Traverse

Prepared By: **Michael D. Kvachkoff, Attorney at Law**,
325 N. Main, Crown Point, IN 46307, (219) 661-9500



UNDER THE PENALTIES
I HAVE TAKEN
OATH I SHALL EXERCISE
DUTY FAITHFULLY
AND IMPARTIALLY
AND I SHALL NOT
SUFFER MYSELF TO BE
INFLUENCED BY ANY
PERSON OR PERSONS
IN THE PERFORMANCE
OF MY DUTY AS
NOTARY PUBLIC.

I AFFIRM, UNDER THE PENALTIES
FOR PERJURY, THAT I HAVE TAKEN
REASONABLE CARE TO REDUCE TO
WRITING THE FACTS OF THIS
SOCIAL SECURITY NUMBER IN THIS
DOCUMENT, UNLESS REQUIRED BY LAW.

Angela Anderson