# DELAWARE-MUNCIE METROPOLITAN PLAN COMMISSION PROPOSED ZONING CHANGE APPLICATION

Jurisdiction	: (Check One)	Submitted: <u>540t</u> 3 20 25
☐ Dela	aware County	Submitted: 540t 3 2025  Case No.: MPC 16-25 2
<b>✓</b> City	of Muncie	
(1) App	plicant: Peter Linwood Brown by Maureen M. Wal	lby, POA
Addı	M '- IN 47004	Phone: _7652126274
(2) Reco	ord of Applicant's Ownership:	
А. 🗹		nent 2025R10939
В. [	By Recorded Contract: Misc. Book No. & Page No.: Date of Contract:	
C. [	Name of Contract Seller:	Seller's Name:
Lot vaca Three vaca Lot	Six (6) Block Four (4) Except the Nee (3) in the A.E. Bovce Addition to	
	mon Address of Property Involved: N. Hodson Avenue, Muncie, IN 47	303
From	osed zoning change: (Give exact zone the _split zone R-3 Residence Zone and R-4 Residence  R-3 Residence	

(6)	Intent and Purpose of Proposed Change: (Specify use contemplated on property.)
	The house is located in the center of the two parcels. One is zoned R-3 and the other is zoned R-4. I am requesting that both parcels be zoned R-3 so they can be combined into a single property with one tax liability.
(7)	Will the Owner develop the property for the use specified in Item 6 or does owner intend to sell property for the purpose specified.  The property will not be otherwise developed. Change is to correct two different
	zoning designations.
(8)	State how the proposed change will not adversely affect the surrounding area.  This is a family dwelling with half of the house sitting on one parcel, the other half of the house is on the second parcel which is a different zone designation.
(9)	Will certain variances be requested if the proposed zoning change is granted? (If yes, list the variances) No
(10)	Has the applicant provided stamped, addressed envelopes to send notices of this rezoning to all the property owners within 300 feet? _yes Has the applicant discussed this rezoning with those owners personally? _no (If answer is yes, give their attitudes toward the rezoning.)
(11)	Are there any restrictions, easements, and/or covenants governing the property prohibiting its use for the purpose specified in this application? (If answer is yes, attach copy of it and/or explain.)  No

**AFFIDAVIT** MAUREEN M. WALBY, POA (I or We) PETER LINNOUD BROWN BY TYPE NAME(S) OF SIGNATORIES being duly sworn depose and say that (I or We) (am or are) the (owner[s]) (contract owner[s]) of property involved in this application and that the foregoing signatures, statements and answers herein contained and the information herewith submitted are in all respects true and correct to the best of (my or our) knowledge and belief. SIGNATURES: Leter Lenwood Brown by Maureon M. Hally, POA Subscribed and sworn to before me this Aday of Aday of Notary Publi TAMMY R PARKS Notary Public - Seal Randolph County - State of Indiana Commission Expires Commission Number NP0676521 Resident of

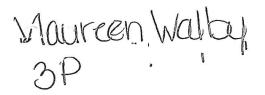
#### **DO NOT WRITE IN THIS SPACE**

The foregoing application has been inspected by me and was filed with the office of the Delaware-Muncie Metropolitan Board of Zoning Appeals in accordance with all the formal requirements and procedures.

If properly advertised by the applicant, the application will be heard in public

hearing on the day of October, 20 25.

Signed: **Servelle Musuell**Date: 9/15/2005





#### **DURABLE POWER OF ATTORNEY**

2025R09567
JAN SMOOT
DELAWARE COUNTY RECORDER
RECORDED ON
07/21/2025 01:47 PM
REC FEE 25:00

PAGES: 3.
RECORDED AS PRESENTED

I, PETER L. BROWN, being at least eighteen years old and mentally capable, appoint MAUREEN M. WALBY, who currently resides at 1217 NORTH BRENTWOOD LANE, MUNCIE, INDIANA 47304, and whose telephone number is (765) 212-6274, as my attorney-in-fact to have the power listed in this document.

#### I. POWERS

MAUREEN M. WALBY shall have the following powers which are described in more detail in Indiana Code 30-5-5 and are incorporated by reference in this document.

- 1. General authority with respect to real property transactions;
- 2. General authority with respect to tangible personal property transactions
- 3. General authority with respect to bond, share, and commodity transactions;
- 4. General authority with respect to retirement plans;
- 5. General authority with respect to banking transactions;
- 6. General authority with respect to business operation transactions;
- 7. General authority with respect to insurance transactions;
- 8. General authority with respect to transfer in death or payable on death transfers;
- 9. General authority with respect to beneficiary transactions;
- 10. General authority with respect to gift transactions, except that if I reside in a nursing facility or other long term care institution and my personal physician, or another physician who has personally examined me, and states that:
  - (1) I cannot reasonably be expected to be discharged within six months after admission; or
  - (2) I have an incurable injury, disease, or illness and my death will likely occur before I can reasonably be expected to be discharged.

