

LIMITED POWER OF ATTORNEY

I, Brian Cook a/k/a Brian R. Cook, of Lake County, IN, being at least 18 years of age and mentally competent, do hereby designate Kathleen Osinski, of Porter County, IN as my true and lawful attorney-in-fact.

Powers and Purposes

The above name attorney-in-fact shall have authority with respect to real property transactions pursuant to Ind. Code 30-5-5-2, pertaining to the transaction real estate described below, situated in Lake County, State of Indiana:

Lot Numbered 19 in Block 1 in Beverly 8th Addition in the City of Hammond, as per plat thereof, recorded in Plat Book 30, Page 68 in the Office of the Recorder of Lake County Indiana.

Property Address: 7828 Chestnut Avenue, Hammond, IN 46324
Parcel ID: 45-07-18-426-019.000-023

(the "Real Estate") and shall be construed so as to effectuate this purpose. This authority shall include, by way of illustration and not limitation, the power:

To execute any and all documentation necessary to effectuate the transactions described above, including, but not limited to, closing statements, instruments of conveyance and supporting documentation, certifications, acknowledgements, and like instrument; to receive and to demand all sums of money, debts, dues, accounts, bequests, interest and demands pertaining to the Real Estate which are now or shall hereafter become due or payable to us and to compromise, settle or discharge the same and; to make and execute any and all contract pertaining to the Real Estate, and to borrow and finance to purchase the property.

Effective date and termination

This power of attorney shall be effective:

XXX as of the date document is signed
____ as of ____ / ____ / ____

____ upon the determination that I am disabled or incapacitated, or no longer capable of managing my affairs prudently. My disability or incapacity, for this purpose, may be established by the certificate of a qualified physician stating that I am unable to manage my affairs. My disability or incompetence: shall not affect or terminate this Power of Attorney.

This power of attorney shall terminate:

____ upon my incapacity
____ upon ____ / ____ / ____

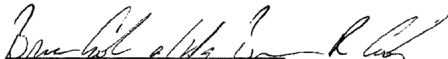
XXX upon the execution and recordation with the Recorder's Office of the County where the Real Estate is located a written revocation hereof.

Ratification and indemnification

I hereby ratify and confirm that all 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.

NOT AN OFFICIAL DOCUMENT

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 2nd day of October, 2024.


Brian Cook a/k/a Brian R. Cook

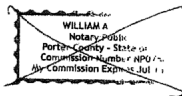
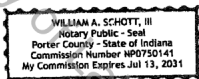
COUNTY OF Lake STATE OF IN SS:

In the presence of the undersigned notary who before me, the undersigned, a Notary Public in and for said County and State, this 2nd day of October, 2024 appeared Brian Cook a/k/a Brian R. Cook who acknowledged the execution of the foregoing Limited Power of Attorney as their free and voluntary act.

My Commission Expires: 7/13/31 Signed: 

Resident of: ~~Porter~~ County, IN Printed: William A Schott III

(SEAL)



Redaction Statement: 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. Lisa Palmer

Prepared by: Janice Shei, Attorney at Law, #25092-46, 15446 S 300 W, Hanna, IN 46340, 219-363-3499

Liberty Title file no: NW124005197