

## LIMITED POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, that I, **Paulette Urbanchock** of County, Indiana hereby appoint and constitute **Gary K. Urbanchock** to be my true and lawful attorney-in-fact and agent, with full power and to do in my name and on my behalf any and all acts which I might do if personally present and acting on my own behalf, including, but without limiting the generality of the foregoing, the following powers:

To act on my behalf as Seller at a real estate closing for the property known as 3763 Kingsway Drive, Crown Point, IN 46307 located in Lake County, IN. My attorney-in-fact is authorized to sign all closing documents on my behalf, including but not limited to, the Closing/Settlement Statement, Deed, and any other affidavits or documents required to be signed on my behalf to effectuate the sale of the aforementioned address. My attorney-in-fact is also authorized to accept my Seller proceeds, if applicable, or direct where those proceeds will be distributed.

Reliance. It is my intention to grant to my attorney-in-fact full and complete authority to act for me and in my stead as set out above. In no event shall persons relying on this Power of Attorney be required to ascertain the authority of my attorney-in-fact to act hereunder, and all persons dealing with said attorney-in-fact shall be entitled, in the absence of actual knowledge of revocation, to rely upon the authority of such person, and the acts of such person shall bind me and acquit persons dealing with my said attorney-in-fact to the same extent as if I had been acting on my own behalf. This Special Power of Attorney shall survive the incapacity of the principal.

IN TESTIMONY WHEREOF, witness my signature this 9 day of December, 2021

Paulette Urbanchock  
**Paulette Urbanchock**

State of Mi  
County of Sanilac

The foregoing Limited Power of Attorney was subscribed, sworn to and acknowledged before me on this 9 day of December, 2021 by Paulette Urbanchock, as Principal.

Kim M Stancal  
Notary Public

My Commission Expires: 8/30/2026

I affirm under penalties for perjury,  
that I have taken reasonable care  
to redact each social security  
number in this document  
unless required by law.

This Instrument prepared by:



Shawn R. Freibert, Attorney at Law  
ACUITY TITLE  
800 Lily Creek Road, Suite 102  
Louisville, KY 40243