Then my attorney-in-fact shall have the authority to transfer any of my interest in any property to my spouse, my children, or my attorney-in-fact, without regard to any limitations on the amount transferred contained in I.C.30-5-5-9;

- 11. General authority with respect to fiduciary transactions;
- 12. General authority with respect to claims and litigation:



- 13. General authority with respect to family maintenance:
- 14. General authority with respect to benefits from military service;
- 15. General authority with respect to records, reports, and statements;
- 16. General authority with respect to electronic records, reports, and statements: (includes access to equipment, user accounts, and the authority to access and act

concerning digital assets in the same manner as written records).

- 17. General authority with respect to estate transactions;
- 18. General authority with respect to delegating authority;
- 19. General authority with respect to all other matters;

I ratify and confirm that all my attorney-in-fact shall do by virtue of this Power of Attorney. This Power of Attorney in no way limits or restricts my own authority and decision-making capabilities concerning any of the powers listed.

#### II. EFFECTIVE DATE

This Power of Attorney is effective immediately and will continue in effect even if I subsequently become incapacitated.

#### III. TERMINATION

I reserve the right to revoke this Power of Attorney. However, this Power of Attorney shall continue in full force and effect until I notify my attorney-in-fact in a written instrument signed by me of my revocation of this Power.

Further, I agree to indemnify and hold harmless any person who, in good faith, acts under the Power of Attorney or transacts business with my attorney I fact in reliance upon this Power, without actual knowledge of its revocation.

### IV. REIMBURSEMENT OF EXPENSES AND FEES FOR SERVICE

My attorney-in-fact is entitled to reimbursement of all reasonable expenses advanced on my behalf, and is entitled to a fee for services rendered.

#### ٧. **ACCOUNTING**

My attorney-in-fact shall keep a record of all transactions made on my behalf under this Power of Attorney. The accounting shall be made available to the Executor(trix) of my estate at the time of my death. No other accounting unless requested by me or ordered by a court, is required.

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VI.	GUARDIANSHIP						
	nt a judicial proceeding ed that a guardian is nee	ded, I no		MAUREEN			it is
Peter L. Br 100 N. Hoo Muncie, IN	dson						
STATE OF I	INDIANA DF DELAWARE	) ) )					
Indiana, pe presence Witness my	appeared the undersignersonally appeared, PET hand and official seal on sion expires: 7/5/3 1	ER L. BR	OWN,	and signed _, 2024.	this Power of	of Attorney in	
My County c かんしん	of Residence: NRK			V OHMrA	ublic KSML	7)]	

NP0749957

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. Name nausew M. Thalla Pan

for Peter Linwood Brown

**Duly Entered for Taxation** Transfer Fees \$ 20

AUG 15 2025 DAT

DELAWARE CO. AUDITOR



2025R10939 JAN SMOOT **DELAWARE COUNTY RECORDER** RECORDED ON 08/15/2025 11:22 AM **REC FEE 25.00** PAGES: 2

RECORDED AS PRESENTED

Maureen Mustard

### Affidavit to Correct Records

Comes now Peter Linwood Brown, by his attorney in fact Maureen M. Walby, and after being duly sworn, deposes and says as follows:

1. That Peter Linwood Brown is over 18 years of age.

left off the above deeds.

2. That Peter Linwood Brown is the owner of the following described real estate:

Lot Six (6) Block Four (4) Except the North One (1) foot and Lot One (1) in Block Three (3) in the A.E. Boyce Addition to the City of Muncie. ALSO: All that part of vacated Hefel Street, adjacent to both said Lot Six (6) in Block Four (4) and said Lot One (1) in Block Three (3) in the A.E. Boyce Addition.

Parcel No. 18-11-11-462-001.000-003; 18-11-11-460-007.000-003

- 3. That Swartz & Brough, Inc. had acquired this real estate at Instrument Number 2007R24997 and that deed referenced both of the above tax parcels.
- 4. That deeds at Instruments Numbered 2008R00325, 2011R01290, 2011R05342, 2011R11631, 2011R12694, 2012R15417, 2024R16792, 2025R09156 and 2025R09566 comprise the subsequent chain of title for the above real estate, however, each of those deeds only referenced tax parcel number 18-11-11-460-007.000-003 and did not reference tax parcel number 18-11-11-462-001.000-003 even though the legal description clearly included both tax parcels.
- 6. That the purpose of this affidavit is to correct and supplement the records of the Delaware County Auditor and Recorder by showing both parcels in the name of Peter Linwood Brown.

5. That the legal description controls even if the tax parcel number was inadvertently

## STATE OF INDIANA, COUNTY OF DELAWARE SS: ACKNOWLEDGMENT

Before me, a Notary Public in and for the said County and State, personally appeared Peter Linwood Brown, by Maureen M. Walby, his attorney-in-fact who acknowledged the execution of the foregoing Affidavit to Correct Records and who, having been duly sworn, stated that any representations therein contained are true.

Witness my hand and Notarial Seal this day	of Quigust	, 2025
My Commission Expires:	Med Cor	Mt Series 01-20, 4
	Residing in	Netarny unic
Power of Attorney recorded at Instrument Number 2	2025R09567.	Cylord Council

Peter Linwood Brown's address is and send tax statements to: 100 N Hodson Ave; Muncie, IN 47303

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. James W. Smith, Attorney-at-Law

This instrument prepared by: James W. Smith, Attorney-at-Law

