



GIT ESCROW FILE NO.: _____

LIMITED POWER OF ATTORNEY FOR REAL ESTATE SALES DISCLOSURE FORM

(Notice: the purpose of this Limited Power of Attorney For Real Estate Sales Disclosure Form is to authorize Greater Indiana Title Company and its employees and agents to complete, revise, make corrections to, sign, present and file the Indiana Sales Disclosure Form with the local governing assessor's and auditor's offices and the Indiana Department of Local Government Finance in connection with the closing of your real estate transaction).

_____, of _____ County, State of

Indiana, whose current address is _____,
does hereby designate Greater Indiana Title Company, its employees and agents, as his/her/its true and lawful attorney-in-fact with general authority to complete, revise, make corrections to, sign, present and file the Indiana Sales Disclosure Form with the local governing assessor's and auditor's offices and to the Indiana Department of Local Government Finance in connection with the closing of the real estate transaction for the real estate described as follows:

See Exhibit "A" attached hereto and forming a part hereof by reference.

EFFECTIVE DATE AND TERMINATION

This power of attorney shall be effective as of the date it is signed.

This power of attorney shall terminate upon delivery of a written revocation to the attorney-in-fact designated in this power of attorney. If this power of attorney is recorded, then this power of attorney shall terminate 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

The party granting this power of attorney hereby ratifies and confirms that all his/her/its attorney-in-fact shall do by virtue hereof, and further agrees to indemnify and hold harmless any person who, in good faith, acts under this power of attorney or transacts business with its attorney-in-fact in reliance upon this power, without actual knowledge of its revocation.

N WITNESS WHEREOF, _____,
has hereunto set his/her/its hand and seal this _____ day of _____, 2015.

Signature: _____

Printed Name: _____

STATE OF INDIANA)
) SS:
COUNTY OF _____)

Before me, a Notary Public in and for said County and State, personally appeared

_____,
and acknowledged the execution of the foregoing Limited Power of Attorney For Real Estate
Sales Disclosure Form and who, having first been duly sworn upon his/her/its oath, stated that
the representations contained therein are true.

WITNESS my hand and Notarial Seal this _____ day of _____,
20____.

{SEAL}

Notary's Signature: _____

Notary's Printed Name: _____

Notary's County of Residence: _____

Notary's Commission Expires: _____

Prepared By: _____

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. _____