

NOT AN OFFICIAL DOCUMENT

2023-510889
04/14/2023 03:18 PM
TOTAL FEES: 25.00
BY: JAS
PG #: 2

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
GINA PIMENTEL
RECORDER

LIMITED POWER OF ATTORNEY

I, **Greg Slaughter**, being at least eighteen (18) years of age and mentally competent, and as the sole member/manager of **Accent Investments, LLC**, do hereby designate and appoint, **Michael Kvachkoff**, the true and lawful attorney-in-fact of **Accent Investments, 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 Accent Investments, LLC's purchase or sale of any parcel of real estate which Accent Investments, LLC owns or intends to purchase. It is my desire that my Power of Attorney be able to sign any and all documents necessary to facilitate the purchase or sale of any parcel of real estate to or from a third party on Accent Investments, LLC's behalf.
- B. The power to sign legal documents associated with Accent Investments, LLC's mortgaging of real estate for the benefit of Accent Investments, LLC to obtain lending on any parcel of real estate owned by Accent Investments, LLC. It is my desire that my Power of Attorney be able to sign any and all documents necessary to facilitate the mortgaging of any parcel of real estate owned by Accent Investments, LLC's on its behalf in an attempt to obtain a loan on the same.

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

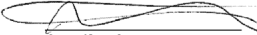
III. LIABILITY AND INDEMNITY. My attorney-in-fact shall only be liable for actions taken in bad faith; provided, however, my attorney-in-fact shall be liable for the negligent exercise of the powers described herein if the exercise of such power involves self-dealing. I hereby ratify and confirm all 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 expire January 1, 2024.

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 11 day of
April, 2023.



Greg Slaughter

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STATE OF IN)
)SS:
COUNTY OF Lake)

BEFORE ME, the undersigned, a NOTARY PUBLIC in and for said County and State, this 11 day of April, 2023, personally appeared **Greg Slaughter, acknowledging that he is authorized to act on behalf of Accent Investments, 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

My Commission expires: 6-12-30



Deborah M Haddad
Notary Public,

A Resident of Lake County

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

I AFFIRM, UNDER THE PENALTIES
FOR PERJURY, THAT I HAVE TAKEN
REASONABLE CARE TO REDACT EACH
SOCIAL SECURITY NUMBER IN THIS
DOCUMENT, UNLESS REQUIRED BY LAW.
M.D. Kvachkoff