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DURABLE POWER OF ATTORNEY

STATE OF INDIANA )
COUNTY OF LAKE )

SS:

Know all men by these presence, that I, WILLIAM R. WHITMORE the undersigned, of Lake County, Hammond, Indiana, do hereby make, constituted, and appoint MADELINE CAROL WHITMORE my true and lawful attorney in fact for me and in my name, and stead, and on behalf, and for use and benefit:

1. To exercise or perform any act, power, duty, right, or obligation whatsoever that I now have or may hereafter acquire.

2. To collect, receive, hold, possess and transfer sums of money, debts, checks, (including social security checks) drafts accounts, deposits, notes, stocks, bonds, dividends, certificates of deposit, pension and retirement benefits, insurance benefits and proceeds, any and all documents of title as now are mine or shall hereafter become due, owing or payable to me.

3. To possess, lease, purchase, mortgage or sell any real property.

4. To possess, sell, or dispose of personal property upon any terms and execute bills of sale for the same.

5. To make, receive, execute, and deliver, contracts, agreements, options, conveyances, deeds, bills of sale leases, mortgage assignments, documents of title, checks drafts, notes, stock certificates, or other documents by any name as may be necessary or proper in the exercise of the rights and power herein granted.

6. I grant to said attorney in fact full power and authority to do, take, and perform all and every act and thing whatsoever requisite, proper, or necessary to be done, in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as I might or could do if personally present.

7. This instrument is to be construed and interpreted as a general power of attorney. The enumeration of specific items, rights, acts, or powers herein is not intended to, nor does it, limit or restrict, and is not to be construed or interpreted as limiting or restricting, the general powers herein granted to said attorney in fact.

8. The rights, powers, and authority of said attorney in fact herein granted shall not be affected by lapse of time and shall commence and be effective upon my disability or incapacity to remain in full force for the duration such disability.

DATED: 12/1/86, 1986.

FILED

JAN 23 1987

WILLIAM R. WHITMORE

STATE OF INDIANA )
COUNTY OF LAKE )

Diana N. Antos
Notary Public
LAKE COUNTY

SUBSCRIBED AND SWORN to before, a Notary public, for said County and State, personally appeared William R. Whitmore and acknowledged execution of the above Durable Power of Attorney.

Witness my hand and notarial seal this 1 day of December 1986

[Signature]
Notary Public
My Commission Expires 12/26, 1988

My Commission Expires:
My County of Residence: LAKE

This instrument prepared by: Diana Cross Gonzalez, Attorney at Law
3235 45th Street, Highland, Indiana 46322

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Vertical stamp: STATE OF INDIANA LAKE COUNTY FILED FOR RECORD [Signature]