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STATE OF INDIANA

SS:

MAR 6 1987

COUNTY OF LAKE

Know all men by these presence the forting and E. undersigned, of Lake County, Hammond, Indiana, do hereby make, constituted, and appoint Mary Makarowski of Schererville, Indiana 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 and real property including property commonly known as 6928 Van Buren, Hammond, Indiana,

legally described as follows:

Key # 3: 187-13 Lots Seventeen (17) and Eighteen (18), Block Two (2), Resubdivision of Part of Jackson Terrace, Hammond, as shown in Plat Book 18, page 4, in Lake County, Indiana.

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 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 ristrict, and isnot to be construed or interpreted as limiting or restricting, the general powers herein granted to said attorney in fact.

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 1-6-1987

mark of: Simking William E. Simkins STATE OF INDIANA SS:

COUNTY OF LAKE SUBSCRIBED AND SWORN to before, a Notary public, for said County and State, personally appeared and acknowledged execution of the abare Durable Power of Attorney.

Witness my hand and notarial seal this 6 th day of

My Commission Expires: 2 -5- 1989

tanuary , 1987.

My County of Residence: date This instrument prepared by: Diana Cross Gonzalez, Attorney at Law 3235 45th Street, Highland, Indiana 46322

CHRISTENA GREEN HOTARY PUBLIC STATE OF INDIANA LAKE CO. MY COMMISSION EXP. FEB. 5,1989 ISSUED THRU INDIANA HOTARY ASSOC.

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