

POWER OF ATTORNEY

File No.: CTNW2405493

I, **Denise Ferrantelli**, an adult, of Lake County, State of Indiana, do hereby make, constitute and appoint **Brandi Alcott**, of Lake County, State of Indiana, my true and lawful attorney in fact for me and in my name, place and stead, to do all acts with respect to real property described in the Indiana Code, IC 30-5-5-2, the language of which statute is incorporated herein by reference, including, but not limited to, execute a Promissory Note and Mortgage, Mortgagor's Affidavit, closing affidavits, closing statements and all other necessary documents in connection with the purchase and finance of the real estate commonly known as 3093 Fairhaven Cir, Crown Point, IN 46307, and more particularly described as follows:

For APN/Parcel ID(s): 45-17-09-376-014-000-044

LOT 764 IN LAKES OF THE FOUR SEASONS, UNIT NO. 7, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 38, PAGE 9, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

And to do and perform each and every act and thing whatsoever required and necessary or proper to be done in all matters affecting the purchase and finance of said property, and with the same force and effect as though I was personally present and acting for myself; and I hereby ratify and confirm all that my said attorney in fact shall do by virtue hereof.

This power of attorney shall not be affected by my subsequent incompetence, incapacity or disability. This power of attorney shall terminate on date executed documents are recorded.

IN WITNESS WHEREOF, the undersigned have executed this document on November 8th, 2024.

Denise Ferrantelli
Denise Ferrantelli

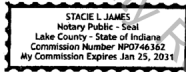
STATE OF Indiana

COUNTY OF Lake

Before me, a Notary Public in and for said County and State, personally appeared Denise Ferrantelli who acknowledged the execution of the foregoing instrument, and who, having been duly sworn, stated that any representations therein contained are true.

Witness my hand and Notarial Seal this 8th day of November, 2024

Signature: [Signature]
Printed: Stacie L. James
Resident of: Lake County
State of: Indiana
My Commission expires: 11/25/31



This instrument was prepared by: Dena Phillips Faring, for the benefit of Chicago Title Company, LLC

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: Dena Phillips Faring.

Return to: 3093 Fairhaven Cir Crown Point, In 46307