

933678

DURABLE POWER-OF-ATTORNEY

THIS INSTRUMENT PREPARED BY
ATTY. RUDOLPH M. ZAJAC
WHITING, INDIANA

KNOW ALL MEN BY THESE PRESENTS: That:

The undersigned, MARY GRESKOVICH, residing in Lake County, Indiana, do hereby nominate and appoint my son, CHARLES GRESKOVICH, as my Attorney-in-Fact, for me and in my name and stead to do each and all of the following acts and things:

(a) For me and in my name to sign my name to all U.S. Social Security Checks, as well as Dividend Checks, Interest Checks, Pension Checks, and any other checks payable to me.

(b) To deposit in or withdraw from any bank, trust company, savings association, safe deposit company, broker or other depository or agent, any monies or other property and to examine or receive related records, including cancelled checks.

(c) To pay my ordinary household expenses, to pay my medical, nursing, hospital, convalescent and other health care and treatment expenses, including permission for admission to hospitals and consent to treatment, and to make applicable for insurance, pension or employee benefits related to such health care and treatment.

(d) To make and execute any and all Contracts; to purchase or to sell any or all of my stocks, bonds and securities; to receive and to demand all sums of money which are now or shall hereafter become due or payable to me; to bargain for, contract concerning, buy, sell, mortgage and in any and every way and manner deal with personal property of any kind or nature; to execute instruments to effect the transfer of title to any motor vehicle owned by me; to enter and/or open my safety deposit box; to purchase, sell, mortgage, convey and lease any interest in real estate, wherever located, specifically including the power to sell any interest I may have in the real estate at 1438 Fischrupp Avenue, Whiting, Indiana.

(e) To borrow from any source for any purpose and mortgage or pledge any property to any lender, including my attorney individually.

(f) For me and in my name to deposit any and all sums of money collected and received in my name into any bank, in his name, and to withdraw same as he shall think fit in the payment of any debts payable by me or any taxes, assessments and any other expenses due and payable or to become due and payable for the benefit of my support.

FILED

Page One.
AUG 19 1987

Anna N. Antos
AUDITOR LAKE COUNTY

1098

1343 119th St
Whiting 46394

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
AUG 19 10 34 AM 1987
LILLIAN BLASTICK
CLERK

K# 29-31-18
Whiting's Add Lot 18

550

(g) To appoint and employ any agents or attorneys that may be necessary to deal with and turn to account any property owned by me.

(h) To sign my name to all documents necessary to obtain any medical or hospitalization information and records, or to release such information to any lawful agent or authority for any purpose that my said Attorney may deem necessary, including permission to perform medical procedures for my benefit.

(i) To execute and file all of my individual or joint income tax returns, both state and federal, and to file amended income tax returns on my behalf and to pay all of my taxes, including any interest or penalties due thereon.

I hereby give and grant unto my said Attorney, full power and authority to do and perform all and every act and thing whatsoever which may be necessary, convenient, or proper to be done to effectuate the powers herein granted as fully as I could do if personally present, hereby ratifying and confirming all that my said Attorney shall lawfully do, or cause to be done, by virtue hereof.

Each person, partnership, corporation or other legal entity relying or acting upon this Power-Of-Attorney, shall be entitled to presume conclusively that this Power-Of-Attorney is in full force and effect, unless written notice shall have been given by me to such person, partnership, corporation or other legal entity that this power has been revoked.

It is my intent that this Power-Of-Attorney shall remain in full force and effect and that the power granted shall continue without interruption until my death, unless previously revoked by me, or in the event that I become disabled, incapacitated, or incompetent, until such time as I am adjudged as incompetent or a disabled person by any Court.

Reproductions of this executed original (with reproduced signatures and the certification of acknowledgment) shall be deemed to be original counterparts of this Power-Of-Attorney.

Specimen signature of my attorney:

Charles Greskovich
CHARLES GRESKOVICH

I certify to the correctness of the signature of my attorney and I execute this Power-Of-Attorney on August 12th, 1986.

Mary Greskovich
MARY GRESKOVICH

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Personally-appeared before the undersigned, a Notary Public, within and for said County and State, Mary Greskovich, to me known and known to me to be the person who executed the foregoing Power-Of-Attorney, and acknowledged execution of the same as her voluntary act and deed.

Witness my hand and seal this 12th day of Aug., 1986.

My Commission Expires:

Jan 31, 1989

Rudolph M. Zajac
Notary Public