

LIMITED REAL ESTATE POWER OF ATTORNEY

CINW2305949

By this Limited Power of Attorney, I name an attorney-in-fact with power to act on my behalf pursuant to Indiana Code (I.C.) 30-5, as it exists now and is amended in the future.

I, **Robert G. Cummings, Personal Representative of the Unsupervised Estate of Emma L. Cummings, Deceased, under Lake County Indiana Superior Court Cause No. 45D02-2306**, of North Pole, Alaska, being at least 18 years of age, and mentally competent, do hereby designate my attorney, **Liss A. Kmak**, with offices located in Whiting, Indiana, my true and lawful attorney-in-fact.

CHICAGO TITLE INSURANCE COMPANY

I give to my above-named attorney-in-fact the powers specified in this section to be used on my behalf as Personal Representative, provided, however, 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 said Property (including, but not limited to, retained interests in property given to me by the attorney-in-fact) and which would cause that property to be taxed as owned by the attorney-in-fact.

Authority with respect to the management and sale of real property and related transactions thereto pursuant to I.C. 30-5-5-2, specifically for the real estate located at **2021 Lincoln Avenue, Whiting, Indiana 46394**, specifically described as:

The North 10 feet of Lot Thirty-two (32) and the South 25 feet of Lot Thirty-three (33), Block Five (5), West Park Addition, to the City of Hammond, as shown in Plat Book 12, page 35, in Lake County, Indiana.

Parcel No. 45-03-07-183-008.000-023

My attorney-in-fact shall be entitled to reimbursement of all reasonable expenses advanced by my attorney-in-fact on behalf of the decedent's estate, shall be entitled to a reasonable fee for services rendered, and shall notify me in writing of the amount(s) claimed as compensation and/or reimbursement.

A photostatic copy of this document, as executed, given by me or my said attorney-in-fact to any third party, shall be conclusive as to such third party as to the authority of my said attorney-in-fact to act for me as provided herein, unless and until such time such third party shall have received written notice from me or from said attorney-in-fact of the revocation of this document.

I hereby ratify and confirm all that my attorney-in-fact shall do by virtue of the above powers. 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.

NOT AN OFFICIAL DOCUMENT

This Power of Attorney shall become effective upon execution and shall not be affected by my incompetence, subsequent disability or incapacity, but shall continue in full force and effect until my death, the revocation of this Power of Attorney or the revocation of my authority as Personal Representative of the decedent's estate, and shall terminate upon the completion of the matters involving the sale of the above-referenced real estate and finalization of all closing documents.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 16 day of November, 2023.

Robert G. Cummings

Robert G. Cummings, Personal Representative of the
Unsupervised Estate of Emma L. Cummings, Deceased

STATE OF ALASKA)

COUNTY OF FNSB) SS:

FAIRBANKS NORTH STAR Borough

Before me the undersigned, a Notary Public in and for said County and State, personally appeared Robert G. Cummings, Personal Representative, who acknowledged the execution of the foregoing Limited Real Estate Power of Attorney and delivered said instrument as his free and voluntary act, for the uses and purposes set forth therein.

WITNESS my hand and Notarial Seal this 16 day of November, 2023.

Sheryl A. Burke

Notary Public, Resident of FNSB County

Commission # 2202730024

Expiration Date 2/23/2024



This document prepared by Attorney Lisa A. Kmak, 1022 - 119th Street, Whiting, IN 46394. (219) 659-1355

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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. HOLLY PDS